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THE LANCET.

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THE LANCET.

MDCCCXXV.—VI.

VOLUME X.

EDITED BY

THOMAS WAKLEY,

SURGEON.

LONDON:

PRINTED FOR THE EDITOR,

BY MILLS, JOWETT, AND MILLS, BOLT-COURT, FLEET-STREET.

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INDEX

TO

VOLUME THE TENTH.

A

PAGE

Abdominal dropsy, case of 48

Aberdeen colleges 759

Absorption, Dr. Barry's Memoir on 750

Abuses in the London College of Surgeons 27, 281

——— in the Veterinary College, 470, 600; in the Metropolitan Hospitals, 599, 791; in Public Institutions, 832.

Acupuncturation, case of 719

————— Mr. Wansbrough's cases of 846

Admiralty, the, Lords of.......... 62

Adulteration of drugs 413

Affection, cerebral 493

Affection singular, of the heart and large vessels 63

Alveolary arches of the upper and under jaw-bone, extirpation of the 56

Amendments to the Apothecaries Bill 179

Amaurosis, Mr. Lawrence on.. 545, 577

Analysis of Foreign Medical Journals 405

Anatomy of the brain, by Dr. Spurzheim, review of........... 200, 234

Anatomical puzzle................ 758

Anatomical schools 124

————— subjects, scarcity of, in Edinburgh, &c. 154

Anelius, the brachial artery tied by 16

Aneurism, Turner on the operation for, 12; femoral, case of, 96; unsuccessful operation in a case of, 726.

——— of the arch of the aorta.... 191

Anniversary dinner, Guy's........ 221

Antiquity of phrenology, 599; of contagious ophthalmia, 718.

Apothecaries Company *v.* Fernyhough 561, 593, 625

Arterial System, review of Turner on the 1 3

Arteries, methods of tying wounded, 12; of the inflammation of, 172; on the muscularity of, 304.

PAGE

Artery subclavian, irregular distribution of, by J. Hart 112

Associated Apothecaries, extracts from the transactions of the, 117; bill, 143.

B

Baldness, Dr. Palmer's opinion on 721

Bartholomew's, St., School, anniversary dinner of 86

Baths, cold and hot, in inflammation 36, 37

Beadles, improper conduct of...... 511

Beer, Benedict, and others, assert scrofula to be frequent on the continent...................... 2

Berthold, Dr., on the Nature of Hydrophobia 526

Bichat's Theory of Life, abstract of 119

Bill for regulating the Practice of Apothecaries, &c. 143, 179

Biography of M. Royer Collard.... 715

Blisters in inflammation 37

Blood-letting as a remedy for inflammation, Dr. Clutterbuck on .. 7

Blood, various methods of drawing 11

Bone, experiments on the reproduction of 716

Brachial artery successfully tied by Anelius 16

Brain, anatomy of the, 200; necessity of the brain to the manifestation of mind, 201; opinions of anatomists on the substance of the, 203, 204; the brain and spinal chord distinct, and independent of each other, 209.

———, Dr. Hertwig's experiments on the 830

———, compression of the........ 63

Burns, hospital treatment of 186

Burns, Joe, to the Editor in the Country 786

Bursa, removal of an enlarged 192

Burrough, Mr. Justice, and the resurrection men 125

C

PAGE

Calcutta Medical Society, transactions of........................ 142

Cancer, case of malignant, in which iodine was administered with powerful effects.................. 110

——— uteri, case of.............. 159

——— of the mamma 186

Carcinomatous tumour, removal of, from the female breast.......... 187

Cerebral affection................. 493

Charcoal, use of, in sloughing phagedena 83, 282

Charter of the Royal College of Surgeons 663

Chinese method of examining medical candidates 94

———, Dr. Morrison on Medical Science among the............... 106

Church, Dr., on Inversion of the Uterus, &c. 55

Clitoris, removal of a 408

Clutterbuck, Dr., on bloodletting, as a remedy for inflammation, 7; circumstances respecting bloodletting, 8; great efficacy of, in particular inflammations, 9; quantity and repetition subject to variety, 10; appearance of the blood an uncertain guide as to repetition, 10; more attention paid to crassamentum than necessary, 10; the pulse to be carefully watched, when blood is repeatedly and extensively taken, 11; bloodletting to be used with caution, 11; dropsy produced by inflammation, not by bleeding, 11; various methods of drawing blood, 11; venesection, 11; leeching, 11; scarification, 12; cupping, 12; various opinions on the mode of bleeding, 12; on counter-irritation, as a remedy for inflammation, 33; may be either mental or bodily, 33; mental emotion capable both of preventing and of curing disease, 33; epilepsy cured as well as excited by terror, and gout superseded or removed by the same cause, 33: impression, for the purpose of counter-irritation, may be made on different parts of the body, 33; first, on the sanguiferous system, by stimulants or sudorifics, 34: general stimulants not adapted to the most acute form of inflammation, 34; advantage of the use of mercury, in chronic and acute inflammation, 34; secondly, on the stomach, so as to produce nausea or vomiting, 34; thirdly, on the intestinal canal, by purgatives, 35; and on the skin, by heat, cold, friction, &c., 36; on hæmorrhage, 97; on dropsy, 129; on its treatment in general, 166; on local diseases, 225; on diseases of the digestive system, 227; on diseases of the fauces, 228; on diseases of the œsophagus, 230, 263; inflammation of the mucous membrane of the stomach, 264; of gastritis, with symptoms, 264; prognosis and treatment, 265; on chronic inflammation of the stomach, and treatment, 265; on spasm of the stomach, 266; on indigestion, 266; treatment of the same, 268; on diseases of the intestinal canal, 329; on cholera morbus, 354; on diarrhœa, 355; on dysentery, 356; on colic, 357; of hæmorrhoidal affections, 358; worms in the intestines, 359; on diseases of the liver—of hepatitis—its history, 394; its progress and termination, 395; prognosis, causes and treatment, 396; of the jaundice, definition, history and causes, 396; theory and treatment, 397; of gallstones, 449; of diseases of the spleen, 451; of diseases of the pancreas, 451; of diseases of the peritonæum, with their treatment, 452; on the seat and nature of fever, &c., 453; on diseases of the absorbing system, 486; of diseases of the sanguiferous system, 520; of inflammation of the heart, 521; on the consequences of carditis, or inflammation of the heart, 550; of angina pectoris, 552; of syncope, 553; malformation of the heart; aneurism, 5 on diseases of the respiratory organs, 582; on croup, 585; on tracheitis, 587; on bronchitis, 588; of the influenza, 614; of the hooping-cough, 615; of pleuritis, 617; of hydrothorax, 642; on inflammation of the lungs, 642; on pulmonary consumption, 680; of hæmoptysis, or spitting of blood, 712; of diseases of the respiratory muscles, 713; of asthma, 742; on the diseases of the urinary organs, 773; of rheumatism, 807; rheumatic fever, 833; on gout, 834.

Collard, M. Royer, biography of.... 715

Colles, Mr., on tetanus, 37; on hydrophobia 73

College of physicians, Ireland, ... 651

——————————— London...... 722

College of Surgeons, examinations at the, 79, 630; charter of.......... 663

College council, strictures on 851

Compression of the brain, case of at St. Thomas's Hospital 63

Contagious ophthalmia, antiquity of.. 718

Conversion, extraordinary, of the Royal College of Physicians at Edinburgh into a Soho Square bazaar 339

Convulsions, review of Mr. North on 365

Cornea, inflammation of the 68

Costiveness, singular case of 753

——————— review of Dr. Reece on 360

PAGE

Counter irritation, as a remedy for inflammation 33
Cock's diagram of the eye, review of 726
Cribb on the small-pox, and cow-pox........................... 42
Crusta lactea, 3, 4; treatment of .. 7
Cupping, Kennedy's essay on...... 695

D

Debate on transfusion, (Medical Society of London) 182
Defects of hospital instruction...... 829
Dental surgery, principles of, by L. Koecker, and J. P. De la Fons .. 755
Digitalis, use of, in dropsy 169
Directions for using the stethoscope 667
Disease, Mr. Lawrence's observations on congenital and acquired predisposition to.......................... 1
———, strumous, rarely observed in infancy......................... 2
Dropsy, Dr. Clutterbuck on, 129; definition and species of, 129; cause of, 130; treatment of............ 166
———, abdominal, Oswald on.... 48
Dressers, negligence and ignorance of 856
Dupuytren, Baron, visit of, to Guy's hospital........................... 861
Dysphagia, case of, by H. Searle .. 697

E

Eczema rubrum, case of............. 93
Elbow-joint, chronic affection of the 190
Election of a physician or surgeon to the Ophthalmic Infirmary........ 153
Epilepsy, case of.................. 506
Epidemic at Gröningen 850
Erysipelas, absurd lotion for 186
Examinations at the College of Surgeons........................... 79
Experiments on the reproduction of bone 716
Extracts from the transactions of the associated apothecaries .... 117—119
Eye, anomalous case, resembling fungus hæmatodes of the 31
——, Cocks' diagram of the........ 726
——, diseases of, first studied by the Germans 193
——, Mr. Lawrence on the diseases of. See *Lawrence*, Mr.
Eye-lid, erysipelatous inflammation of the.......................... 127

F

Farre, Dr., notice of his introductory lecture at the London Ophthalmic Infirmary, 342; proceedings at the anniversary of that institution.... 343

PAGE

Fay, Mr. new operation of, on the teeth 827
Femoral aneurism, case of 96
Fever in Ireland, account of, by Erinensis 720
Fithian's, Dr., case of apparent superfætation 56
Foot, on diseases of the bladder 790

Foreign Department.—Public health, report of, by M. Villermé, 17; melanosis of the face, extirpation of, 19; scirrhus of the right breast, developed subsequently to amputation of the mamma for cancer, and cured without an operation, 20; affection of the hairy scalp, successfully treated by the removal of a flap of the skin, 21; extirpation of the entire alveolary arches of the upper and under jaw-bone, 56; transactions of the Academie Royale de Medecine, 113; vaccination and small-pox, 113; crural hernia, 114, operation for phimosis, 114; amputation of the neck of the uterus, 114; new method of operating for the stone, 114; experiments made at Paris by Dr. Barry, 140; case of partial dilatation of the heart, 170; rupture of the left ventricle of the heart, 172; of the inflammation of arteries, 172; accidental formation of vessels, 174; case of anastomosis of the general venous system, with the venous system of the abdomen, 211; melanosis of the stomach, 212; external application of the acetate of morphine, in a particular affection of the stomach and intestines, 214; Dr. Serres, on the bursting of aneurisms of the cerebral arteries, 231—233; on salivary concretions, by Professor Walther, 269; caries and swelling of the knee, treated by the external use of muriate of mercury, 27; Anatomical Society of Paris, 272; discovery of two canals in the vagina and uterus, by Dr. Gartner, of Copenhagen, 273; absence of the brain and spinal marrow, 274; experiments, showing the action of some metallic substances on the animal economy, by Prof. Gmelin, 275; poisoning by the sulphuret of arsenic, 276; aneurism of the aorta, 305; absence of the uterus, 306; displacement of the left kidney in a child, 306; urinary system, and blood vessels belonging to it, 306; remarks on the same, by M. Geoffroy St. Hilaire, 307; inspiration, the principal agent in venous circulation; Flourens on the nervous system; muscular contraction; monstrosities, 308; diseases at the Hotel Dieu; intermittent fever; affections of the brain and of the chest, 309; on the causes of inflammation of the veins, and in particular of those of the brain, 310; controversy between M Vacca Borlinghieri and Scarpa, on the operation for stone, 312; congenital malformation of the coverings of the heart, by M. Breschet, 332; anatomical and physiological considerations on the connexion of the placenta with the uterus, by M. Lauth, 334; antiphlogistic and revulsive treatment in erysipelas of the face; purgative oil, 335; resurrection, anecdote of, 336; case of diaphragmatic hernia; softening of the left corpus striatum; contraction of the urethra; origin of the lachrymal nerve, 428; erosion and complete destruction of the epiglottis, 429; monstrosities, 429; transposition of the thoracic and abdominal viscera, &c., by Prof. Naegele, 455; contributions to the history of the development of the human fœtus, &c., 456; Philomatic Society, 459; case of psoriasis guttata, by M. Philouze, 459; otorrhœa, ossification of the retina, 460; œsophagitis, with symptoms of hydrophobia; sutures in wounds of the bladder, 461; spina-bifida; aneurisms; rupture of the intestines, followed by emphysema; on the use of belladonna as a prophylactic in scarlatina; Hufeland on the radix caincæ, as a new remedy against dropsy, 462; remarks on the antisyphilitic decoction of Zitman, 463; anatomic pathalogique, 490; of the Cork-street Eye Infirmary, by Prof. Wagner, 491; on the nature of hydrophobia, by Dr Berthold, 526; Dr. Edwards' physiological inquiries, 555; observations and experiments on cutaneous absorption, by M. Collard, 557; on the evacuation of the contents of the anterior chamber, 558; on the frequent occurrence of the loss of the nose in Russia, 559; of camphor in rheumatism, 560; bite of a viper, treated by the application of cupping-glasses, 560; specimens of cancer; experiment with hydrocyanic acid, 589; remarks on a disease of the spinal marrow, by M. Velpeau, 590; M. Robinet, on mustard; imperforation of the vagina; coxalgia cured by moxa, 592; on St. Vitus's dance, by Dr. Gitterman, 618; on the difference between necrosis and caries by Dr. Richter, 620; on the direct application of galvanism, in the cure of amaurosis, 622; on the traffic in leeches, 623; case of rheumatism of the heart, 621; curious case of paralysis, 645; on the femur of the mastodonte, 647; cure of an irregular large callus on the left femur, 648; on the cure of a false joint in the ower part of the left tibia, 649; cure of a false joint of ten years standing, 650; spina ventosa, in the left femur of a young man, 650; reproduction of bone, 684; case of a woman bitten by a mad dog, 688; hydrophobia; swelling of the breasts; small-pox; dislocation of the spine, with fracture, 689; mode of operating for cataract among the Indians, 690; of acephali, by M. St. Hilaire, 748; ossification of the pia mater; case of peritonitis mistaken for pregnancy; memoir on absorption, by Dr. Barry, 750; radical cure of the growing in of the nail, 751; on wounds of the intestines, 752; on a variety of the uterus, 780; experiments on absorption, 782; observations on abscess of the liver. 784; on the communications of the lymphatic vessels with the veins, by Dr. Rossi, 372; extra-uterine pregnancy; dissection of an ourang outang, 373; important anatomical fact; injection of the nerves; irregular formation of the uterus; nerves of smell, 374; experiments on poisoning, 375; memoir on the kirronosis, by J. F. Lobstein, 376; mental alienation, 376; antiquity of the cow-pox, 376; extraction of a needle-case from the female bladder; destruction of the stone in the bladder; Chinale's method of destroying tne stone in the bladder, 377; animal magnetism, 378; on the velum pendulum palati of man, &c., 811; experiments on the effects of injuries of particular parts of the brain, 813; extirpation of the uterus, 818; experiments on the brain, by Dr. Hertwig, 839.

Fracture of the os frontis into the frontal sinus 31

French system of surgical education contrasted with the English 22

Fungus hæmatodes, at Bartholomew's Hospital, on the case of......... 64

G

Ganglions, on their uses, by Dr. Spurzheim 297

Gardner peerage cause, medical evidence in, by Dr. Lyall 289

Glasgow resurrection men 184

Gregory, Dr., asserts scrofula to be frequent in Scotland 2

Gröningen, epidemic at........... 850

Guthrie's observations on inflammation of the veins 528

H

PAGE

Hairy scalp, affection of the, successfully treated by the removal of a flap of the skin................. 21
Hart, J., on the irregular subclavian artery, and right inferior laryngeal nerve 112
Hæmatocele, case of............. 127
Hæmorrhage, causes and treatment of 97
Head, fatal injury to the 92
Heart, partial dilatation of the 170
———, rupture of the left ventricle of the......................... 172
Hernia, fatal case of strangulated scrotal 89
———, strangulated, case of....... 495
———, crural, case of 114
Hewett, Dr., on follicular ulcerations 596
Hill on iodine in malignant cancer.. 110
Hindus, leprosy as known to the.... 134
Hodgson, Mr., opinion of, on tying a wounded artery 14
Hope, Dr., and his lecture to the ladies of Edinburgh 336
Hospital discipline 665
———, instruction, defects of.... 829
Hospitals, on the mismanagement of 692
———, reputation of the West-end 696

Hospital Reports:—

St. Bartholomew's—Case of extensive phagedenic ulcer (continued from No. 134,) 32; pulmonary disease, 95; operation of lithotomy, 96; erysipelatous inflammation of the lower eye lid, terminating in gangrene, 127; cancer uteri, 159; morbid anatomy, aneurism of the arch of the aorta; retention of urine, arising from stricture in the urethra and diseased prostate, 191; removal of an enlarged bursa, 192; small pox, 224; amputation of a diseased knee, 224; singular case of supposed severe injury of the head from a fall, 255; idiopathic tetanus, 285; artificial anus, 286; removal of a scirrhous breast, 287; cancer labii, 287; fracture of the neck of the thigh-bone within the capsule, with subsequent bony union, 318; cases of trismus and opisthotonos, 318; case of severe gonorrhæal ophthalmia, 320; chronic abscess of the chest, 351; chronic dysentery, with spasmodic contraction of the internal sphincter ani, 352; abscess in the liver, 444; extensive injury of the toes of both feet, with amputation of the first and second of the right foot, 446; necrosis from gun-shot wound, and operation, 447; hydrophobia, 508; diseased carpus, and amputation of the joint, 540; fracture of the fifth cervical vertebra, 541; imperforate anus, 542; acute rheumatism; chronic dysentery, 575; removal of a small fungoid tumour from the alveolar process of the lower jaw, 576; popliteal aneurism, in which secondary hæmorrhage occurred, 607; extensive disease of the scalp, 698; melanosis oculi, 734; external inflammation of the eyes, 735; phimosis, 764; mortification of the penis, 765; gleet, 766; arthritic iritis, 798; injury to the right hand, with amputation of three fingers, 799; sloughing phagedena, 384.

St. George's—Strangulated scrotal hernia, 288; fistula in ano, 543.

Guy's—Fracture of the os frontis into the frontal sinus, and singular affection of the heart and large vessels, 63; compound fracture of the cranium; fatal case of strangulated scrotal hernia, 89; traumatic tetanus successfully treated, 91; fatal case of punctured wound, 92; compound fracture of the cranium, 125; hæmatocele, 127; compound fracture of the leg, 156; curious case of tumour on the face, 185; fungoid disease of the spermatic chord, occurring after the operation of castration, 185; lotion for erysipelas; hospital treatment of burns; porrigo; sloughy ulcer on the foot; cancer of the mamma, 186; steatomatous tumour—operation of lithotomy; removal of a carcinomatous tumour from the female breast, 187; operation on the scrotum, 188; ulcer of the leg, 223; disease of the tongue, 224; case of phimosis, succeeded by phagedenic ulceration, 246; abscess near the anus; superficial fungus of the testicle; sloughy ulceration of the throat, 247; stricture of the urethra, with extravasation of urine, 248; irritable tumour of the breast, 249; amputation of the leg, 250; aneurism of the arteria innominata; disease of the knee joint, 283; abdominal tumour, 314; phimosis, with sloughing of the penis, 315; diseased bladder, 316; staphyloma, 316; cancer of the lip, and case of polypus uteri, 317; disease of the thigh bone, 413; ulcers of the leg; permanent stricture of the urethra; sloughing of the palate, 414; cancer of the mamma, 415; disease of the spine and of the hip, 415; tumour of the ilium; operation of lithotomy; successful treatment of psoriasis palmaria, 416; disease of the bladder, with stricture; stricture of the urethra, following the use of astringent injections; varicose veins of the leg; case of circocele, 438; gangrena senilis; operation of lithotomy, 439; severe case of tic doloureux, successfully treated by the exhibition of small doses of carbonate of iron, 475; permanent stricture of the urethra, 477; chronic enlargement of the testicle, 536; periosteal swellings; inflammation of the wrist joint, 537; lumbar abscess; operation of lithotomy, 538; injury to the head; disease of the testicle, 569; tetanus following the extraction of polypi from the nose, 570; case in which death ensued from drinking a large quantity of spirituous liquor, 571; irritable bladder; affection of the spinal chord, 603; cancerous disease of the neck; chronic enlargement of the knee-joint; fungous tumour growing from the inferior maxilla, 604; castration; operation of tying the posterior tibial artery, 605; diseases of the bladder, 633, 634; operation of lithotomy; cancerous disease of the neck, 635; case of dysphagia, retention of urine, &c., 636; operation of lithotomy, 637; case of syphilitic iritis, 671; extensive disease of the bones of the cranium, 699, dislocation of the shoulder joint; fracture of the thigh-bone, 700; disease of the vagina and of the uterus, 730; aneurism of the arteria innominata, 731; removal of a tumour from the scrotum, 731; case of scrotal hernia, with compound fracture of the thigh, 760; ulcers of the leg, 761; fracture of the cranium, 795; laryngeal disease, 379; fungoid disease of the palate, 380; strumous ophthalmia, 381; strangulated hernia in the inguinal canal, fatal case of, 860; operation of lithotomy, 861.

Hospital of Surgery, Panton-square, 287; case of hydrocele; arthritic inflammation of the testicle, 345; fungus of the testicle, 346; tumour of the pericranium, 347; wound of the scalp, 348; wound of the finger, 348, 349; division of the extensor tendon of the finger; cancer of the lip, 349; cancer of the mamma, 350; case in which acupuncturation was successfully employed, 350; amputation of the hand, 351; hæmorrhoidal tumours, 471, 472; warty excrescence of the anus, 472; fistulæ in ano, 473; abscess of bursa on the patella; preternatural collection of synovia in the bursa of the patella; blood effused in the bursa of the olecranon, 474; a piece of gold wire embedded upwards of three months in the cornea; a piece of glass empacted three years below the integuments of the finger, 475; fatal injury to the head, 534, 535; anomalous disease of the toe, 535; disease of the wrist, 536; paralysis of the left extremities, 567; cancer of the mamma, 568; tumour of the ovarium, 601; disease of the prostate gland; scirrhus of the mamma; sloughing ulcer, with paraphimosis, 602; affection of the testicles connected with gout, 631; fistula lachrymalis; successful case of acupuncturation, 632; staphyloma of the cornea, 670; syphilitic ophthalmia; rheumatic ophthalmia, 728; arthritic ophthalmia, 729; purulent ophthalmia, 857, acute inflammation of the uterus and peritonitis, 858; tumour of the ovarium cured by copious bleeding, 859.

Middlesex Hospital—Cancer of the mamma; ulceration of the scrotum, 418; compound fracture of the tibia; of laceration of the tendon of the rectus femoris, 480; case of syphilis; chancre; buboes, with house-surgical treatment, 542; case of lacerated wound of the leg, 639.

St. Thomas's.—Anomalous case, resembling fungus hæmatodes of the eye, 31; compression of the brain, 63; fatal injury to the head, 92; case of eczema rubrum, 93; disease of the knee-joint; amputation, 127; disease of the heart; use of the stethoscope, 158; case of compound fracture of the tibia, 188; compound fracture of the tibia and fibula, 189; disease of the palate; efficacy of the sulphate of quinine in ague; chronic affection of the elbow-joint, 190; cases of epilepsy, in which large doses of the sulphate of zinc were exhibited, 250; superficial fungus af the testicle, 251; disease of the skin, 252; ophthalmia, 253; tumour of the upper eye lid, 253; tumour of the breast, 254; abscess in the tympanum, 255; dislocation of the scapular extremity of the clavicle; lateral curvature of the spine, 284; compound fracture of the ulna, at the elbow-joint, and fracture of the humerus, 285; amaurosis, 317; impetigo sparsa, 381; hypopium, 382; cancer of the scrotum; operation of lithotomy, 383; disease of the hip-joint, &c. 416; case of acute pneumonia, 440; amaurosis; phimosis, with sloughing of the prepuce, 441; inflammation and suppuration of the cellular tissue of the arm, subsequent to contusion, 442; enlargement of a testicle; strumous ophthalmia, 443; case of severe burn, 444; painful affection of the nerves subsequent to amputation, 478; operation for artificial pupil, 479; popliteal aneurism, 538; painful affection of the nerves of the leg following a wound, 539; operation of lithotomy, 540; incised wound of the neck; operation of tying the right common carotid artery, 572; chronic disease of the knee-joint; application of moxa, 605; case of spasmodic stricture of the urethra, 606; operations in lithotomy, &c., 607; inflammation of the fascia of the arm; removal of a tumour from the orbit, 638; case of popliteal aneurism, 700; fatal case of hæmorrhage, 701; fungoid disease of the breast; extirpation of the mamma, 702; purulent ophthalmia, 703; cases of poisoning, 732; stricture of the rectum, 733; observations on venereal phagedena, 763; case of stricture of the rectum, 796; rupture of the urethra, 797; chronic tumour of the thigh, 862; spasmodic stricture of the urethra, 863; inflammation of the wrist joint, 864; amputation of the leg, and pionecring, 869.

Westminster.—Case of femoral aneurism, 96; puncture of the radial artery in venesection, 640; accidents, 672; amputation of the arm, 767; case of penetrating wound of the abdomen, 799; traumatic tetanus, 800; compound fracture of the carpal and metacarpal bones of the right hand, 800; femoral aneurism, (continued from p. 96,) 384.

Hunterian collection, 662; Museum, 691
——— Museum, meeting of the Trustees of the.............. 339, 409
——— Society of London, debate on transfusion, 279; Hunterian Oration..................... 502
Hydrocephalus, chronic, cured by pressure 82
Hydrophobia, Mr. Colles on, 73; does not arise spontaneously in man, 73; arises naturally in a variety of animals, 74; symptoms of, 74; excision, the only certain preventive of; medical treatment ineffectual in, 75; generated at all seasons of the year, 76; case of, 508.

I

Iodine on, in malignant cancer, by G. N. Hill..................... 110
Incision in phlegmonous inflammation 84
Inflammation, general treatment of, by Dr. Clutterbuck; bloodletting, 7; counter-irritation, 33; the use of sedatives in, 69; of the use of narcotics, 70; of astringents, or tonics, as remedies for; of the local treatment of, 71; treatment of, the consequences of, 72.
Inflammation of the veins, Guthrie's observations on 528
———, internal, of the eye .. 193

PAGE

Inflammation of the internal and posterior tunics of the eye, 261; prognosis and treatment, 262.
Inspiration, the principal agent in the venous circulation 140
Intestinal canal, diseases of, by Dr. Clutterbuck 329
Inversion of the uterus, case of 55
Instrument for administering food, by Mr. Newington 845
Iritis, nature and treatment of, 197; *syphilitic* iritis, 258; treatment of, 259; *arthritic* iritis, 259; treatment of, 260.
Johnson, Jemmy, epistle to 502

K

Kennedy's Essay on Cupping 605
Knapp on the properties of the apocynum cannabinum.............. 825
Knee-joint, disease of, with amputation 127

L

Lachrymal glands, extirpation of.. 159
Laennec, death of 727
Lanza, Vicenza, Dr., review of his Novum Organum Medicorum 398
Larry's, Baron, visit to Dublin...... 828
——— visit to the London hospitals 849
Laudanum removed from the stomach, case of 245
Law making shavers 29
Lawrence, Mr., on strumous or scrofulous ophthalmia, 1; observations of congenital and acquired predisposition to disease, 1; strumous disease rarely observed in infancy, 2; on variolous, erysipelatous, and pustular ophthalmia, 65; on internal inflammations of the eye, 161, 194; of the internal and posterior tunics, 259; on affections of the lids, 322; treatment of tinea and lippitudo, 322; of hordeolum, 323; of ectropium, 325; of entropium and treatment, 326; of trichiasis, with its treatment, 328; of tumour of the lids, 385; of tumours seated in the orbit; of encanthis and granulated state of the conjunctiva, 387; treatment of the same, 388; of pterygium, 389; affections of the cornea, with their treatment, 391; of vascular cornea, and its treatment, 392; of ulcers of the cornea, and their treatment, 393; of arcus senilis and its treatment, 417, 418; of staphyloma corneæ; cause, treatment, &c., 419; of conical cornea, 421; of prolapsus iridis, with its treatment, 481, 482; of glaucoma, 483; of synchysis oculi, 484, of hydrophthalmia

and varicose ophthalmia, 485; on malignant affections of the eye, 513; cancer oculi, 514; melanosis oculi, 516; fungus hæmatodes, 517; extirpation of the eye, 519; on amaurosis, 515, 577; on muscæ volitantes, 609; hemeralopia and nyctalopia, 610, 611; of strabismus and myopia, 612; on cataract, 674, 705, 737; operations for artificial pupil, 769; on affections of the lachrymal organs, 801; epiphora, 802; treatment of acute inflammation of the sac, 803; chronic inflammation, 803; fistula lachrymalis, 805.

Leeching in inflammation 12

Leprosy, as known to the Hindus, causes, 134; symptoms, 135; diagnosis, 138; treatment, 139.

Letter to Sir J. M'Gregor, on the long period medical officers are required to serve 848

Leyden, present state of 830

Life, abstract of Bichat's Theory of 119

Lithotomy, operation of............ 96

Lizars, Mr., on securing the ulnar artery 16

London College of Surgeons, abuses in the......................... 27

London Medical Society, discussion on transfusion 182

Lyall, on the Medical Evidence, in the Gardner Peerage Cause, review of, 289; on menstruation, 659.

M

Macgregor, Sir James, letter to 841

Mamma, cancer of the 186

Mausoleum, the 300

Mechanical extraction of poison from the stomach 81

Medical education 78

Medical examination in China 794

Medical evidence relative to the duration of human pregnancy 289

Medical and Surgical cases, by Sutliffe, review of.................. 102

Medical Profession in the British Dominions, review of an Exposition of the..................... 402

Medical Society of London, discussion on transfusion, 182; the auriscope, 278; Mr. Amesbury's instrument for contracted joints, 279.

Medicinal property of spiders 85

Meeting of the Trustees of the Hunterian Museum.............. 339, 409

Melanosis of the face extirpated 19

Mental emotion capable of preventing or curing disease 33

Mercer's Hospital, Dublin 504, 523

Meredith, on charcoal in phagadena 282

Mismanagement of Hospitals 692

PAGE

Morbid appearances exhibited on Dissection, in various disorders of the Brain, by Dr. Mills..........

Morrison, Dr., on Medical Science among the Chinese.............. 106

Muscularity of arteries, on the...... 304

N

Nausea, of, in fever and inflammation 35

Naval surgeons, regulations with respect to 62

Negligence of dressers 855

Nervous system, Dr. Spurzheim on the, 200; influence of the labours of Drs. Gall and Spurzheim on the study of the, 202; of what it is comprised, 203; of the origin of the, 205; Dr. Spurzheim's first anatomical principle in regard to the, 206; opinions of Messrs. Tiedemann and Serres, on the formation and progressive development of the several parts which compose the, 207; of the organic and mental functions belonging to the, 208

Newington's, Mr., instrument for administering food to maniacs 845

New surgical operation for decayed teeth, by Mr. Fay 827

North, Mr., on convulsions 365

O

Observations on some points of pathological anatomy and pathology, by Dr. Berard 170

Obstetric surgery 500

Ophthalmia, Mr. Lawrence's lectures on. See *Lawrence*, Mr.

———, on the use of sea-water, in by G. Richmond 51

Ophthalmic Infirmary, the physician of, 153; general meeting of governors, 220s

Oswald, H. R., on abdominal dropsy 48

Ovarian dropsy, case of............ 697

P

Palate, disease of the 190

Paris correspondence.............. 631

Peritonitis mistaken for pregnancy.. 750

Petition and proceedings of the general practitioners, 117, 142, 179, 281

Phagedena, on the uses of charcoal in sloughing, 83, 282; on the application of the solution of arsenic in sloughing 698

Phagedenic ulcer, case of extensive, (continued from No. 134)........ 32

PAGE

Phlebitis, curious case of 718
Photophobia, scrofulosa............ 4
Phrenological Society, London...... 87
——— ———, two characters of rare cerebral conformation, examined by the 222
Phrenology, antiquity of 599
Phimosis, operation for........... 114
Physiological experiments, 406 469
Pleurisy, disputes between the continental surgeons on the method of bleeding in 12
Poisons, mechanical, extraction of, from the stomach................ 81
Porrigo, larvalis 3
Prolapsus iridis produced by ulceration of the cornea 3
Public health, report of the, by M. Villermé...................... 17
Pulmonary disease, case of 95
Purgatives in inflammation 36

Q

Quinine, efficacy of the sulphate of, in ague 190

R

Ralph J., successful case of transfusion 280
Receipts for diseases of the bladder 824
Reece, Dr., on Costiveness, review of 360
Refutation of charges publicly made by certain members of the Royal College of Surgeons, against its legally constituted authorities, 215; on the 'refutation' of the council, 281.
Regnoli, Professor G., extirpation of the entire alveolary arches of the upper and under jaw-bone, by .. 56
Regulations with respect to naval surgeons 62
Remarks on the trial of Wakley *v.* Johnson......................... 465
Removal of the clitoris 408
Reputation of the West End Hospitals 696
Resurrection men and Mr. Justice Burrough.. 125
——— ———, Glasgow 184
Review of an Exposition of the state of the Medical Profession in the British Dominions 403
——— cases in the Medical and Physical Journal ...... 627—629—787
——— Clutterbuck's Inquiry into Seat and Nature of Fever, &c. .. 453
——— Cribb on the Small-pox and Cow-pox 42

PAGE

Review of Kennedy's Essay on Cupping 695
——— Mill's Account of the Morbid Appearances exhibited on dissection in various disorders of the Brain 423
——— North on Convulsions 365
——— Novum Organum Medicorum. By Vicenza Lanza, M. D. 398
——— Reece on Costiveness 360
——— Dr. Spurzheim on the Anatomy of the Brain 200, 234
——— Transactions of the Medical and Physical Society at Calcutta 133
——— Turner on the Arterial System............................ 12
——— Waller on the Transfusion of Blood 76
Richmond on Sea-water in Ophthalmia........................... 51
Royal College of Surgeons, and Lords of the Admiralty 62
Royal College of Surgeons, refutation of charges made against the legally constituted authorities of the 215

S

Scarification in inflammation 12
Schools, Anatomical, 124; London, relative advantages of the........ 724
Scirrhus of the right breast developed, subsequently to the amputation of the mamma for cancer 20
Scrofula stated by Beer and others to be frequent on the continent .. 2
——— stated by Dr. Gregory to be very general in Scotland...... ib.
Scrotum, operation on the, 188; spermatic chord, fungoid disease of, 185.
Sea-water, effects of, in arresting the progress of ophthalmia 51
Secale cornutum, on the use of, by C. Waller 54
Serres on the Bursting of Aneurisms of the Cerebral Arteries 231
Sketches of the Surgical Profession in Ireland, by Erinensis,—Stevens' Hospital, 174; Mercer's Hospital, 504, 523, 651.
Skin, stimulating the, in inflammation 37
Sleigh's Science of Surgery, letter on 85
Small pox and Cow-pox, Mr. Cribb on 42
Small-pox after vaccination 123
Spurzheim, Dr., on the anatomy of the brain, &c., review of 200
Spiders, on the medicinal properties of 85
Staphyloma, causes producing...... 5
Steatomatous tumour, removal of .. 187

INDEX.

PAGE
Stethoscope, directions for using the 667
Stimulants in inflammation 34
Stomach pump, successful application of the 412
Stone, new method of operating for the 114
Strangulated scrotal hernia, fatal case of 89
Strictures on the last regulations of the College of surgeons 819, 851
Strumous or scrofulous ophthalmia, Mr. Lawrence on, 1; disease rarely observed in infancy 2
Superfœtation, case of apparent, by Dr. Fithian 56
Surgery, obstetric 500
Surgeon-dentist's Anatomical and Physiological Manual, by Mr. Waite, review of 368
Surgical Wards of La Pitié, cases observed in the, 19; education, French, contrasted with the English 22
Sutliffe's Medical and Surgical cases 102

T

Teeth, Mr. Fay's new surgical operation on decayed 827
Tibia, case of compound fracture of the, 188; with the fibula 189
Tetanus, Mr. Colles on 37
Todd, Mr., account of subscriptions for the family of the late 87
Tongue, case of tumour on the 183
Transactions of the Associated Apothecaries, extracts from the 117
——— of the Academie Royale de Medecine 113
——— of the Medical and Physical Society of Calcutta 133, 280
Transfusion of blood, Waller on the, 76; successful cases of 154
———, debate on, 182; experiment tried on the dead subject at Guy's Hospital, 221; successful case of 280
Trials, — Wakley *v.* Johnson, Wakley *v.* Hayden, and Wakley *v.* Millard for libel, 430, 437; remarks on the, 465, 498; the Apothecaries Company *v.* Fennyhough, with observations on the same, 561, 563

PAGE
Tumour on the face, curious case of 185
Turner on the Arterial System, review of 12
Turner's Outlines of Surgery, notice of ib.

U

Ulnar artery, Mr. Lizars' observations on securing the 16
Urine, case of retention of, arising from stricture of the urethra 191
Urethra, permanent stricture of the 477
Urinary bladder, case of epilepsy, caused by the irritation of a calculus in the 506
Uteri, cancer, case of 159
Uterine hæmorrhage and transfusion, Mr. Waller on 58
Uterus, inversion of, &c., by Dr. Church 55
———, amputation of the neck of the 114

V

Vaccination, small pox after 123
Venous circulation, inspiration the principal agent in 140
Venesection in inflammation 11
Vessels, accidental formation of 174
Veterinary College, letters on the, 532, 533, 655; cases from the 723
Vomiting in inflammation 35

W

Waite's Surgeon-dentist's Anatomical and Physiological Manual 368
Waller, C., on the use of secale cornutum 54
——— on uterine Hæmorrhage and Transfusion 58
——— on the transfusion of blood, review of 76
Wansbrough on acu uration 846
Weinhold's cases 650
Windsor immaculate 661
Wound, punctured, fatal case of 92

Z

Zoological Society 792

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

BY MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XIV.

Strumous or Scrofulous Ophthalmia.

Gentlemen,

Strumous or scrofulous ophthalmia is an external inflammation of the eye, exhibiting certain modifications in its symptoms, progress, and consequences, derivable from peculiarities of constitution in the individuals whom it affects, and requiring corresponding modifications in treatment. We might say, that scrofulous ophthalmia is inflammation of the eye, occurring in strumous subjects. Now we know that there are great natural diversities of organization, and consequently great varieties in the dispositions to disease in the human race; we find, indeed, that almost every individual has something peculiar to himself. We cannot, therefore, in making our observations on diseases, and on the effects of remedies, fail to admit that there is something peculiar in the constitutions of different individuals. If mankind were all alike, the business of the physician and surgeon would be much more simple than it is.

There are certain congenital peculiarities of organization, the assemblage of which is denoted by the phrase "strumous constitution." Some individuals are subject to certain forms of disease, which come on so easily and return so readily, that it is almost impossible to prevent their occurrence. We see disposition to disease in certain structures, as in the absorbent glands, the lungs, and the mucous membranes. Of the latter, those most exposed to the external air, suffer most; for instance, those of the nose, lungs, and eyes. There is also a particular disposition to disease in such parts of the body as are glandular in their structure; hence there is frequently, in such individuals, a thickening and tumefaction about the nose and upper lip, and in the glands of the lids. The mucous membranes of these individuals are easily disturbed; those of the alimentary canal are deranged by slight errors of diet, in quantity or quality, or by trifling causes, which would produce no effect on other persons, or at least would not materially derange the functions of the stomach and bowels. When these organs are disturbed in their functions, the whole nutrition of the body becomes more or less impaired. We observe a general want of energy, a paleness, and a disposition to coldness in the skin in such persons, and a flaccidity in the muscular fibres generally. The vital processes in general, and the functions of the nervous system in particular, go on languidly. There is another description of individuals who display a greater degree of nervous irritability; slight external agents act on them with greater force. They have very thin skin, and the cutaneous veins appear through it. These peculiarities are seen from infancy; and therefore we ascribe them to original configuration; and further consider, that they are transmitted from parents to children.

A similar disposition to disease may be also acquired: the crowding together of numerous persons in confined dwellings, the unwholesome air of large towns, and the want of domestic comforts are the most powerful agents in producing such effects. Their injurious influence is particularly observable on the health of children in the poorer classes of cities, where large families not only live in small houses, but even in single rooms; where they are badly clothed and fed, and where there is great inattention to personal cleanliness. A state of constitution is produced, by the combined influence of such circumstances, not distinguishable from that hereditary disposition to disease before described; and it is particularly evidenced in an unhealthy condition of the alimentary canal and skin, and in a consequently vitiated condition of the whole frame.

The circumstances I have mentioned are exhibited in the most striking manner in the earlier periods of life. The changes which occur at puberty, render the body less susceptible of disease, or at least of those forms called strumous, so that the latter are seldom seen after that period. Again, strumous disease is not seen in the earliest periods of life. It is very unusual to observe any form of it in the infant. Perhaps this is owing to the kind of food which is prepared for the infant by nature, and which agrees very well with its organization, supplying the materials from which the body is built up, without producing any derangement in the functions of the organs; moreover, most of the exciting causes of disease are absent. During the period from the end of suckling to puberty, the various processes of nutrition and growth are going on with great activity, and then if any cause interfere with them, disease is readily produced. Afterwards, the circulating and absorbing systems are not so actively at work. Hence we shall expect to find strumous ophthalmia almost confined to young subjects; but among them it is very frequent. Beer states, that at Vienna, of one hundred children affected with inflammation of the eye, ninety had that form called scrofulous. A more recent German writer on this subject says, that Beer's statement is by no means exaggerated, and that in the town in which he resided, Breslau, in Silesia, which is ill built, and not well ventilated, the proportion was ninety-five in a hundred. We might expect that scrofulous ophthalmia would be found a very frequent disease in England, and especially in London. It has been supposed, that scrofula is a frequent disease in this country; but if the observations of Professor Benedict of Breslau, and of Beer, be correct, it appears that such diseases are not more numerous here than in other countries. The late Dr. Gregory used to remark in his lectures, that there is not a family in Scotland in which traces of scrofula may not be found.

There is a great tendency in strumous individuals to inflammations of the lids; they take on the form of induration and thickening, or of hordeolum. The lachrymal sac and nasal duct also frequently suffer in such habits. These subjects I shall not advert to at present, wishing now to direct your attention to an external inflammation of the eye, of a strumous character, originally seated in the conjunctiva, often affecting the sclerotic coat and cornea, seldom going deeper, but occasionally extending even to the iris.

Symptoms.—There is increased redness of the eye, and that redness is partial, in patches; the distended vessels are in fasciculi, which run toward the cornea, and extend over its margin, or stop short at the boundary between it and the sclerotica. Where the fasciculi terminate, you will generally see little pustules produced. There is great intolerance of light; light is very painful to the organ, and the uneasiness produced by its presence is carried to an extreme degree, so as to constitute a distinguishing symptom of the complaint. The lids are spasmodically closed, and a most powerful contraction of the orbicularis palpebrarum offers an effectual obstacle to any attempt at opening them. If they are forced open, the cornea is turned up under the edge of the orbit, away from the light. The spasmodic action of the orbicularis excited by exposure to light, causes actual pressure on the eye, and makes the child scream with pain. This action of the orbicularis makes the lids look as if they were swollen, but they are not so. The child makes an effort to protect the organ from the painful impression of light, contracts the brows, and draws up the alæ of the nose, and puts into action all the muscles of the face. Hence arises a peculiar and characteristic physiognomy of the disease, so that you can easily determine its nature on the first sight of the child. The painful impression of light upon the organ in severe cases, is such that the child seeks the very darkest corner of the room, to escape from the light, and, if in bed, it will turn the face against the pillow, or hide it under the clothes, to accomplish the same purpose. For the same reason, if brought into the light it presses the hand against the eyes and holds the head down; great irritation, redness and eruption being often produced upon the forehead and nose by so doing. This position of the head cannot take place without producing a greater determination of blood to the affected parts; and the consequence is that the disease in the eye is aggravated. This great sensibility of the retina is not the result of inflammation, nor is it in a direct proportion to the increased redness, being often excessive where the eye appears almost natural; indeed redness is not essential to the disease; but it is a sympathetic or functional affection merely. In such cases as I am now describing to you, there is no immediate disorder whatever of the retina; the child will be able to open its eyes, and to see as well as if there was nothing the matter with them, towards dusk, or in the evening. It is a disordered sensibility of the retina, dependent on the state of the alimentary canal. Of the nature of that connexion, or of the mode of influence, we know nothing; it is called sympathy, but that term does not explain how the phenomenon happens. The retina, however, is not immediately affected, nor are you to expect that vision will be impaired.

There is a copious flow of tears in scrofulous ophthalmia when the affection is first produced; the external surface of the organ suffers great irritation, the lachrymal gland sympathises with that irritation, and the flow of tears is increased in a very marked way, so that when you attempt to examine the eye, a quantity of acrid hot fluid runs out from between the lids. When the eye is exposed to light, a copious flow of hot scalding tears takes place; the passage of these into the nose excites sneezing, often for several times in succession. These irritating tears produce redness of the lids, and excoriate the palpebræ and face. They cause itching and soreness in the parts upon which they fall and aggravate the original complaint; the child rubs and scratches the affected parts, which become very red, sore, and pimply. Small yellow pustules form on this inflamed skin, and produce a discharge which incrusts. The affection extends on the forehead, temples, and face, the pustules and incrustations increasing; in its worst form it is called *crusta lactea*, and is the state of skin called by Dr. Willan *porrigo larvalis*, from its coating the face like a mask. Now an eruption of this kind, commencing in the lids and spreading over the face and head, will sometimes extend over the body.

The mucous membrane of the nose is often affected; there is an acrid secretion with excoriation of the nostrils, with swelling and redness of the alæ nasi, and often a very tumid condition of the upper lip. The ears are red and sore, and often excoriated behind; and the absorbent glands of the neck are frequently swelled.

The symptoms are worse during the day; there is a remission when the sun has descended below the horizon. Children, who have hid themselves in the dark all day, recover their activity at night and open their eyes without pain.

The inflammation of the eye may suddenly get better, and will as suddenly return. There are often repeated attacks at longer or shorter intervals, and slight exciting causes will renew disorder where the disposition is strong. In this way the affection lasts for months and years, and it is difficult to say when the patient is permanently recovered. The affection of the eye often alternates with other symptoms; the ears become worse, and the eyes get better, or vice versa.

These cases are generally accompanied by a disordered state of the stomach and bowels; and you should endeavour to correct that disordered state, and when you can do so you will find the tendency to relapse removed also. If you examine into the condition of the child's health minutely, you will find that there is a furred tongue, a fetid breath, a tumid or distended abdomen, and a grinding of the teeth during sleep, with an unnatural, morbid or depraved kind of appetite. The state of the skin is generally unhealthy, having a harsh, dry, or scaly feeling and appearance.

Scrofulous inflammation of the eye often produces very serious consequences, particularly on the cornea, and it may do so, although the external redness may not be in a great degree. We are accustomed to measure the degree of inflammation and to judge of its consequences, in other forms of ophthalmia, by the extent of the exterior redness, but in strumous inflammation, the progress of the complaint is very insidious, and we may have changes of structure produced in the cornea when the symptoms are not of a very marked kind. The pustules, which I mentioned as being formed at the end of the fasciculi of vessels, often go into ulceration, and this ulceration may extend deeply into the cornea, and pass through the whole of its laminæ, so as to occasion prolapsus iridis; there may be two or more of such ulcers. There is often a dulness of the cornea produced by an interstitial deposit into its texture. Red vessels extend from the conjunctiva and sclerotica over the cornea, the texture of the corneal conjunctiva becoming at the same time thickened and opaque: these changes proceed sometimes to the extent of making the whole cornea red and opaque, causing the appearance technically called pannus. In such a great and serious affection of the cornea, there will occasionally be produced adhesion of the iris to it; and as the texture of the cornea is weakened, it may yield to the pressure from within, and be enlarged into the external protuberance called *staphyloma*. These are the disorganizing processes effected in the external parts of the eye by strumous inflammation; and the changes of structure produced by this affection are generally limited to the external parts of the organ. Occasionally the effects of strumous inflammation extend to the sclerotic coat and iris; but we have seldom an opportunity of observing the first stage of this change in the iris, on account of the changes going on in the cornea. When scrofulous ophthalmia has existed a great length of time, or when the patient has had repeated and severe attacks, the sclerotic coat may be so much changed in structure, that the form of the eye may be altered; the coat may yield to the pressure of the contained parts. A greater secretion of the internal humours taking place, the eyeball gradually enlarges, and you have what is called hydrophthalmia produced. Or you may have the sclerotic coat yielding partially to the pressure exerted on it, and then there will be staphyloma scleroticæ found.

Diagnosis.—Strumous ophthalmia is distinguished by the characters I have mentioned; by the intolerance of light combined with trifling external redness and copious lachrymal secretion. These symptoms frequently co-existing with the other marks of strumous inflammation in the lips, the nostrils, behind the ears, and in the glandular structures in other parts of the body, form altogether so well marked an affection, that you cannot confound it with others.

Prognosis.—The prognosis is favourable so long as the cornea remains clear. It is favourable if the cornea should be opaque, provided the opacity be only superficial, or if it appear to be owing to deposition between the laminæ of the cornea, for you may, by suitable treatment, generally succeed in removing it. Ulceration leaves behind a permanent opacity, which very seriously injures vision when it is opposite to the pupil. Should it be attended with prolapsus iridis, the consequences are worse, but much depends on the position and extent of the protrusion. The cornea, when vascular, and it often becomes vascular when the affection is neglected, may generally be restored to its natural smoothness and transparency. If several ulcers have formed on the cornea and have extended deeply, if it should have become generally opaque, and if there be also affection of the iris or change of structure in the sclerotica, the prospect is most unfavourable.

In describing diseases, we find it necessary to select the most prominent cases for our purpose; we turn our attention to the instances in which the characters of the disease are best marked. We do not find diseases occurring exactly as they are described in books and lectures; and they, who are only acquainted with them as they are pictured in books, discover, when they have to examine the sick, that several morbid affections are not so clearly characterised as they expected. If we establish a certain number of diseases, we set up so many artificial points to be attended to; but all forms of disease are not to be arranged under the heads which we have selected; we find that there is an insensible gradation between the forms of disease upon which we have chosen to descant. There is such an insensible gradation from one to the other, that we cannot draw a precise boundary between strumous and common ophthalmia. Nature has not made those nosological distinctions which we find in books; they are the mere products of the ingenuity of men. There is a troublesome inflammation, occurring in the eyes of children, which appears to be referrible to the state of the skin, stomach, and bowels, and which does not present all the characters I have mentioned as belonging to the strumous affection just described. You will find more of the symptoms of common inflammation; more external redness; not so much intolerance of light; nor so many marks of strumous disposition in the system. In severe cases of highly delicate strumous children, you will have intolerance of light without any other symptom, and you will find that this has sometimes received a distinct name, having been called *photophobia scrofulosa*, or the scrofulous intolerance of light. Between this simple intolerance on one hand, and acute external inflammation with general and vivid redness on the other, there is every possible intermediate shade. In infants, who are the subjects of *crusta lactea*, the eye suffers sometimes from the extension of the cutaneous affection. These various affections in children may be considered however, in point of pathology and treatment, as coming under the head of strumous ophthalmia.

Causes.—Besides the circumstances to which I have already directed your attention, as predisposing to this affection; besides the constitutional tendency to the complaint, and the unhealthy condition of the digestive organs and skin arising out of that tendency, you will observe the unfavourable influence of all those external circumstances which are capable of exciting ordinary inflammation in other infants. Exposure to cold and wet favours the occurrence of strumous affections generally, and not less so that of scrofulous ophthalmia. Hence children suffer much, especially when insufficiently clothed, from cold East and North winds, and from sudden changes in the weather. The disposition to strumous inflammation will be called into action by any of those causes which weaken the constitution; it is found frequently to occur after measles, small-pox, hooping cough, scarlet fever, in short after the operation of any causes which have produced a temporary debility of the system.

Treatment.—The treatment of strumous ophthalmia must be principally directed to removing that unhealthy condition of the digestive organs and skin, which is so prominent a feature in the complaint, and consequently to invigorating the constitution. Unless these objects can be accomplished, means applied to the eye will be of no service. Hence the treatment is more general than local. In the first place the state of the alimentary canal must be attended to. This is generally in such a condition, as to require the use of purgatives; and those of a very active kind are often necessary, even in young children. You may begin by giving an active dose of calomel with jalap or rhubarb, or calomel followed by castor-oil, and it may be necessary to repeat these purgatives two or three times, to be satisfied that the canal is completely freed from the accumulated load of ill-digested food and unhealthy secretions. The administration of two or three such doses often produces the greatest relief to the sufferings of the child. When this has been accomplished, a mild course of alterative and aperient medicines will be useful; such as calomel and rhubarb in small doses, every second or third day, or the hydrarg. c. creta with magnesia or rhubarb, or calomel with antimony. After the bowels have been evacuated, it is often advantageous to combine light tonics with the aperients; bark or calumba may be given with rhubarb, two or three times in the day; the extract of bark may be used. The dilute sulphuric acid is a good tonic in these cases; ten to thirty drops may be given three times a day, in water or infusion of roses sweetened with a little sugar. Steel has an excellent effect in pallid and languid subjects; the tinctura ferri ammoniati, and the vinum ferri are the most convenient forms; the latter may be combined with the dilute sulphuric acid, and given in the infusion of roses. Alterative medicines should be continued at the same time, and a few grains of hydrargyrus c. creta will very well answer the purpose; some rhubarb may be added, when the bowels require it.

In cases of this kind, the regulation of diet is very necessary, both as regards the quantity and quality of the food; the number of times in the day in which food should be given, must also be attended to. Children of strumous habit should by no means be condemned to low or vegetable diet; they should have plain but wholesome and nutritious food, such as meat, milk, eggs, bread, and other farinaceous substances. It will be sufficient to take meat once a day; but if febrile excitement or much irritability exists, or if the tongue is foul and the breath offensive, it should be omitted. When strength is restored, if there is disposition to fulness of habit, meat should be allowed only sparingly, or even entirely omitted. Porter or wine should be allowed only where there are obvious signs of debility, and here they may supersede medical cordials and tonics. Patients should not be permitted to take food in the intervals of meals; and it is particularly necessary to attend to this point in the numerous instances where there is unnatural craving for food.

The condition of the skin should be particularly attended to; the warm bath has a powerful effect in strengthening the cutaneous circulation, and the increased determination to the capillaries of the skin relieves the affected parts. If warm bathing cannot be easily procured, let the surface be washed daily with warm water, with the occasional addition of soap, and then well dried by rubbing with a towel; common salt may be added to the water thus used, to bring it to the strength of sea water. When the strength is in some degree restored, the shower or cold bath may be used. The clothing should be warm, particularly in cold weather. It is absurd to expose weak and delicate children to the cold, as is commonly done, under the idea of invigorating them. Some of these naturally feeble beings must be treated like exotic plants; we must keep the latter in hot houses, if we wish to save them, and not expose them to all the vicissitudes of our atmosphere. I do not mean to say that they should never be exposed to the air, quite the contrary; but that they should not be so exposed, except when properly protected by suitable clothing; under this restriction air and exercise should never be lost sight of. Here it may be necessary to consider how far the air of the sea may be beneficial to strumous children. Undoubtedly the influence of the air on the sea coast during the mild seasons of the year is very advantageous to such constitutions. But there is an objection arising from the intolerance of light, which accompanies strumous ophthalmia, and from the morbid susceptibility, which often continues after the other symptoms are at an end. The glare of light from the water and the sand is very offensive to the eyes so long as this unnatural sensibility continues; consequently a healthy inland situation is preferable to the coast under those circumstances. When, however, this particular source of inconvenience is gone by, there can be no doubt that the air of the sea is very advantageous.

When the constitutional disturbance is considerable, and the local disease active,—when the changes of structure already described are going on in the cornea, and that part is becoming vascular and opaque, you must have recourse to mercury, and that pretty decidedly, after you have thoroughly evacuated the bowels. Calomel combined with James's or Dover's powder will answer the purpose; a grain of the former may be combined with two grains of either of the latter, and given once, twice, or thrice a day. The hydrargyrus cum creta may be employed in the dose of four or five grains. These means must be repeated and continued according to circumstances; they must be persevered in until the disorganising processes are checked, which is generally accomplished in children without the affection of the mouth.

With respect to local means, the first point is to decide how far it is right to abstract blood. Leeches must be applied sparingly in these cases. You must particularly guard against the error of supposing that leeches are necessary in proportion to the intolerance of light; for it is found by experience the depletion rather increases the irritability of the organ, which is again lessened by tonics and a generous and nutritious diet. In cases which partake of the nature of common inflammation, and where there is much external redness with the other symptoms, leeches are proper; but I seldom use them until after the exhibition of an active purge. They are also to be used in conjunction with the internal means already mentioned, when disorganizing inflammation is going on in the cornea. I believe that the best local application is warm water, or poppy fomentation. As regards the intolerance of light, that may be often relieved by a fomentation of a strong decoction of poppies and chamomile flowers; a bit of soft flannel wrung out of this fluid and applied to the eye as warm as it can be borne is frequently very comfortable to the feelings of the patient. It is doubtful whether the intolerance of light and spasm of the lids can be relieved by the local employment of opium. I rely on the internal and general measures already described. If you should be disposed to use opium, you will find Mr. Battley's liquor opii sedativus the best form. Half a drachm or a drachm may be added to an ounce of rose water for a wash, to be used tepid. Two or three drops may be allowed to pass between the lids.

Blisters, after the necessary evacuations, are very serviceable in cases of strumous ophthalmia; they will often give decided relief to the photophobia, or the intolerance of light; they should be applied to the back of the neck, or behind the ears. It is necessary to be cautious in the use of blisters, especially in young subjects. I have often seen them irritate the skin of children very much, and I may mention that I have seen severe inflammation and ulceration produced by them, and even fatal mortification. I never think of applying blisters until the bowels have been well cleared of their contents; and I am not inclined to keep them open. It is a proper precaution to limit their application to six or eight hours; a blister in six hours will generally produce inflammation enough for the purpose. The German writers have recommended the tartar emetic ointment to be rubbed in on the temples, behind the ears, or on the back of the neck, especially when change of structure is going on in the cornea. I am more in the habit of making an issue in the temple in such cases. It is one of the most powerful remedies, and produces the most advantageous effects in conjunction with the employment of mercury, in arresting changes of structure in the organ. The general powers are to be supported under such a treatment, by a nutritious and rather generous diet.

How far can it be advantageous to apply stimulants to the eye in cases of strumous ophthalmia? They have been much employed; and these are the cases in which they have been most strongly recommended. I confess that I have the same doubts respecting their utility in strumous ophthalmia as I have expressed in the treatment of the common form of inflammation. If the nitrate of silver had any power of correcting the morbid irritability of the organ, we should gladly avail ourselves of it in these cases. But I believe that the intolerance of light will be much more effectually and speedily removed by the means I have mentioned, than by any local application. The room should be darkened when the intolerance is severe, and the patient should wear a light green shade. At any rate, you would not think of using local stimuli until the general treatment had been tried, and I believe that will be found to answer the purpose best. If you should meet with any cases in which this treatment should fail, then you may try a weak solution of the nitrate of silver, putting a few drops into the eye two or three times a day. In cases of spreading ulcer and great irritability, you may employ the solution of nitrate of silver, or of the composition I before described, the lapis divinus. The vinum opii is of no service. I can only say, with regard to the great variety of stimulants and astringents that have been recommended, that I have never seen much good done by them. The *crusta lactea*, which is very troublesome to the child, and annoying to the parents and friends, may in general be greatly benefited by the use of the oxyd of zinc lotion; a drachm of the oxyd to an ounce of water is about the proportion in which it is used. The morbid surface should be well cleaned with tepid water two or three times in the day, and the wash may then be applied to the part. A solution of the corrosive sublimate, a grain to six ounces of water, may be used as a lotion with advantage. No means of this kind should be resorted to, until after the use of purgatives, and when the tongue is clean. A sudden repulsion of the eruption may aggravate the ophthalmic inflammation. Children are often very much disfigured by the incrustations; but there is one consolation, the scales never leave any cicatrices or pits in the skin, and the personal appearance is uninjured even in the worst cases.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

By DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

Lecture XX.

Gentlemen,

I have, in this Lecture, to speak

Of Bloodletting, as a remedy for Inflammation.

There is no remedy which will bear a comparison with this, in point of efficacy; and none which, under certain circumstances, can be so little dispensed with You are not, however, to imagine that it is always successful, or always proper. When used with the greatest judgment, it will sometimes fail; while there are many circumstances of inflammation to which it is not adapted, and in which it may even prove injurious. It is much to be wished that we knew the way in which *bloodletting* effects its purpose, in the cure of inflammation; for this knowledge, if it could be obtained, would greatly assist us in the application of it. The subject, however, is difficult, and I am not sure that it is sufficiently understood. You are not to suppose, as ignorant people often appear to do, that we bleed a patient in order to draw off the bad blood he may have in his veins. Nor is there much better foundation, I believe, for the opinion, that it is useful in any case, by merely lessening the quantity of blood in the system, upon the supposition that there is an over-fulness of the vessels, or what is termed *plethora*. Again, it is not simply by inducing weakness that the object is attained; for then the good effect would be more in proportion to the quantity of blood lost, than is found to be the case. A small quantity of blood drawn in a certain way, often produces much greater advantage, than a large quantity differently taken. The relief experienced from *bloodletting* is sometimes so instantaneous, even while the blood is flowing, as not to admit of the supposition that it proceeds merely from the weakness occasioned by it. It seems more reasonable to believe, that the good effect is owing to the impression made on the general system, influencing its mode of acting; just as in cases of what are called *counter-irritation*, which I have before explained to you, and with which this appears in some degree analogous. If this be true, it must be desirable to take blood in that way which will make the greatest impression on the system, and at the least possible expense.

Now the more rapidly blood is taken away, the greater is the immediate effect produced by it; so that a very few ounces bursting suddenly, as it were, from the vessels, will affect the system more than treble the quantity when slowly drawn. If it be drawn faster than the blood vessels are disposed to contract, so that the sides of the vessels are not brought in contact with the blood, the circulation will necessarily be at a stand, and syncope or fainting ensue. Now the blood vessels contract more readily in some individuals than in others, and such persons do not so soon become faint from bleeding. This does not depend altogether upon the general strength, but upon other circumstances. When the system is in a febrile state of action, fainting is not so likely to occur, because then the vessels are more disposed to contract. Hence it is, that patients more readily faint on the first bleeding (the general febrile action not being yet established) than on a repetition of it, although they have become actually weaker.

The effect of bloodletting may be either *temporary* or *permanent*; depending upon the rapidity with which the blood is drawn, and the quantity taken. The *temporary* effect is according to the rapidity with which the blood is drawn; a very few ounces taken quickly from a large orifice, especially if the patient be in the erect posture, will produce great sense of weakness, and perhaps absolute fainting. These effects, however, soon cease; that is, as soon as the vessels have time to contract themselves, and the circulation is restored. If the blood be taken slowly, and in the recumbent posture, so as to avoid fainting, the weakness induced by it is according to the quantity of blood lost; and the effect is in this case *permanent*.

Now sometimes it is most desirable to produce a great *temporary* effect, without inducing lasting weakness. In diseases of great violence, where it is an object to suspend as quickly as possible the progress of the disease, rapid bloodletting is to be preferred, and in the erect position, in order to make a sudden and powerful impression on the system. But if the effect is required to be lasting rather than sudden, then it is better to take away the blood slowly, and in the recumbent posture; as it is not otherwise easy to obtain as large a quantity of blood, as may be necessary for the cure. There is another reason why it is in general not advisable to take away blood very rapidly, which is, that the occurrence of syncope is both distressing to the patient, and alarming to the by-standers; and it becomes more difficult in consequence, to repeat the bleeding as often as the case may require. It is sometimes proper, in recent and violent inflammation, to go on till the pulse flags or is otherwise altered, and till signs of approaching syncope appear. But this requires to be done with caution; for some persons bear the loss of a very large quantity of blood, and such as might even prove dangerous, before they become faint.

The chief circumstances to be attended to, as regulating the use of bloodletting in inflammation, are the following: the *degree* and *duration* of the disease; the *age* and *habit* of the patient, in regard to strength and weakness; also the state of the *pulse*; the *nature of the part affected*; and, lastly, the *nature of the inflammation itself*, as being *common* or *specific*.

The *extent* to which bloodletting is to be carried, in respect to *quantity* and *repetition*, is also a point of great importance, and is governed by its effects on the disease, as being favourable or otherwise; by the state of the blood drawn, and other circumstances; all of which it is necessary that I should notice, in order that you may be able to apply the remedy with safety, and with the greatest advantage.

That the use of bloodletting will be governed in some measure by the *degree* or violence of the disease, must be very obvious to you. Generally speaking, the more violent the inflammation, the greater call there is for this, and other active remedies. But even in slight cases, when the disease is seated in important organs, especially those in which there is a tendency to disorganization, bleeding may be advisable; upon the principle, that "the safest practice is the best," and because the slightest degree of inflammation in such parts is capable, by continuance, of injuring the structure. Many fatal terminations of disease in the lungs might be prevented by acting upon this maxim.

The *stage* of the disease is a point of great consequence. In all cases of inflammation, bloodletting is more efficacious, the earlier it is resorted to; so that it commonly becomes less and less effectual, the longer it is delayed; till at last it may be wholly inadmissible. This applies more strongly to the case of proper or *idiopathic* fever, than perhaps any other. At the outset of this disease, bloodletting is unequivocally, and almost invariably, safe and effectual; while, in an advanced stage of the disease, it requires to be employed, if at all, with great caution.

The *habit* of the patient in regard to strength and weakness, will doubtless have much influence on the use of bloodletting as a remedy for inflammation, though not in the way and to the extent that are commonly supposed. There is no difficulty in regard to strong subjects; but a very unfounded prejudice exists against bloodletting in weak ones. I can venture to assure you, from much experience, that bleeding is frequently as necessary, and as safe too, in weak as in strong subjects, when the nature of the case calls for it; the difference is merely in regard to quantity. You are to bear in mind, that the loss of three or four ounces of blood in a weak subject, is equal to a pound in a strong one. With this precaution you have nothing to fear.

Again, neither infancy nor old age are in themselves opposed to bloodletting; in infants, on the contrary, there is, generally speaking, a greater necessity for it, on account of the greater rapidity with which inflammation in such subjects proceeds to disorganization and death. There is nothing so mistaken, as the considering infancy a state of weakness; for at this period, all the vital actions are performed with the greatest energy. Great caution, however, is necessary in regard to quantity—ounces being nearly equivalent to pounds in adults. In old age, likewise, bleeding is frequently necessary in cases of inflammation, though it does not require to be so promptly administered; whilst it must be employed only to a moderate extent. I knew an old lady considerably more than ninety years of age, who on account of frequent returns of vertigo, was in the habit of being bled every six or eight weeks, for some years before her death.

You ought to understand well how far the *pulse* is to be relied upon as a guide to bloodletting in inflammation, a point upon which a good deal of error exists.

A very *frequent* pulse in inflammation, must be taken in conjunction with other circumstances, in order to justify bleeding. Such a state of pulse is more likely to occur in weak, than in strong subjects; and, therefore, is prohibitory, at least of bleeding to a large extent. In inflammation of the heart, however, the pulse is very frequent, even in strong subjects. A *slow* pulse generally indicates oppression of the brain. This oppression may be owing to recent and active inflammation of the organ, producing arterial distention, and consequent interrupted circulation, in the brain. In this case bloodletting is generally indispensable. But the oppression may likewise be owing to extravasation of blood, or serous accumulation, the consequence perhaps of inflammation, though not of the inflammation itself, which may have subsided, the effect only remaining. In these cases, slowness of pulse would be no reason for bloodletting, which could not, in the nature of things, be productive of any immediate relief.

A *strong* pulse generally justifies bleeding, where the case is such as to require it, at least it may be done with safety, though it may not be always advisable. But a *weak* pulse does not necessarily prohibit this evacuation, if there should be an urgent call for it in the nature of the symptoms. You are to recollect also, what I before stated when speaking of the pulse, namely, that a small obscure pulse is not always to be taken as a sign of absolute weakness; for, in many inflammations, the pulse is generally in this state; as in inflammation of the heart more especially. It is often so likewise in the beginning of other inflammations, when bloodletting is the most useful; and in these cases, the pulse *rises*, as it is termed, after bleeding, and when the disease is further advanced. In a great number of cases of inflammation, the pulse is scarcely altered from the natural state, and yet bloodletting may be highly necessary. We are to take our indications, therefore, more from the other circumstances of the disease, than from the pulse alone, which is very liable to deceive us. When, in any case, where the pulse is small and weak, you find upon inquiry that the patient a few days before, was in the possession of a tolerable share of general strength, and that no large evacuation, or other cause of weakness, has taken place in the interval; you may conclude that such a state of pulse is merely the effect of the disease, and is no argument against bleeding, if otherwise necessary. On the other hand, fulness and even strength of pulse, are not always a sufficient reason for bleeding; as in the case of acute rheumatism, to which I shall presently allude.

The *appearance of the tongue* is, in most cases, a very good guide to bloodletting. In almost every case where the tongue is much coated, and at the same time dry, bloodletting may be safely and usefully practised; provided due attention is paid to quantity, and the strength of the patient at the time. This state of the tongue is always indicative of active inflammation, such as will very generally bear abstraction of blood, although the quantity proper to be taken at once may sometimes not exceed two or three ounces. The advantages derivable from small and repeated bleeding, appear to me to be neither generally known, nor sufficiently appreciated; and, therefore, I wish to impress you with the subject.

The *nature of the part affected* has a greater influence in regard to bloodletting than you might at first suppose. This remedy is more prompt and efficacious in inflammation of some parts, than of others. It is most useful, perhaps, in diseases of the chest, and least so in ligamentous inflammation, as in rheumatism. The difference here, indeed, is very striking. In the most acute form of rheumatism, that which is commonly termed *rheumatic fever*, the indications for bleeding are of the strongest kind. There is more pain, more febrile heat, more strength and fulness of pulse, and a more inflammatory appearance of the blood, than in any other disease. Yet, experience proves that bleeding, though often useful and even necessary, is far less efficacious than in other inflammations; and, when carried to a great length, seems even adverse to the cure. In like manner bleeding appears to be more useful in inflammation of *serous* than of *mucous* membranes. It is less necessary also in the latter, as there is a sort of natural cure to these inflammations, namely, the increased secretion, and consequent discharge from the inflamed membrane; as in cases of *catarrh*, *diarhœa*, and the like. But there is certainly no foundation for the notion entertained by some, that inflammation of the mucous membrane is of so *depressing* a nature, in regard to the general system, as not to admit of loss of blood: on the contrary, you will often find it necessary in these cases, when the inflammation is very violent or extensive.

The *nature of the inflammation* itself, as being of a *common* or *specific* kind, as we call it, is always to be taken into account. In the *specific* inflammations, bleeding is seldom more than palliative; and it is not often required, even for this purpose.

The *extent* to which bloodletting is to be carried, as to *quantity* and *repetition*, is subject to great variety; determinable by the state of the disease—the effects of the remedy—the state of the blood drawn—and various other circumstances. It is impossible to lay down an absolute rule with regard to quantity: the effects being so different under different circumstances. In persons of tolerable general strength, and at the middle periods of life, the quantity may vary from six or eight ounces, to twenty or thirty, according to the violence and danger of the disease. The quantity should be less, the longer the disease has subsisted. In children, from 2, or 3, to 6 or 8 months, from one to three ounces may be considered as the safe limits. In old subjects, on the other hand, it is seldom proper to take more than eight or ten ounces; and this quantity, may be even considered large. Taking these points as your guide; you will easily fill up the outline, so as to adapt your practice to the circumstances of the case. In regard to repetition, this is governed chiefly by the continuance of the disease; thus it is often necessary to resort to bloodletting a great number of times—that is, either till the object is accomplished, or till it appears improper to proceed further; a point that is to be determined chiefly by the strength of the patient—and this again, by the state of the pulse. The interval to be allowed between the different bleedings, is governed chiefly by the part affected, and the known disposition of the disease, to proceed rapidly or otherwise. When the small intestines, for example, are suffering from active inflammation, six hours can hardly be allowed to elapse, without a recurrence to bloodletting, if the disease continues; but in most other inflammations, a longer interval may be allowed.

The whole quantity of blood required to be drawn in any particular case, and which can be taken with safety, it is difficult and hardly possible to assign. In some cases of pneumonia, one hundred, a hundred and fifty, or even two hundred ounces have been taken in the space of a few days; and less would not have sufficed for the cure; but you are always to consider, what other means you have in your power, to assist the bleeding, so as to make this the less necessary.

The *appearance of the blood*, when drawn, is an uncertain guide, with respect to repetition. The absence of the inflammatory crust, affords no decisive objection to further bleeding—nor is the presence of it a sufficient reason for its further employment. It is by no means necessary to bleed, till the inflammatory character disappears from the blood. It is sufficient, in general, that the symptoms give way—and even if they should not, as is sometimes the case, we may be obliged from mere weakness to desist: a great disproportion between the crassamentum and serum, will in some degree serve us as a guide. A large quantity of crassamentum, may be so far taken as an indication of general strength, as to justify even large bleeding, where the circumstances of the disease appear to demand it; and, on the other hand, a very small quantity of crassamentum, floating as it were in a large portion of serum, should make you cautious in regard to further bloodletting; at all events, such a state of the blood, will allow only of a sparing quantity to be taken. You are not to believe, however, with the vulgar, that in such cases the blood is turned to water—for you will find that the serum, when examined by the proper tests, contains an ample quantity of albuminous matter.

More attention is paid to the firmness of the crassamentum, than is requisite. In general, where this is loose and easily broken, it is taken as an indication of a degree of weakness that will not bear bloodletting. This, however, is not a general rule; for in simple idiopathic fever, the blood is always in this state, even where the subject is strong; and yet I know from experience, that bleeding in such cases may be safely and usefully practised; provided it is done at a proper period, that is, very early in the disease.

The *pulse* is to be carefully watched, where it becomes necessary to take blood repeatedly, and to a great extent; for it is by this sign, principally, that we determine the length to which venesection can be safely carried. The pulse becomes smaller and weaker in proportion as the loss of blood is carried further; and there is a point beyond which it is not prudent to go. Unfortunately, there are no means of determining this point with any precision. We cannot measure minute degrees of strength and fulness of pulse, so as to be able to communicate our sentiments upon these points to others. This kind of knowledge must be acquired chiefly from observation and experience. In judging of the general strength, you must not trust wholly to the pulse, but inquire into other circumstances indicative of strength and weakness; such as the feelings of the patient, his various movements, and even the expression of his countenance.

Highly as bloodletting is to be prized as a remedy for inflammation under a variety of circumstances, it is nevertheless necessary you should use it with caution, as knowing that, when misapplied, it is capable of doing much harm. One of the ill effects ascribed to it, however, and which has deterred many from employing it where it is obviously wanted, is its supposed tendency to induce dropsy, or, as it is often expressed, to occasion *effusion.* Thus it is said, if you bleed to too great an extent in pneumonia, you will give rise to *hydrothorax*, or effusion in the chest. But the serous accumulation in this case, is the effect of the inflammation, and not of the bleeding, which, by checking the inflammation, tends rather to prevent the effusion, than to cause it. A large loss of blood is occasionally followed by slight œdematous swelling of the feet and ancles, but never, as far as I have seen, by general dropsy, nor by effusion into cavities as the mere effect of the bleeding.

Blood may be drawn in different ways; as 1st. from some large vein (*phlebotomy* or *venesection*); 2. From arteries (*arteriotomy*); 3. By leeches; and, 4. By scarification, with or without the aid of cupping-glasses. These different modes of drawing blood, are more or less useful, according to circumstances.

Venesection is, upon the whole, greatly preferable to the others, as being more certain and determined, easily practised in most cases, and decidedly more efficacious; as in this way a more sudden and powerful impression is made upon the system, and the disease in consequence more influenced, than by either of the other modes mentioned. *Arteriotomy*, on the contrary, is difficult to be executed, with precision and certainty, so as to obtain a determined quantity of blood in a given time. There are few parts where it can be safely practised, or at least without considerable inconvenience; and it often requires extensive pressure to be made, in order to restrain the bleeding afterwards: while, even if it could be so done as to ensure the obtaining the requisite quantity of blood in a given time, (which is far from being always the case,) it has no peculiar advantages, or beneficial influence over the disease, to compensate for the inconveniences I have mentioned.

The application of *leeches* is of all, the least efficacious mode of taking blood; as, from the slow way in which the blood flows, the impression made either on the general system or on the disease, is not in proportion to the quantity of blood lost. The body altogether may be greatly weakened by the successive application of a great number of leeches, without any beneficial impression being made on the disease, as I have repeatedly seen: while, in these very cases, an almost immediate stop has been put to the disease afterwards, by the sudden abstraction of a very few ounces of blood from a vein. It appears to me to be an error to suppose, that the system will not bear an equal loss of blood by venesection, as by leeches; the effect ultimately, in both cases being in proportion to the quantity of blood lost. When bleeding is called for at a time that the system is greatly weakened, as is sometimes the case, the blood should be drawn so as to produce the greatest effect at the least expense of blood, and this undoubtedly is by venesection; which, however, in such cases, had better be done so as to avoid actual fainting. Leeches have another inconvenience, namely, that it is difficult to estimate the quantity of blood lost. What I have now said in regard to leeches, applies to the case of children, as much as to adults; and you will find it much less difficult to bleed children in the arm or neck, than is commonly supposed; while it is a far more prompt and efficacious mode of giving relief.

The division of the vessels of the inflamed part by puncture or scarification, is undoubtedly often useful; but this belongs rather to the *local*, than the *general* treatment of inflammation. *Scarification with cupping-glasses*, near to the part affected, is a useful mode of drawing blood in many cases, but upon the whole much inferior to venesection, for the reasons I have just stated in regard to leeches. Cupping, possibly, may have some advantage, as producing a kind of *counter irritation*. But in this respect, *dry cupping*, as it is called, would probably have an equally good effect: this remedy (dry cupping) is, I think, more neglected in modern practice than it deserves.

It was formerly supposed, that the taking blood from one part of the body rather than another, was a point of some importance. The hottest disputes at one time existed among physicians, as to whether in cases of pleurisy, the blood should be taken from the arm on the side affected, or from the opposite one. And even at present it is considered, by our continental neighbours, far more serviceable to bleed in the foot in certain diseases, than from the arm. I am not prepared to say that there may not be some foundation for this; but the question is hardly possible to be decided. In this country, we are in the habit of taking away blood as near as possible to the part affected; but there may be as little ground for this preference as for the other.

I have now explained to you, as far as I am able, the chief circumstances which regulate and modify the use of bloodletting in inflammation; and, I trust, you will see the necessity of using it with caution. I may repeat, that it is in no case an absolute or certain remedy; nor does it remove the disease in a direct way. It only gives to it the disposition to subside, and that only under certain circumstances, which you ought, as far as possible, to make yourselves acquainted with.

REVIEW.

A Practical Treatise on the Arterial System, intended to illustrate the importance of studying the Anastomoses, in reference to the new Operation for Aneurism, and the Surgical Treatment of Hæmorrhage. By THOMAS TURNER, Member of the Royal College of Surgeons. 8vo. pp. 194. Longman and Co., London; Aston, Manchester. 1825.

As aneurisms, arteries, and anastomoses, present, in our day, but scanty materials for an original volume, we think the present work might have formed a part of the "Outlines of a Medico-Chirurgical Education," which the author published about two years ago.* In the first section, he describes the structure, functions, and diseases of the arterial system; in the second, the usual origin and course of the main arteries of the body, with the distribution and terminations of their branches; and, in his last, the anastomoses of arteries are considered in relation to the common operation for aneurism and the surgical treatment of hæmorrhage. With respect to the treatment of aneurism, he endeavours to prove—

1st. That (with the exception of the aorta, when it is obstructed above the lumbar branches) if the main vessel be obliterated, the anastomosing circulation is always sufficient to support the life of the part.

2dly. That more is to be feared of too many anastomosing branches than of few.

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* Outlines of a System of Medico-Chirurgical Education, containing illustrations of the application of Anatomy, Physiology, and other Sciences to the principal practical points in Medicine and Surgery. 8vo. 1824.—See THE LANCET, Vol. V. p. 202.

3dly. That the operation of tying the arterial trunk at a sufficient distance from an aneurism to ensure a sound condition of the vessel, will generally be effectual.

4thly. That failures may be attributed to the sac being fed from above by inosculating branches, or from below by the recurrent circulation; to a large coagulum, or extensive suppuration.

5thly. That to obviate the first cause of failure, the anastomoses must be studied, and that the blood should be diverted from the aneurismal swelling by moderate pressure.

6thly. That when the aneurism is circumscribed, of a very large size, and contains much coagulum, mixed or not with pus, besides tying the artery, the sac should be opened at its most dependent part, and its contents evacuated, so as to remove a fertile source of irritation.

7thly. That when the aneurism is of the diffused kind, or the result of a ruptured vessel, and the surgeon is called early, he should cut down on the artery, remove the coagulum, and secure the vessel with two ligatures.

8thly. That when diffused, of considerable magnitude, and of long standing, it is probable that the wound in the artery is partly or wholly obstructed; and that a ligature on the main trunk will so far break the force of the current as to prevent further mischief.

9thly. That after having tied the main trunk, it is generally advisable to remove the coagulum, especially if a suppurative process have commenced in the sac, and the soft parts forming its boundaries are much disorganised.

Lastly. That in cases of hæmorrhage, two ligatures on the wounded vessel are necessary, or that one has rarely sufficed.

Upon most of these points there can be no difference of opinion; we therefore proceed to the author's observations on the treatment of wounded arteries.

"When," says he, "a small artery is wounded, natural means alone will suffice to put a stop to the flow of blood. The first effect, if a small vessel is cut across, is a retraction, within the cellular membrane enveloping it; the blood is entangled, coagulates, and the bleeding is checked. If the artery be simply punctured, the retraction does not take place, but still the coagulation of the effused blood suppresses the hæmorrhage; but in the former case the effect is more immediate and certain than in the latter. The permanent security against the return of bleeding, is accomplished by the wounded artery becoming inflamed, and the aperture closed by the adhesive inflammation. When a main artery of any of the internal organs is injured or gives way, we have to apprehend fatal consequences. A wound of the pulmonary artery, aorta, arteria innominata, common carotid, common iliac, and internal and external iliacs, will prove fatal; but a hæmorrhage from other arteries may, in a general way, be commanded by the ligature; and if inferior in size to the temporal, commonly by compression only.

On studying the anastomoses, we must naturally seek to determine the question, whether the ligature should be applied to the main trunk,—at a distance from the wound,—to the wounded extremity nearest the heart,—or both to the upper and lower extremity of the vessel? If our judgment were alone biassed by a knowledge of the anastomoses, we should not hesitate to subscribe to the opinion of Mr. Hodgson, that in every instance in which an artery of considerable size is wounded, each extremity of the vessel should be tied as near as possible to the wound in its coats, as the anastomoses in all parts of the body are so extensive as to furnish a supply of blood, which may pass through the wounded extremity of the wounded vessel in a sufficient stream, to produce an alarming, and, in some instances, a fatal hæmorrhage.

Mr. Hodgson adds two cases, one communicated to him by Mr. Lawrence, in which the bleeding from the lower extremity of a divided brachial artery was sufficient to cause the death of the patient; and another by Mr. Henry Earle, where a punctured wound received midway between the elbow and wrist, was treated by two ligatures on the brachial artery in the middle of the arm; but on the eighth day a copious bleeding took place from the wound in the fore-arm, and it was found necessary to expose the vessel, (the radial artery,) and to apply a ligature at each extremity.

The principle of applying two ligatures at the wounded part, appears admissible as a general one; and I have no hesitation in saying, that it should always be adopted when a vessel of such a size is wounded, as to give rise to a serious hæmorrhage. But it now and then happens, that there is considerable difficulty in reaching the wounded portion of the vessel, and then the following practice may be attempted; and if the artery be not large, will be certain to succeed. In a wound of the palmar or plantar arteries, for example, it is often difficult to expose the vessel; the treatment in this case, provided compression fails, must consist in tying the trunk which supplies the wounded branch, and using firm pressure on the injured part."—pp. 36—39.

To impress on the mind of the student, the inefficacy of tying the main artery at a distance from the wound, and that the application of a ligature to the upper portion *only* is not sufficient, the author adds another case from Roux's "Parallelle." A femoral artery, which had been wounded a little below the middle of the thigh, was tied at the lower part of the inguinal space. On the 10th day after the operation, a hæmorrhage occurred, when it was again tied below the origin of the profunda, and the hæmorrhage, which came from the part nearer the heart, immediately ceased; but on the following day a considerable quantity of blood escaped by the inferior orifice. The artery was now laid bare and tied below the wound, after which the bleeding did not recur.

Mr. Charles Bell, in the second volume of his "Operative Surgery," mentions the case of a man who had received a deep wound between the fore finger and thumb, by which, much blood was lost. The artery being tied by the side of the extensor tendons of the thumb, the bleeding stopped, but recurring, a compress was applied, and the patient did well. Thus, says the author,

"When a man is bleeding from an artery of the hand, wrist, or foot, tying the trunk of the artery, only diminishes the impulse, and does not entirely stop the flow of blood which comes round by the free inosculations. But the direct course of the blood being interrupted our dressing, is sufficient to stop the force of the hæmorrhage, by the anastomosing vessels. If the artery be not taken up, a sponge must be thrust deep into the wound, and a tedious sore is the consequence; but if the main supply be stopped, the lips of the wound can be brought together, and the compress put over the integuments, [not into the flesh,] and the wound heals by the first intention."—pp. 42.

This practice is commonly sufficient, without tying the artery in the hand, which is a somewhat difficult operation. After speaking of the high division of the brachial artery, the author mentions two very extraordinary origins of the ulnar artery, which are now in the possession of Mr. Ransome, a surgeon to the Manchester Infirmary. In one instance, it arises from the infra-scapular branch which, though of unusual size, is sent off by the axillary trunk, in the usual way. From the infra-scapular branch a large artery runs down the arm on the inner side of the brachial, and in some part of its course, immediately in contact with it. At the bend of the arm it is united to the brachial, and then proceeds as the proper ulnar artery. It is not merely an union by contiguity, but an absolute coalition, the ulnar being much larger in the fore-arm, than in the arm. This unusual branch furnishes the deep branches, and ramus anastomoticus; the continued trunk of the axillary giving off only two or three very small muscular branches. The variety is very uncommon, but Mr. Green, in a letter to the author, states, that he has met with one instance of it. Dr. Barclay says, that this double appearance is often occasioned by a branch *arising from the* humeral artery, near the axilla, or at least high in the region of the humerus, and which, after running in a parallel direction, enters the humeral artery, or some of its branches, near the bend of the arm. In four preparations this branch entered the radial artery; in three of them opposite the bend of the arm; in the fourth, some inches beyond it.

In another preparation, the author found the ulnar artery arising from the subclavian, and in the same subject, the interosseal branch, from the radial trunk instead of the ulnar.

Speaking of a high division of the brachial artery, and the operation for aneurism, Mr. Hodgson says, if there be two arteries, it will be doubtful by which of them the tumour is supplied, and therefore recommends that one of them should be compressed. If the pulsation in the tumour cease, it is evident that it is supplied by the compressed vessel; if not, by the other branch upon which the ligature must be applied. He prefers this operation to that of tying both arteries. We must, however, agree with our author and Mr. Harrison, that this expedient will not answer in every case, for sometimes two or three cross branches unite these arteries as they descend the arm, which will pour a quantity of blood into the aneurism, and keep up a degree of pulsation, sufficient at least to deceive us. The only objection that can be urged against tying both arteries, is the effect which it might have on the after circulation, but as the anastomosing branches are fully capable of undertaking that, we have nothing to fear. After clearly explaining the anastomoses between the radial, ulnar and interosseous branches, the author thus speaks of them with reference to the treatment of aneurism and hæmorrhage—we give the extract as a specimen of his style and manner of treating the subject. He says,

"Aneurism sometimes forms in the course of one of the arteries of the fore-arm, but it more frequently occurs at the wrist or near it, than at any other part. The recurrent circulation in those cases will prevent success, if the ligature be applied to the vessel at any great distance from the aneurismal sac; experience has proved this, and observation has convinced me, that the operation may fail when the ligature is applied at no great distance from the disease. About four years ago, I saw, with Mr. Ainsworth, one of the surgeons of our Infirmary, [Manchester,] a case of aneurism of the radial artery, situated in the vessel. The patient, who was nearly 70 years of age, had had a small tumour in this situation for some time, and at length showed it to a surgeon who pronounced it to be an aneurism. When Mr. Ainsworth saw it he proposed to perform an operation, to which the patient consented. Reasoning on the result of tying the artery in other cases a little above the aneurismal sac, and from the diminution of pulsation in the tumour when the artery was compressed at the wrist, it was thought justifiable in the present instance to cut down on the radial artery at the carpus, and to surround the vessel with a thread; this, however, did not destroy the pulsation in the tumour, and it became in a few minutes nearly as distinct as it was before the radial artery was tied. Finding that the sac was thus fed by anastomoses, and so abundantly as to render the success of the operation too doubtful, it was immediately resolved to tie the ulnar trunk, on doing which all pulsation ceased; but in a little time a faint tremulous motion was perceptible in the aneurismal swelling, which however gradually went off, and the disease was cured. This is a very instructive case; it shows that when an aneurism is situated in either of the arteries of the hand, that the operation of cutting off the main supply of blood by tying the trunk of the diseased artery, is not always sufficient; that the inosculations are so free as to feed the sac in a way that would prevent the coagulation of the blood which enters it, and consequently the success of the operation.

The question now to be asked is, as to whether in such cases, it is even safe to trust to one ligature on the trunk of the vessel near to the aneurism? Whether it is preferable to open the aneurismal sac, and apply a ligature at each extremity? Or whether it is better to tie both the radial and ulnar trunks? I think one ligature can never succeed; that the operation of opening the sac and applying two ligatures is a difficult and dangerous operation, where the sac is bound down by tendinous structures, as in this instance; and therefore, that tying both the radial and ulnar trunks, is the safest and most certain practice. That there can be no risk as to the after-circulation, the case above cited proves beyond all dispute; for the interosseal arteries and their communications with the branches of the two main trunks, are fully adequate to the nourishment of the hand.

Scarpa mentions, that although the Hunterian operation* is wonderfully efficacious in the cure of aneurism of the bend of the arm; of that in the ham, and at the upper part of the calf of the leg it is not equally effectual in the cure of aneurism on the back or palm of the hand; in the dorsum or sole of the foot; and for the reason which has been explained, viz. the free inosculations of the extreme branches of the trunks of the extremities. He recommends as the best practice in these cases, to tie the artery above and below the disease: but when that cannot be done, owing to the situation of the tumour, a ligature should be passed around the artery which supplies it, and thus having stopped one of the currents of blood which distended the aneurismal sac, the other might be constrained by compression, without the necessity of tying the trunk.

The circumstance connected with the situation of the aneurism in the above case, contra-indicated the first measure; and with respect to the second, as the difficulty of maintaining a sufficient degree of pressure on the ulnar artery, the length of time necessary for the absorption of the aneurismal tumour in an old subject would have been great, and the operation extremely painful. I think it very questionable whether Scarpa's recommendation is preferable to the method adopted. Waiving the difficulty and pain, it is more than probable that by such means the calibre of the ulnar artery would not have been obliterated; and if not, there would have been some danger, on the pressure being discontinued, of a recurrence of the disease.

With respect to the treatment of hæmorrhage, it is clear, that in order to suppress, in an effectual manner, a bleeding from a wound of either the radial or ulnar trunk, it is necessary to secure both ends of the vessel. If a wound were inflicted on the radial, about half way down the fore-arm, one ligature would not in a general way succeed in suppressing the hæmorrhage, nor would one suffice in a wound of the ulnar at the same part. In a wound of either of the branches of the palm of the hand, it is extremely difficult to find the artery at the bleeding point, in consequence of the cellular substance of the palmar fascia becoming filled with blood, and the structures of the palm are such as to render it extremely imprudent to make a random thrust with the needle.

Mr. Lizars, in the third part of the physiological and pathological observations which accompany his "System of Anatomical plates," advises, that when the artery is wounded in the palm of the hand, it should not be attempted to be secured there, in consequence of the proneness of the fascia palmaris to inflammation, but taken up, proximate to the carpus. He mentions the case of a patient who had the ulnar palmar arch wounded, and which was cut down on by the surgeon, but both the fascia and artery ulcerated, and amputation at the middle of the fore-arm, was the final result."—pp. 118—123.

In such cases, tying the ulnar artery "proximate to the carpus," will not of itself arrest the flow of blood; for the anastomoses of the radial and ulnar arteries are sufficient to carry on a recurrent circulation, unless pressure is made on the wound. Mr. John Bell says, that he never found it necessary to tie the lower end of the artery, which he thinks worth mentioning, as it is an exception to the rule commonly laid down; but, as Mr. Turner observes, he was evidently aware that one ligature was not sufficient, for he says, "a small piece of sponge must be put into the place," a practice which we cannot recommend, as it will cetainly produce much irritation and a suppurating wound.

Those sections of the work which are devoted to the aorta, carotis communis subclavis et axillaris, are concluded by certain practical deductions, which we shall submit to the student.

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* The operation of tying the *brachial* artery above the aneurism, was successfully performed by Anelius more than a hundred years ago. See his *Suite de la nouvelle methode de guerir les fistules lacrimales*, 4to. Turin, 1713, and Heister's Surgery, article "Aneurism."—Ed.

The following of the *aorta* :—

"1st. That the cases where the upper part of the aorta was found impervious after death, without a derangement of the general system, ought not to be admitted as evidence of the probable safety of passing a ligature about the superior portion of this main trunk.

2ndly. That the anastomoses can be demonstrated as not sufficient to continue the circulation, when the aorta is tied much above the origins of the lumbar arteries.

3dly. That the frequent success which has attended the operation of tying the aorta in the dog, at a point *between*, *or immediately above* the lumbar arteries, furnishes a presumptive proof, that the same might have a happy issue in the human subject. But,

Lastly, This measure is a desperate one, and only sanctionable when the case is beyond all the other resources of our art."—p. 59.

Common carotid ;—

"1st. That modern experience has confirmed the opinion, that this vessel may be secured by ligature, without any permanent injury to the animal œconomy.

2dly. That the inosculations of the opposite external and internal carotids with each other, and with some of the branches of the subclavian, can furnish an adequate supply of blood to the neck, face, scalp, and brain. But,

3dly. It still remains an unsettled point, whether both common carotids can be obliterated *at the same time*, with any hope of success."—pp. 75, 76.

Subclavian and axillary :—

"1st. That the safety of tying the subclavian artery, under certain circumstances, has been proved by many successful cases.

2ndly. That when the ligature is applied on the humeral side of the scaleni muscles, the artery has given off its principal anastomosing vessels; we have therefore nothing to fear, as to a due transmission of blood to the upper extremity. But,

3dly. When the ligature is put on the vessel, at the tracheal side of the scaleni, it is anterior to the passing off of branches and in the vicinity of important parts; hence the operation is not free from danger."—pp. 100, 101.

Mr. Turner has given a clear description of the arterial system, as far as it relates to the treatment of aneurisms and hæmorrhages, of which there are many instructive cases, and the anastomoses of the arteries are well explained by two coloured plates. Upon these grounds we recommend the work to the notice of students.

FOREIGN DEPARTMENT.

ARCHIVES GENERALES DE MEDICINE.

The Public Health.—Report read by M. VILLERME, *before the Royal Academy of Medicine, upon a series of Tables relative to the movement of the Population of the Twelve Districts of Paris, during the years* 1817, 18, 19, 20, and 21.

THE Tables here spoken of are constructed by M. Villot, and may be implicitly relied on for their accuracy. We have space to discuss them in no other than a medical point of view, and even here we must be brief.

In the five years comprehended in the work of M. Villot, the mean number of deaths, annually, in the different districts is as follows :

In the 2nd, quarter of the Chaussée d'Antin, &c., the proportion is....	1 in 62
In the 3d, Montmartre, &c.	1 in 60
,, 1st, Roule, Champs Elisées, &c.........	1 in 58
,, 4th, St. Honore, Banque, &c.	1 in 58
,, 6th, St. Denis, Temple, &c.	1 in 54
,, 5th, Porte St. Martin, &c.	1 in 53
,, 7th, St. Avoie, Marche des Arcis, &c.........	1 in 52
,, 11th, Luxembourg, Palais de Justice, &c. .	1 in 51
,, 10th, Monnaie, Faub. St. Germain........	1 in 50
,, 9th, Isle St. Louis, Cite, &c.	1 in 44
,, 8th, St. Antoine, Marais, &c.	1 in 43
,, 12th, Jardin du Roi, St. Marcel, &c.......	1 in 43

These very considerable differences do not depend on any accidental causes, for an examination, of each year individually, shows that they are quite constant. What then may those causes be which seem to assign to each district of Paris a particular degree of salubrity, which occasion in one the death of a 62nd part of its inhabitants, and in another so large a proportion as a 43d?

The vicinity, or distance of the river, does not appear to exert any influence on the above result; neither can any thing be attributed to local exposure, nor to meteorological circumstances; neither any to the quality of the water employed in the various districts. A very general opinion is, that the more dense the population, the greater the mortality. This notion is founded on the fact of the deaths being proportionately more numerous in large than in small towns, and in small towns more numerous than in the country. The conclusion from this has been, that the agglomeration of houses, and the narrowness of streets are the causes of the insalubrity of towns, and that the crowding of men together corrupts the air which they breathe. The unanimous assent of medical men to this proposition obliges us to examine it with the greater care; and the comparison of the districts in which the inhabitants are, so to speak, piled upon each other, with those in which they are more scattered, will enable us to judge of its accuracy.

Now it appears that of the 5th district, there is one 0.46th of the whole superficies occupied by buildings; in the

8th,	0.46
10th,	0.53
3d,	0.55
11th,	0.55
1st,	0.57
4th,	0.59
9th,	0.60
6th,	0.62
12th,	0.64
2nd,	0 75
7th,	0.82

These proportions, viewed in connexion with the mortality, show, that in the actual state of Paris, the width of the streets, size of the squares, gardens, &c. do not tend to promote the salubrity of several of the districts to the extent which is commonly supposed; because the districts in which the mortality is greatest, appear very generally to be those in which the streets, gardens, squares, &c. are the most extensive. The difference of the actual result from that which might have been expected, is still more remarkable when the mean superficies occupied by each individual in the different districts is compared with the mortality in each.

In the 1st, the mean extent of surface for each person is 64 square metres;

In the 8th it is 46½
— 12th — 37
— 10th — 36¼
— 2d — 26¼
— 11th — 21¾
— 5th — 18½

In the 9th it is 16½
— 3d — 15¼
— 6th — 12¾
— 7th — 10½
— 4th — 6½

Six metres and a half as the mean term of the space occupied by each individual, of a population of more than 46,000 souls! what crowding does not this suppose in the habitations of the poor who live in the 4th district? And if, in our calculation, we considered the number of flats, we should find that in all the districts the number of inhabitants corresponded to a much smaller superficies than that we have recognized; we should then have to reckon 3, 4, and even 5 individuals lodged one above another.

In placing the mortality by the side of the space allowed to each individual, we see that the mean annual proportion of deaths is as 1 to 51½ in the districts where the said spaces are the largest, and as 1 to 53½ in the other districts. In short, we perceive at the opposite extremities of the table of the superficies corresponding to the lodgement of an individual, two districts in which the mortality is the same, and of the three districts in which the superficies is the most considerable, the 8th and 12th are those in which the maximum of deaths occurs.

Certainly such results could not have been predicated. We must conclude, then, that if the agglomeration of the population increases the mortality in any sensible manner, it is entirely owing, as indeed the instance of ships proclaims, to certain peculiar and adventitious conditions.

The cleanliness or filthiness, clothing, aliments, drinks, &c., are other conditions whose influence upon the public health we are much interested in ascertaining, and which, should certainly contribute to lengthen or to shorten life. Assuming that the dwellings which pay no tax, represent the habitations of the poor, and the others which do, those of the wealthy, or people in easy circumstances, we can ascertain with precision the average wealthiness of the inhabitants of each of the twelve districts; and as the nourishment, clothing, cleanliness, &c., are in the ratio of the fortune possessed, this may be assumed as representing the nature and quality of the food and raiment generally used in each district, with sufficient accuracy.

In the second district, the houses not taxed, are 0.07 of the whole, and the deaths, are 1 in 62.

3rd	0.11	60
1st	0.11	58
4th	0.15	58
11th	0.19	51
6th	0.21	54
5th	0.22	53
7th	0.22	52
10th	0.23	50
9th	0.31	44
8th	0.32	43
12th	0.38	43

A very remarkable result of this arrangement of the districts, according to the increase of the numbers of untaxed houses they contain, that is to say, of their paupers, is that they follow, with a single exception in the 11th, very nearly in the order of the increase of mortality.*

Wealth, consequently, or easy circumstances, and poverty, or misery are the principal causes (we should not say the only causes) to which the great differences that occur in the relative proportion of deaths in the several districts are to be attributed. To establish this truth is sufficient for us here; we will not follow it through all its bearings even in relation to medicine, still less will we consider it in a moral point of view, or in its connexions with the public economy.

As, however, there are two kinds of wealth—wealth which is unproductive, and wealth which is productive, it is an interesting matter to ascertain whether or not each species have a like beneficial influence upon the continuance of life. Now from documents which cannot lead into error, it appears, that the average annual mortality is, 1 in 55½, in the six districts which contain the greatest number of inhabitants who live on their incomes alone, whilst in the six districts where trade, and commerce generally, flourish the most, it is 1 in 57½. From this it is evident, that industry, and trade in general, advantage the public health more than unproductive riches.

REVUE MEDICALE—CLINICAL SURGERY.

Cases observed in the surgical wards of La Pitié, by Ph. Ricord.

Melanosis of the Face extirpated, and consecutive scirrhous swelling successfully treated, without an operation.

Cromtzi, a native of Belgrade, 60 years of age, had for more than a year been troubled with a carcinomatous tumour, situated upon the buccinator and masseter muscles of the left cheek. It extended upwards as high as the zygomatic arch, backwards to the posterior edge of the ascending ramus of the lower jaw bone, downwards to the level of the inferior edge of the body of this bone, and forwards to within half an inch of the left commissure of the lips, and over the major and minor zygomatic muscles. Bands were to be felt extending from the tumour into the fossa canina. The skin covering the tumour was of a purple colour, and this hue extended all around to about half an inch from its base. Beneath the angle of the jaw there were also two enlarged lymphatic glands, of the size of a very small walnut.

Although pretty moveable, this tumour still adhered to the muscles and subjacent tissues; it was hard and irregular, and caused lancinating pains of considerable intensity. It first appeared as a small tubercle, which speedily acquired the magnitude of the fist, its size when the patient entered the hospital.

In other respects the health of the patient was good, and on the 1st of Sept. M. Lisfranc proceeded to the operation in the following manner.

Two semi-lunar incisions included the tumour, and along with it a portion of skin all around, a quarter of an inch broad; for M. Lisfranc is always particularly solicitous to make his first incisions at as great a distance as possible from the immediate seat of the disease in cases of cancer, having observed that by so doing he guards more effectually against relapses. In dissecting out the tumour the parotid duct (which was completely exposed) and facial artery were avoided. The entire cancerous mass, as also a large quantity of diseased or suspicious looking cellular membrane, were removed.

On examination the tumour presented all the characters of the cancerous melanosis; it was a moderately consistent tissue, of a deep smoke colour, and stained paper precisely like Indian ink. Several cells contained a fluid of the colour and appearance of the liquor of the cuttle fish.

Two hours after the operation, a small artery was found to require tying. The edges of the wound were then brought as nearly into apposition as possible by means of adhesive plaster, and the whole was covered with a large compress spread with cerate.

On renewing the dressings next day, every thing looked well. The low diet and mucilaginous drink which had been prescribed the day before, were continued.

On the 3d, a slight erysipelatous inflammation appeared around the wound, probably occasioned by the adhesive straps. The use of these was omitted.

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* The exception might be accounted for. Very many persons in the decline of life, retire from the other quarters of Paris, to that of the Luxembourg, or of the School of Medicine, which are comprised within the 11th district.

On the 4th, the submaxillary glands were swollen and painful; the pain was of the lancinating kind; the swelling extended around those glands which had in the first instance augmented in volume: 15 leeches, and emollient poultices were applied over them. On the 5th, there was some improvement. On the 6th, the day on which the quarter hospital allowance was ordered to be given, the patient committed, in addition, an excess in diet, and the swelling re-appeared; emollient applications continued. 7th. Twenty leeches applied. 8th. Swelling diminished; the wound suppurating kindly. 10th. Four leeches applied over the enlarged lymphatic glands; but the patient exceeding a second time in the article of food, the swelling appeared once more, and to a greater extent than ever, possessing all the region of the parotid gland, the masseter muscle, and the glands already affected. The lancinating pains became very severe: twenty leeches were ordered to the parts affected. The general health remained unbroken. By the 11th, the inflammation appeared to have passed to the chronic state; eight leeches were applied. 12th. Patient a little better; 14th. Eight leeches; 16 h. Going on well; 17th. Inflammation again assailed the wound, and the pain and swelling of the surrounding parts increased; twenty leeches were applied to the angle of the lower jaw, which allayed the excitement, and brought all back to the chronic state. Nothing new was observed till the 25th, when eight leeches were applied. On the 30th, the patient seemed almost well; but on the 3d of October, the inflammatory disposition declared itself anew. The masseter became very hard, the skin over it very immoveable, the parotid region much tumified, and the lancinating pain augmented to intensity. Fifteen leeches were, therefore, applied on the 4th to the angle of the jaw. 5th. Symptoms diminished in severity; 6th. Eight leeches; 11th. Same application; 14th. Matters going on well; six leeches; the skin became slightly moveable, the inflammatory state declining. 15th. The swelling almost entirely dissipated, especially over the masseter, where it had been most considerable. The wound resulting from the operation almost cicatrized. 17th. The quarter allowance continued; the patient feels no pain, except on the application of strong pressure over the seat of the remaining tumefaction. 20th and 22d. Five and six leeches were ordered to the submaxillary lymphatic glands, which alone continued enlarged; on the 31st, these glands were free of all affection, and the patient left the hospital cured.

The cancerous melanosis is rarely observed to be developed in the cheek, and in so short a space of time. The success of the operation proves the propriety of recurring to this means, even when there are enlarged lymphatic glands surrounding the principal malady, it being understood, however, that these glands be properly treated afterwards.

In regard to consecutive inflammatory attacks of the wound, and those white schirrous enlargements of surrounding parts, to which relapses are so frequently owing, it is of the highest importance to distinguish the acute from the chronic state. In the first state, leeches ought to be employed in great numbers, when they act as antiphlogistic means; in the second, they are to be used a few at a time as discutients. It sometimes happens, however, that leeches applied in small numbers produce too great a degree of irritation, that in some instances they even induce erysipelatous inflammation, and great increase of tumefaction; in such a case, a simple emollient cataplasm will almost always be found sufficient to dissipate this increase of irritation in 24 or 48 hours, and not only the recently acquired additional increase of volume, but even a great part of that which the part possessed before the attack. In some individuals five or six leeches deplete, and act as antiphlogistics, and then a still smaller number must be used to obtain their exciting effects. In other persons again, even a large number of these insects act as excitants, in which event their antiphlogistic virtues are to be favoured, by recurring to venesection.

Case of Scirrhus of the Right Breast, developed subsequently to amputation of the Mamma for Cancer, and cured without an Operation.

M. L. Kellermann, aged 36, of a good habit of body, had undergone an operation for cancer of the right breast, at Brussels, eighteen months before she came into the hospital of La Pitié.

When she entered on the 10th of October, 1825, the cicatrice resulting from the operation, extending almost transversely across the outer and fore part of the chest, was felt to be surrounded with clusters of enlarged glands, and indurations which possessed the great and little pectoral muscles, and extended from the clavicle over the whole of the upper and outer part of the right side of the chest, to the axilla, where many more enlarged glands were to be distinguished. The parts mentioned were half an inch above the level of the rest of the chest. Violent lancinating pains deprived the patient even of a few minutes of continuous repose. These pains were very much increased by even the slightest pressure upon the seat of the tumefaction.

On the 11th, she was bled from the arm to the extent of two palettes and a half, and 25 leeches were applied to the diseased parts, which were then covered with emollient cataplasms. Rice soup was the diet prescribed. 12th. Pain somewhat abated; the patient had slept a little; twenty leeches; same diet. 13th. The motion of the heart increased suddenly and violently; and this state continuing on the 14th, the patient again lost two palettes of blood; a pill containing a grain of powder of belladonna, was also administered by the mouth, and 12 grains of digitalis *per ano* in a small quantity of fluid. The emollient cataplasms and same diet were continued. 15th. The violent action of the heart, and the pains of the breast, had declined; pressure now occasioned scarcely any uneasiness; and the enlargement seemed less considerable than before; the patient slept well; the same plan of treatment pursued. 17th. All was favourable, the pulse natural, and the breast free from pain; the belladonna, however, having produced some irritation of the stomach, was discontinued. The arm could now be moved more readily from the trunk, an act which used to cause acute suffering. 19th. No pain either in the epigastrium from the belladonna, or in the breast; 20 leeches ordered to the insertion of the pectoralis major, a point more sensible and more swollen than any other. 20th. Strong pressure now gives no pain; the swelling has subsided a little; 20 leeches to the margin of the arm-pit. Nov. 3d. Rather severe lancinating pains felt in the cicatrice, especially at its outer extremity, where an enlarged gland may be perceived, which is extremely painful on being touched. The arm cannot be moved from the body; 30 leeches were applied, and cloths dipped in a soothing decoction kept upon the parts. 22d. Twenty leeches to the anterior margin of the axilla, the seat of the hardest part of the swelling, and the cause of all the pain experienced during the movement of the arm. 24th. The pain and swelling were so inconsiderable, that the whole complaint seemed now to reside in a gland situated on the anterior margin of the axilla. The patient, however, had still several relapses, the palpitations of the heart were felt anew, but the same means always sufficed to allay unfavourable symptoms; the menstrual discharge, which had not appeared for some time, was supplied by the occasional application of a few leeches to the upper part of the thighs, a practice which was continued up to the 16th of January, when the discharge appeared, and flowed abundantly for seven days. From this moment the health of the patient appeared to be completely re-established; there were no darting pains in the breast, or arm-pit; the swelling disappeared entirely, and the motions of the arm became perfectly free.

This case, like the foregoing one, shows in the clearest possible manner, the great utility of antiphlogistic means, and among these, of leeches in particular, when well employed, in the treatment of such chronic enlargements, of such scirrhous affections, which so often terminate fatally.

Case of a very painful affection of the hairy Scalp, successfully treated by the removal of a flap of the skin.

Herin, a sailor, 40 years of age, of a bilious temperament, was received into the surgical wards of La Pitié, Oct. 19.

On occasion of a public festival, this man had been struck by the stick of a rocket, which pierced his hat, burnt him slightly, and inflicted a wound on the inguments of the head, on the left side of the lambdoidal suture, half an inch in extent. This wound bled copiously at the time of receipt, but Herin, the next day, went to his work as usual, and the sore got speedily well.

Two months after, the patient had repeated attacks of tingling of the ears, of giddiness, and often felt as if he were about to fall. These symptoms were followed by a severe headach; the pain shot from the occiput towards the forehead and especially the left ear, of which the patient conceived he had some deep-seated affection. Herin now resolved to enter an hospital. There on the day of his entry, he was bled twice, without any relief; next day sinapisms were used, and fifty leeches applied behind the ears, but in vain. He was next purged with the croton tiglium oil, which sent him twenty times to the close stool; he was kept for twenty days on the lowest diet; a seton was put into the neck, all without any good effect. The patient then grew desperate, and having provided himself with a razor to terminate his existence if he could procure no relief, he came to la Pitié to ask the advice of M. Lisfranc.

Examined with care, the following were the symptoms which he complained of: giddiness from time to time, intolerably severe but passing pains of the head, which darted from the cicatrice towards the forehead and left ear. During the night the pain augmented to such a degree as entirely to banish sleep, and to render the life of the patient altogether insupportable. When the pain rose to intensity it was accompanied by throbbing in the head; this symptom could be produced at any time by merely pressing on the cicatrice. On shaving the head, the cicatrice was found to be eight lines in length and of a white colour; it presented no peculiarity either to the eye or the finger; it was only extremely sensible. The poor man could not endure the light. He said that since the receipt of the injury, he had had more frequent erections than usual; the pupils were natural, and no symptom of palsy had ever been observed.

Although M. L. was sufficiently clear in his diagnosis of the complaint, which he considered as a neuralgy, occasioned by the injury or incomplete division of some nervous branches, still as some deeper lesion might exist, such as depression of the internal table of the skull, a collection of purulent matter beneath it, or even a fungus of the dura mater, the treatment was commenced upon general principles, applicable to each and all of these cases. The patient was bled, had leeches applied at different times to the cicatrice, which was covered with cataplasms sprinkled with Sydenham's liquid laudanum; he was kept to low diet, took glysters, and the foot bath; but these various remedies did not alleviate his sufferings.

M. Lisfranc then determined to remove with the knife the cicatrice from whence all the pain emanated. This procedure he preferred to the simple section of the nerve, because, had he even succeeded in reaching the affected branch, the patient would still have been liable to a relapse; for it is amply proved that nerves when simply divided, unite again in a great number of cases, and, after their cicatrization, resume their physiological or pathological functions.

Two semi-elliptical incisions were therefore made to include a flap of skin, containing the whole cicatrice, three inches and a half in its long, and two inches and a half in its transverse diameter. The flap was then dissected out entire. The pericranium was healthy and no kind of tumour could be detected in the piece of integument removed. The patient was now relieved from his severe pains, and only suffered a little from the slight inflammation that now attacked the wound. With various slight ailments principally of an erysipelatous nature, the patient advanced gradually to convalescence. The wound resulting from the operation suppurated kindly; within six weeks after the operation it had healed, and the man was restored to complete health. As Herin remained attached to the hospital as a servant, and has continued well, there is no doubt of the perfect success with which the operation has been crowned.

THE FRENCH SYSTEM OF SURGICAL EDUCATION CONTRASTED WITH THE ENGLISH.

For the following accurate history of the French system of surgical education, we are indebted to Mr. Bennett, who, for several years, taught anatomy in Paris, and is well qualified to write on the subject. To this grand, comprehensive, and harmonious system we have appended the NEW REGULATIONS that have just emanated from the "Surgical Star Chamber," in Lincoln's Inn Fields, which for infamy and groveling ignorance far surpass those of 1824. To these documents we entreat the earnest attention of our readers.

In 1792, the National Convention decreed the suppression of all universities, colleges, corporations, &c., throughout France. However, before the expiration of two years, they found it indispensable to provide for the education of medical men, and in consequence Fourcroy and others were deputed to devise some system which, it was generally admitted, should be founded upon the principle, that "Medicine and Surgery were one and indivisible as the Republic." The Faculty of Medicine was shortly after organised, and formed the model upon which the other Faculties were subsequently constructed.

In Paris, we at present find the following Faculties, who have entrusted to them the business of education in their respective departments, viz.:—

The Faculty of Theology
The Faculty of Law
The Faculty of Medicine
The Faculty of Mathematical and Physical Sciences
The Faculty of Letters.

There are similar bodies on the same plan, and for the same purposes, in other great cities of France.

Now the re-union of *all* the Faculties of any particular city, Paris for example, constitutes the Academy of that city; and the re-union of all the Academies of France constitutes *The University of France.*

The great officers of the University are—a Grand Master, a Chancellor, a Treasurer, and a Council; they reside in Paris, and their jurisdiction extends over all the academies in France; the accounts, expenditures, &c., are regulated by them, and they constitute a Court of Appeal.

Each Faculty confers the degree of doctor at the expiration of four years' study, after several public examinations; but the Faculty of Sciences, and that of Letters, confer, in addition, the subordinate degrees of bachelor in sciences and bachelor in letters. To obtain these latter, a student has but to present himself for examination.

For the *bachelorship* in letters, he is examined in the classics, history, geography, and rhetoric; for the *bachelorship* in sciences, he is examined in the elements of mathematics, physics, natural history, chemistry, botany, &c.

Before a student is admitted to become a pupil at *any of the Faculties*, with the view of subsequently taking a degree, he must first possess the degrees of bachelor in sciences and bachelor in letters, whereby a good primary education is insured on his part.

We proceed to detail the system of education prescribed at the Faculty of Medicine:—

On presenting the degrees of bachelor in sciences and bachelor in letters, a student is admitted as pupil at the Faculty of Medicine, and thereon receives a ticket of admission, gratis, to all the courses of lectures delivered there.

In order to secure his presence, the student is obliged to register himself (take an *inscription*) four times a year, for which purpose books are kept open by the Secretary of the Faculty during fifteen days, at the commencement of each quarter. The fact of his having inscribed himself sixteen times (which cannot be done in less than four years) entitles him ultimately to examination for degree.

A student is at liberty to attend any courses, public or private, he may deem useful; but there are certain courses in each year which it is indispensable he should follow at the Faculty, and his presence is insured by rolls being occasionally called over, and absence punished by forfeiture of inscriptions.

The following is the order prescribed for attendance on the lectures delivered at the Faculty of Medicine:—

ATTENDANCE ON LECTURES.

INSCRIPTIONS.	Winter Course.	Summer Course.
First Year, 1, 2, 3, 4.	Anatomy Physiology Chemistry.	Physics Surgical Pathology Botany.
Second Year, 5, 6, 7, 8.	Anatomy Physiology Operative Surgery.	Hygiène Pharmacy Surgical Pathology Surgical Clinical Lectures.
Third Year, 9, 10, 11, 12.	Operative Surgery Surgical Clinical Lectures.	Medical Pathology Materia Medica Medical Clinical Lectures.
Fourth Year, 13, 14, 15, 16.	Medical Clinical Lectures History of Medicine.	Medical Pathology Legal Medicine Medical and Surgical Clinical Lectures. Accouchmens.

Having completed his sixteen inscriptions, a student can demand to be examined for the degree.

There are five public examinations which he must undergo, and finally defend a thesis.

The examinations are conducted in the following manner, there being usually five candidates and three examiners. The morning of the day on which the first examination is to take place, a subject is placed at the disposal of the candidates, and each is called upon to dissect some part. Subsequently they meet in the public theatre, to which all persons are admitted, and are examined, during two hours,—

On Anatomy and Physiology;

The 2nd examination on some future day,
On Pathology and Nosology;

The third,
On Chemistry, Botany and Pharmacy;

The fourth,
On Hygiène and legal Medicine;

The fifth,
On the Practice of Medicine or Surgery, according as the candidate aspires to the degree of doctor in medicine or doctor in sugery; this is of little consequence, as either degree warrants a man practising either or both branches.

Finally, the candidate must defend, before five examiners, a thesis written in the French or Latin language.

On no two occasions has the candidate the same examiner, so that altogether he has to undergo the ordeal of no less than twenty different examiners.

It now remains to enumerate the cost of inscriptions, examinations, thesis, &c., in fact, every expense attending the education of a doctor in medicine or doctor in surgery—

	Francs
15 Inscriptions cost 50 francs each	750
16th, or last Inscription..........	35
5 Examinations, 30 francs	150
Fees upon thesis, &c.	165
Total, ...	1,100

or 50 pounds.

The money thus received forms a general fund, from which the Professors are paid their salaries. They receive no fees whatsoever from the students, to whom the lectures and hospitals are thrown open gratis.

The election of PROFESSORS to the several Faculties was, prior to the restoration of the Bourbons, determined by "Concours," or a public trial of merit, a system still adhered to in the disposal of the minor offices. It is conducted in the following manner. When a vacancy occurs, the DEAN of the Faculty summons a meeting of the professors, and they select from their body a committee, or JURY (as it is termed) consisting of 3, 5, or 12 individuals, (according to the nature and responsibility of the vacant office) who *swear* to act with impartiality as judges of the merits of the several candidates. Public notice being given of the Concours, on the appointed day the jury take their seats in the Amphitheatre of the Faculty, to which the public is indiscriminately admitted, and the candidates are placed in a separate apartment, from which they are not permitted to hold any communication with friends outside. The Concours open by each member of the jury placing a slip of paper containing a question, in an urn. The questions are necessarily determined in some measure by the nature of the office to be disposed of—for instance, the Concours for the anatomical chair, would be principally on anatomy, though by no means altogether confined to that subject; on the contrary, the whole range of medical science may be entered upon on these occasions. The questions being gathered in the urn, one is drawn, and the oldest candidate being introduced, is presented with it—he has a certain number of minutes (varying from 7 to 15) to deliberate and arrange his ideas; he is then required to speak upon it a certain number of minutes—20 or 30—a second candidate is introduced, and the same form is gone through with each successively. The trial is repeated on another day, when each is required to write upon a subject in the Latin language, without referring to books. Lastly, each is required to write a thesis within a given time, (a fortnight generally,) and all on different subjects.

On the day for the examination of the theses they assemble as before. The senior candidate reads his thesis, and as he does so, his assertions are disputed, and he is further examined on every possible subject connected with it, not by the jury, but by *his competitors*, whose interest it is to attack him on every weak point they can find in order to put him "hors du combat."—Each undergoes successively the same ordeal, and finally the jury publicly declares the successful candidate.

In the year 1822, the Faculty of Medicine of Paris was suppressed through political motives, and the election of professors by concours was discontinued when the Faculty was reorganized in the following year. A new office was then created, that of "Agrègè" or Fellow—their number is unlimited; 24 were appointed by the Government in the first instance, and it is now determined to elect a small number annually, and by concours.—When a vacancy takes place amongst the professors, the chair is now filled by the Government electing an individual from the Agrègès to fill it.

ROYAL COLLEGE OF SURGEONS IN LONDON.

COURT OF EXAMINERS.

IN pursuance of their duty to promote the cultivation of sound chirurgical knowledge, and to discountenance practices which have a contrary tendency, the Court have adopted the following Regulations:—

That the only Schools of ANATOMY and SURGERY recognized by the Court be, *London*, *Dublin*, *Edinburgh*, *Glasgow*, and *Aberdeen*.

That Certificates of Attendance upon the chirurgical practice of an Hospital, be not received by the Court, unless such Hospital be in one of the above recognized Schools, and shall contain on an average one hundred patients:

The Court of Examiners will, however, receive as testimonials of Education, Certificates of Attendance on Provincial Hospitals, containing one hundred patients under chirurgical treatment; provided a Student shall have previously attended two Courses of Anatomical Lectures, and two Courses of Dissections, in any of the recognized Schools of Anatomy. Yet the Court of Examiners require, that the Term of Attendance on such provincial Hospitals shall be of twice the duration of that required at Hospitals in any of the recognized Schools of Anatomy.

And that Certificates of Attendance at Lectures on Anatomy, Physiology, the Theory and Practice of Surgery and of the Performance of Dissections, be not received by the Court, except from the appointed Professors of Anatomy and Surgery in the Universities of Dublin, Edinburgh, Glasgow, and Aberdeen; or from persons teaching in a School connected with, and accredited by the Medical Establishment of a recognized Hospital, in one of the Schools of Anatomy, or from persons being Physicians or Surgeons to any of such Hospitals.

CANDIDATES for the DIPLOMA will be required to produce, prior to Examination, Certificates, conformably to the above Regulations:—

1. Of being twenty-two years of age;
2. Of having been engaged SIX YEARS, at least, in the acquisition of professional knowledge;
3. Of having regularly attended THREE WINTER COURSES, at least, of Anatomical Lectures; delivered at subsequent periods; and, also, one or more WINTER COURSES of Chirurgical Lectures:
4. Of having performed Dissections during TWO or more subsequent WINTER COURSES;
5. And of having diligently attended, during the term of at least ONE YEAR, the Chirurgical Practice of one of the following Hospitals; viz.

St. Bartholomew's, *St. Thomas's*, the *Westminster*, *Guy's*, *St. George's*, the *London*, and the *Middlesex*, in London; the *Richmond* and *Steeven's*, in Dublin; the *Royal Infirmary* in Edinburgh; the *Royal Infirmary* in Glasgow; or the *Royal Infirmary* in Aberdeen; or of twice that term in any of the Provincial Hospitals as above described.

Such Certificates must also express the Dates of the Commencement and Termination of each Course of Lectures, Dissections, and Period of Attendance on Hospital Practice.

CANDIDATES under the following circumstances, and of the required Age, are, also, admissible to Examination.

Members of any of the legally constituted Colleges of Surgeons in the United Kingdom.

Graduates in Medicine of any of the Universities of the United Kingdom; who shall have performed Two or more Courses of Dissection, as above specified; and who shall have regularly attended the Chirurgical Practice of an Hospital as above described.

The above Rules are required to be observed by CANDIDATES for the TESTIMONIAL of QUALIFICATION of PRINCIPAL SURGEON in any Service.

CANDIDATES for the TESTIMONIAL of QUALIFICATION of ASSISTANT-SURGEON, in any Service, must have attended Six Months, at least, the Chirurgical Practice of one of the above-described Hospitals; and two or more Courses of Anatomy; one Course of Surgery; and one of Dissections, as specified; and must be twenty-one years of age.

By order:
EDMUND BELFOUR, Sec.

Candidates are to observe that Tickets *of* ADMISSION *only, will not be received as* Certificates *or* Evidence *of* ATTENDANCE.

We shall return to the subject of these Regulations.

ABUSES IN THE LONDON COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—There are very few Corporations that can bear the test of public scrutiny, and whenever they are dragged before the bar of public opinion, they invariably shrink from it as if conscious that condemnation must follow. The Corporators of Lincoln's-inn Fields seem to be in this predicament. They feel that the day for restrictions and abuses is past, and that the present Government is resolved no longer to countenance the selfish and narrow views of sordid and groveling monopolists. The public is now pretty well informed concerning the objects which the councilmen of the College have ever kept in view, and they will soon have an opportunity of estimating the manner in which their stewardship has been fulfilled. If these men have acted uprightly and fairly, what have they to fear? Why do they shrink from bringing their acts before the public? If their acts are in accordance with the enlightened spirit of the age, they will be acquitted with honour; if not, where will they find a man sufficiently hardy to tell the Parliament, the public, and the medical profession, that he approves of the acts of the Council, and that if he were one of their number he would sanction them all, or even a part, and therefore that the same spirit that hitherto dictated their measures should henceforth prevail in their Councils. If ten men of credit can be found in Parliament to say this, the Council of the College may esteem themselves fortunate indeed. It has been repeatedly laid down by a patriot Minister, as one of the fundamental axioms of his policy, that "*Knowledge* is power," and that the peace, security, and honour of the country are best secured by extending information through every rank of society, by removing all restrictions which tend to repress energy, and fetter individual exertion, and by giving to every man free scope for the employment of his talents and industry, in whatever pursuit his interest or inclination may lead him. This is the spirit—these are the feelings which now animate the great master minds which direct the Councils of the nation. They tell us that it is idle to attempt to stem the great tide of improvement which is now flowing in every department of human inquiry, and to the benighted few, who dare lift up their puny voices against them, they reply in words never to be forgotten, "If you do not lead the march of improvement you must follow it." Now when the Councilmen of the College are brought before the public to give an account of their proceedings, will it not very naturally be asked have they been leading or following the march of improvement? Are they anxious to put an end to monopoly and restrictions? Are they disposed to increase the facilities for education, and lessen or remove the impediments which stand in its way? We confess that we entertain very decided opinions on all these points, so does the public; but we shall reserve them for the conclusion of our remarks.

Whenever we hear the term College used, somehow or other we associate with it the ideas of study, books, lectures, professors, libraries, &c. &c., and of course as often as we heard the College of Surgeons spoken of, we in our simplicity, never until very lately entertained a doubt of its being a place set apart for the education of youth, and the advancement and diffusion of medical science. But this it seems is quite a mistaken notion of the nature and constitution of Colleges, for in Lincoln's-inn Fields, even now in the nineteenth century, is to be found a College without a single student registered on its books, without professors, books, libraries, or any of those vulgar ingredients in the composition of such bodies. We have, however, very lately been told that there is a library in the College; but that it is reserved exclusively for the use of the Council and their friends; thus a man can only be admitted to the use of the books, when he has neither eyes to read, nor faculties to understand them, as if to verify the old proverb, "he gets bread when he can't eat it." There is also a Museum, but this (though a gift from the public) is reserved for the Council—the commonalty being permitted for a few days in each year to see it as a curiosity. As to the lectures, they may, it is true, be very good, but they are very few, being about 30 in the whole year. They have in fact no reference to the business of education, they are what is termed "flash lectures," and are addressed merely to the elders of the profession. What we have seen on a late occasion are calculated to stimulate the appetite of the Councilmen somewhat for knowledge, but more for food. These worthy Corporators it seems wish to hear the fame of their patron saint said or sung, according to the taste of the orator selected for the occasion, and then proceed to pour out libations to his memory. A great improvement has recently been made in the composition of these discourses. The Councilmen it seems got tired of having changes eternally rung on the merits of John Hunter, they had been continued *ad nauseam usque*, which is a very bad preparation for dinner, as no man, not even a Corporator, can dine satisfactorily if put to sleep or nauseated before hand. Hence some change became necessary, if even for variety sake, and it is but justice to the last oration, to confess that it had the double merit of praising John Hunter for ten minutes, and stimulating the palates of the council for fifty.

This was all as it should be. The work done should always be proportioned to the fee received; and if an orator is put on half-pay, it is quite right that he should dock his speech and save his breath proportionally. Where is the man that would give full work for half-wages? If the worthy Councilmen resolve to divide the fee for the Hunterian Orations, —if they give but half to the orator who delivers them, and reserve the rest for a jollification, thus paying him for his trouble for composing the speech, and themselves for the weariness of hearing it,—is it not quite fair that the orator should recompense himself in some way? If he cannot get the full fee, is it not natural for him to try and create an appetite for a full dinner? Ask any corporator what is the best preparative for dining? will he not say AN OYSTER—the very sight of it sets the mouth a watering, as we say, by sympathy. What, then, is more natural than that a corporation orator should choose *An Oyster* as the subject of his lucubrations? Ordinary feeders dwell on their oysters for a few minutes only; be it henceforth the privilege of corporators to gloat upon them for an hour, in order to have a full foretaste of the luxuries they are about to enjoy, in gulping down their calapash and calapee, and that, whilst their eyes are regaled by the sight of an oyster ingeniously tortured, their imagination may wander over the delights of crimped cod, and their courage be roused to snap their fingers in the face of the Saints and Dick Martin. Still, should their narrow souls refuse to the orator a fair remuneration, be it our pleasing duty to requite him in fame what they filch from him in money, and hand him down to posterity as the pink of orators and the pride of all corporators, by the high-sounding title of SIR ANTHONY OYSTER.

Fain would we leave these "learned Thebans" to the quiet enjoyment of their oysters and their dinners; we probably would allow them to divide the fee for the Hunterian Oration between the orator who *reads* the speech and the caterer who provides the dinner. We would, in our meekness, merely say, that these old gentlemen have dull wits, but keen appetites; and that, for charity, we would leave to age and imbecility the paltry enjoyment of their few remaining senses; —but this cannot be; for, dull as their wits are, they still have the ingenuity to be mischievous. The members of the Council, it seems, claim credit for being influenced only by pure motives—in all their acts, in all their measures. One of the most distinguished amongst them, on a late public occasion, said, that if all the acts of the Counsil were published, there was not one of them that would not redound to their credit. Is this an attempt to skreen themselves, by pleading honesty of intention? Do they want now to say that their bye-laws were meant for the best, though found to be unjust in principle and most injurious in their operation? —"Suspend your judgment," said Mr. Abernethy, on the occasion alluded to. —What does this mean? Are they about, then, to publish a defence? If they are, we would be glad to supply them with the heads of some of the charges against them; we shall be glad to see this document, and then, no doubt, we shall have an opportunity of saying, "Oh that mine enemy would write a book!" In the mean time we will propose for the consideration of the Council the following questions, which they can have no objection to answer, now that they speak so confidently of their acts and motives, and which they certainly shall be forced to answer when this case comes before Parliament.

1. Who first brought forward the bye-law now complained of, and what were the special grounds and true objects of it?

2. Who composed the Sub-Committee appointed to report upon it?

3. Was it really intended that it should have a retrospective effect with regard to Messrs. Brookes, Carpue, Grainger, &c.?

4. If not—was it not due to these gentlemen to signify this to them directly? What caused the delays in replying to their written remonstrances? Was not the reply to Mr. Grainger delayed for six weeks?

5. Was it intended to destroy all the provincial Schools of Anatomy by this bye-law, with the view to confine the privilege of teaching to certain persons in London?

6. If so—what effect was that likely to produce on the cost and difficulty of cultivating Anatomy?

7. If the law was rigidly enforced as at first *worded* and intended, how many teachers would it have recognised in London?

8. What are the names of the persons thus intended to be favoured?

9. Why was it not so enforced?

10. Has it had the effect of increasing the number of students in London?

11. Has it not been urged, as one of the palliatives for this measure, that as the Hospital Surgeons give so much time gratuitously to the public, they ought to be remunerated by having a monopoly of the profits of teaching?

12. Do you think that the proposer of this measure was influenced or impelled by jealousy, at having his school diminished by a new school being set up in his neighbourhood? and was not the seconder of it influenced by fear, lest a similar diminution should occur in his own?

13. Look to the first section of your regulations: is it not worded so as to induce apothecaries to become members of your body?

14. If you thus open the door for their admission to the first step, why not to every other?

15. Is it so worded for their good, or for your emolument?

16. Why do you omit all attention to the previous, or school, education of students?

17. By the regulations, a student must be six years at the profession: do you ever inquire how he has spent the first five of them?

18. If not—do you think that he can, in one year, acquire sufficient knowledge to enable him to practise safely?

19. One of your Presidents, some time since, said that "the domestic schools demanded the fostering care of the College:" how is this reconcileable with the passing of a law which tended to destroy several of the London and all the provincial Schools?

MACHAON.

LAW-MAKING SHAVERS.

The following Song is said to have been composed by that "Incomparable Wag," Doctor G., and to have been sung a few evenings ago by him, at the President's of the College of Physicians, with unbounded applause:—

Air—"A buxom young frog would a wooing go,
Higgledy ho, says old Rowley."

I.

Old Brickbat, the star of the East, is so bright,
So radiant he shines on Mechanics,
Old Brickbat, the star of the East, is so bright,
The noddles of Surgeons are pierced by the light;
So *cutting* tooth-drawing,
Bone-setting, and sawing,
They take to the trade of law-making.

II

The Court of the College of Barbers then met,
Ten mighty knowing old *Shavers*;
The Court of the College of Barbers then met,
And *wash'd* down the solids with Coombe's heavy wet;
(For deliberation,
By a Corporation,
Is always preceded by glutting.)

III.

The President Norris, a Patlander wight,
(We're in debt for this elf to St. Giles's;)
The President Norris, a Patlander wight,
Op'd his 'tatoe-trap first by protesting " 'Twas right,
That England should cherish
(Tho' Science should perish)
The *pure* honest worthy Examiners."

IV.

Then John Abernethy propos'd a bye-rule,
(Having both hands in his *pockets*,)
Then John Abernethy propos'd a bye-rule
" That the Court of Exam'ners should suffer no school
To exist but in town,
And none there but their *own*,
And those of their *nephews* and *nieces*."

V.

Benighted Bill Buzzard next grinn'd his assent;
His " rough granite phiz" became smoother;
Benighted Bill Buzzard next grinn'd his assent;
Sir Everard Fuddle hiccupp'd " I'm content,
More pupils will pay me;
Some wet, STONE, I pray thee,
We cannot make laws without drinking."

VI.

Sir Astley propos'd, as he hitherto found
That subjects stink most in the summer,—
Sir Astley propos'd, as he hitherto found
Knowledge imparted in hot weather 's unsound,
" That no student in future
Should attend summer lecture,
But wait *for his own* in the winter."

VII.

Mesdames Harvey and Forster, with *Dowager* Lynn,
Higgledy ho! Neddy Noodles!
Mesdames Harvey and Forster, with *Dowager* Lynn,
Agreed; for each voted thro' thick and thro' thin,
Whensoever the elf
Could expect to gain pelf,
'Tis the last mental effort age leaves us.

VIII.

As the public had found out their humbug and trick,
And ceased to employ these old Doodles;
As the public had found out their humbug and trick,
They forthwith determined other pockets to pick;
So these bye-laws they made,
To keep all the trade
In their own hands, of fleecing the pupils.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Fracture of the Os Frontis into the Frontal Sinus, with extravasation of Air into the Cellular Membrane of the Eyelids.

John Emes, a young lad about 16 years of age, happened, as he was going along the street with a load, to run inadvertently against a person passing in the opposite direction; a scuffle ensued, in which he received a severe blow immediately over the right frontal sinus. When he arrived home, he was astonished to find the part apparently uninjured, the eye too being free from any swelling or discolouration. About an hour from the accident, having occasion to blow his nose, the eyelids and parts adjacent became immediately inflated, so as completely to close the eye; and he states, with confidence, that he felt the air rush, as it were, into those parts. Shortly after this he applied at the Hospital, and was admitted into Accident Ward on the 3d of March, under the care of Mr. Morgan. The eye-lids were much distended, and so closely approximated as not to be separated by any voluntary effort of the patient; the eyebrow was also puffed up, and the cellular membrane between the ear and orbit was inflated in a similar manner. The parts were not at all painful upon pressure, they yielded a crackling sensation to the touch, and were free from discolouration. The supposed seat of the fracture was at a small distance above the superciliary ridge, where a slight depression, but no crepitus, could be felt. The globe of the eye was perfectly natural. The treatment adopted on this occasion was very simple. Two small incisions were made through the integument about the eighth of an inch behind the external angle of the frontal bone, which allowed the air to escape, and the swelling subsided in 24 hours, leaving the eye and its appendages in a perfectly healthy condition.

ST. THOMAS'S HOSPITAL.

Anomalous case, resembling Fungus Hæmatodes of the Eye.

James Trigwell, ætat. 60, a blacksmith by trade, was admitted into Isaac's Ward, on February 23, for an affection of the right eye, which, *Mr. J. H. Green* denominate *fungoid.*

From his account, it appears, that about four years ago, he received a severe blow upon it, from a stone, or other hard substance, thrown at him, which produced a considerable degree of inflammation. This, he says, left the organ in a very weak state, so that from time to time, it was repeatedly attacked with inflammation from the slightest causes, and, that about a year and a half since one of these attacks deprived him of vision. The eye now gradually began to swell, until it attained its present size, and during its progress he complained of much pain in his head; at length an opening was formed in the cornea by ulceration, through which a bloody fluid escaped, which afforded immediate relief.

The globe of the eye is nearly enlarged to double its natural size; it projects considerably from the orbit, facing outwards and downwards, and carrying the upper lid before it, by which it is almost concealed. On raising the lid, the tunica conjunctiva is of a deep red colour, and much thickened; the cornea is nearly destroyed, except a small portion near the inner edge, and the iris protrudes through the aperture in the form of an irregular excrescence, which bleeds on the slightest touch, and on which may be seen small sloughs of an ash colour, the more prominent parts having a deep purple tinge. There is much pain in the eye upon pressure; the discharge which issues from behind the iris, is of a thin, purulent character, with some streaks of blood in it. The common lead-wash was ordered to be frequently applied, and the eye to be covered by a green shade. Mr. Tyrrell, in company with Mr. Green, saw the man shortly after his admission, and without hesitation declared, "that the disease was not malignant, that it every now and then occurred in blacksmiths, from small pieces of iron having pierced the cornea, and entering the globe, thus giving rise to this singular affection."

March 1. The eye feels much easier, and discharges a thin, curdy, purulent fluid; pain and inflammation somewhat abated; omit the lead-wash; apply the poppy fomentation to the eye, and a blistering plaster to the right temple, to be made perpetual.

2. Eye much diminished in size; upper lid less tense; discharge is unabated.

4. The discharge continues, and assumes more of a puriform character; there is no bleeding from the eye, which is gradually shrinking to its natural size.

8. Opens the eye with ease; conjunc-

tiva less vascular; continue the fomentation.

10. The eye is nearly reduced to its natural size; there is less protrusion of the iris; the conjunctiva is much less inflamed, and the discharge is very trifling, but of the same quality as before.

13. The iris is granulating; the small portion of cornea which remains has become thickened, and permeated with small vessels, carrying red blood.

16. The eye is about its natural size; the aperture through which the iris protruded is very much contracted, so that only a small portion of that body is visible; the conjunctiva still remains inflamed.

ST. BARTHOLOMEW'S HOSPITAL.

Case of extensive Phagedenic Ulcer.

[Continued from No. 134.]

19. The continued application of the yeast poultice has effected the almost entire separation of the slough, which has left a wound of a most alarming appearance. Continue as before.

20. The whole of the slough has now been completely detached, and we do not exaggerate when we state that the present wound is a foot in length, and eight inches in breadth; it extends in an oblique direction from the iliac region across the inguinal region to the inner side of the thigh, laying bare the external oblique to about three inches above Poupart's ligament, the more central part of the upper portion of the tensor vaginæ, that part of the sartorius which extends from its origin to the inner side of the thigh, the lower part of the psoas magnus, part of the adductor longus, the inguinal glands, some of which have sloughed away, and last, though not least, the femoral sheath; in short, it is as Mr. Lawrence, who saw the case to-day, justly remarked, one of the completest pieces of living dissection that can well be imagined; truly horrible, and distressing to behold.

Mr. Vincent now determined to have recourse to the cinnabar fumigation.* The strength of the poor fellow, as a matter of course, is greatly exhausted, from the constant and severe pain which he suffers; his nights are spent in watchfulness, and from his general condition, it would seem that nature is unable to repair the extensive injury. The pulse is small and frequent, 110, and the tongue is moist and loaded with dirty white coating. Let him have 12 oz. of wine daily, and continue the meat and pills.

21. The fumigation, which was repeated twice yesterday, has caused great pain, and produced a considerable degree of inflammation around the contiguous parts. It was therefore ordered to be used only once in the 24 hours, and lint soaked in water to be applied over the surface of the wound in the intermediate time.

23. To our surprise we find the man is considerably improved; the surface of the sore has assumed quite a healthy aspect, and the inflammatory blush, which yesterday extended around the whole circumference of it, has greatly subsided. He has likewise enjoyed some refreshing sleep, notwithstanding a troublesome short cough frequently disturbs him. Pulse 96, and firmer than yesterday, and he takes his meat and wine with a relish.

25. The change which has taken place since the application of the fumigation is really surprising; healthy granulations cover the whole of the wound, and already the separate muscles are no longer distinguishable. Continue as before.

28. Rapidly improving. The exposed surface continues quite healthy, and the symptoms are all favourable.

30. The granulations are rapidly filling up the wound, which now presents an even surface. Mr. Vincent considered it no longer necessary to use the fumigation, and it has therefore been discontinued. A weak solution of the sulphate of zinc was ordered to be kept applied over the whole surface to assist in effecting cicatrization, and he was also ordered to have the common Hospital meat diet, and to continue the pills.

Dec. 2. Going on very favourably. The circumference of the wound is gradually diminishing.

17. No unfavourable symptoms. The lotion is kept constantly applied, and the size of the wound is much diminished.

Feb. 24. The cicatrization of such an extensive surface has necessarily required a very long time. Since our last report the man has been removed into another ward, and the zinc lotion has been the only application applied to the exposed surface.

The sore has continued gradually and progressively healing, and at present not more than the size of a crown piece remains to cicatrize. The man's general health has also continued pretty good, and in the course of a very few days he will be discharged.

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* In a late Number we described the manner in which this remedy is employed.

THE LANCET.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXI.

Gentlemen,

HAVING treated pretty fully of *blood-letting* as a remedy for inflammation, we are now to consider *Counter-irritation*, which, in the largest sense of the term, embraces most of the means we are accustomed to employ, and upon whose efficacy any reliance can be placed.—There is no subject better deserving your attention; and the more so, as you will find it difficult to acquire the necessary information from books with regard to it.

Counter-irritation then consists in making a powerful impression on some part of the system, either mind or body, with the view of producing a change in the state of the living actions, (including of course those of the diseased part or organ) and in the hope, that the diseased part may afterward resume a healthy manner of acting: and this is, in fact, so often the result, as to fully justify the means employed, though these means in themselves, may be productive of much temporary inconvenience, and even violent disturbance in the system.

Counter-irritation may be either *mental* or *bodily;* that is to say, the impression may be first made on the *mind*, as the medium of influencing the bodily actions, (as by exciting the *passions* or *emotions* of mind) or directly upon the body itself, by agents foreign to it, which are both very various in themselves, and may be applied to various parts, with greater or less advantage, according to circumstances to be explained. Again, the impression may be either made upon the diseased part itself, or upon some other part, according as the treatment is intended to be *local* or *general*. It is the latter, that we are at present to consider.

With respect to employing the *mind* as the medium of impression, in order to influence disease, there is ample proof of the power of this to accomplish the purpose. Mental emotion is capable both of preventing, and of curing disease. Strong mental emotion of almost any kind, prevents the operation of *cold* in producing its usual ill effects; and it is probable that it tends to obviate many other occasional causes of disease, though it may likewise, at times, favour their action; as with respect to some *contagions* is believed to be the case. Terror has on various occasions cured epilepsy, as well as excited it; and a fit of the gout has often been suspended or removed by the same cause, as from an alarm of fire. The milder passion of hope has been observed to have a beneficial influence on some chronic affections, such as sea-scurvy. Notwithstanding, however, that the influence of mental emotions on disease is not to be questioned, it is seldom that we can have recourse to them as remedial agents, from the difficulty there is in regulating their effect. We cannot, so to speak, adjust the dose, so as to render them at once safe and effectual. Cases, however, will not unfrequently occur, in which they may be resorted to with advantage, but which it is difficult here to particularize.

Impression, for the purpose of *counter-irritation*, may be made on different parts of the body, determinable in some measure by the seat of the disease, as well as other circumstances. There is hardly any part indeed that is not capable of influencing more or less, by its condition, the rest of the system. Some parts are, however, preferable to others for the purpose, either as being more susceptible of impression in themselves, or as being within reach, or from more readily extending their influence over the rest of the system. I should enumerate the following as, upon the whole, the best adapted to the purpose:—1, the general sanguiferous system; 2, the stomach; 3, the intestinal canal; and, lastly, the skin. These all demand further notice, as they are not equally eligible under all circumstances, but require selection in their use.

The whole sanguiferous system may be acted upon by general *stimulants*, so as at times to influence beneficially many cases of inflammation. For this purpose, the essential oils, spices, camphor, ammonia, snake-root, and most other of the class of stimulants, and also the different preparations of antimony, have all long been in extensive use. In the course of operation of these medicines, where the surface of the body is kept warm, sweating is apt to take place; and hence they have been denominated *sudorifics*, as if this was their chief or sole effect, while the cure of the disease was generally ascribed to their carrying something noxious out of the system. Now this notion can not fairly be considered an unreasonable one, in respect to the time in which it was first adopted; seeing that inflammation, in so many instances, terminates spontaneously by sweating, which was therefore looked upon as the natural cure of the disease. It is not necessary however for us to adopt this notion, nor is it consistent indeed with the present state of physiological knowledge. The practice itself, nevertheless, may often be resorted to with advantage, though by no means indiscriminately.

The exhibition of general *stimulants* is not adapted to the most acute form of inflammation, especially as taking place in strong subjects, and in the first stage of the disease. In such cases, they would be likely to aggravate rather than to relieve. But in different circumstances, as in slight affections, occurring in subjects naturally weak, or who have been rendered so by the previous treatment; and also in the more advanced stages of inflammation; general stimulants, under the name of *sudorifics*, are often serviceable. As a general principle it may be stated, I think, as pretty near the truth, that as long as bloodletting is called for, these remedies are hardly admissible; while in almost all cases, they are rendered both more safe and effectual, by previous loss of blood. What I have now said applies equally to *idiopathic* fever, and other inflammations. Fevers, in fact, have been more generally treated by *sudorifics*, than by any other means; as you may see on referring to the writings of Sydenham, as well as a host of other writers both before and after his time. In *chronic* inflammations of parts that are naturally torpid, such as the lymphatic glands and ligamentous structures, *stimulants*, and those of an active kind, are unquestionably the best remedies.

I am inclined to think that the advantage derivable from the use of *mercury* in the cure of various chronic inflammations, may be explained on a similar principle, namely, that of producing *counter-irritation*, by the change it occasions in the vascular action of the whole system.—There are circumstances also of *acute* inflammation, in which it appears to me to be of eminent service; namely, in the latter stages of the disease, and when bloodletting has been practised to the proper extent. By thus having recourse to mercury, it is not improbable that a more sparing use of the lancet might suffice: this, if true, would doubtless be a great advantage. I have often treated pneumonia in this way, and satisfactorily; and I am further disposed to think, from observation, that mercury is really serviceable, as has been stated, in the cure of ordinary idiopathic fever. One can hardly separate the consideration of the action of mercury on the gums and neighbouring parts, from its effects on the system at large. It is extremely difficult indeed to produce these effects singly. In both ways, however, it may conduce to the general effect.

I before remarked that *bloodletting* itself might be considered as a sort of *counter-irritation* to the general system, the various actions of which it so strongly and speedily influences; and that its good effects were not to be wholly, if at all, ascribed to its weakening the system merely. Upon this view of the operation of bloodletting, there will be the less difficulty in understanding its good effects as a remedy for inflammation even in weak subjects, as it often unquestionably proves to be.

The *stomach* is a part that, on many occasions, may be usefully impressed, as a means of producing *counter-irritation* for the cure of inflammation. It is a part of easy access, very susceptible of impression by various means, and which quickly and powerfully affects by sympathy the rest of the system. These are sufficient reasons for the preference usually given to this organ, in the application of remedies,—to say nothing of their finding their way by this channel into the general circulation, an effect that is probably less frequent than has been supposed.

Medicines may be taken into the stomach, so as to produce either *nausea* or *vomiting*, or both, and often with the effect of beneficially influencing inflammation. The practice indeed has long been in use, and is far from uncommon at present, though the principle upon which it acts has not always been sufficiently understood. Dr. Cullen places great reliance upon *nausea* as a remedy for fever and inflammation, and which he advises to be kept up by small and repeated doses of ipecacuanha or antimony. The greatest respect is always due to the practical suggestions of such a man as Dr. Cullen, who was seldom mistaken in his observation of facts, and always to be relied upon in his assertions. You will not doubt therefore that the practice I now allude to, is often a useful one, especially in addition to other means. Of late the Italian physicians have recommended large and frequent doses of *tartarized antimony* for the cure of inflammation, giving as much as six or eight grains at once. By this treatment, as they assert, *bloodletting* may be in a great measure dispensed with, even in the most active forms of inflammation. It is difficult to believe, *prima facie*, that so powerful a medicine as the *tartarized antimony* could be safely administered in such enormous doses; and it is my duty to state to you, that in numerous trials purposely made in this Dispensary, I have almost uniformly found the operation of the medicine to be in proportion to the quantity in which it was administered; so that I have always found myself compelled to desist, when the dose was carried as high as three or four grains. In many instances, repeated doses of a single grain have produced violent and distressing effects. One would be led to suspect, that the preparation used was not the same in the two cases.

Actual *vomiting* is of use in various cases of inflammation. It has long been employed in pulmonic inflammation, though in general with a different view, namely, that of promoting expectoration, which it probably does in some degree. I have seen it of great service in *lumbago*, and some other forms of rheumatism. It has been used also in *hernia humoralis*, when the disease has become stationary, and after bloodletting had been employed. Of late, it has been had recourse to in obstinate cases of *ophthalmia*, which bleeding had failed to cure. *Vomiting* is a powerful remedy in putting a stop to fevers at their commencement, whether of the intermitting or continued kind; and it will occasionally do this in some even of a *specific* nature, as *scarlatina*. A few years ago, when emetics were more used than at present in the cure of fever, and when I was less acquainted with the advantages of bloodletting, I have very frequently witnessed their good effects in this way: and if it be so useful in the cases mentioned, it is easy to believe that the same remedy is applicable with advantage in many others. It is impossible to ascribe the good effects of *vomiting* in many of the cases above alluded to, merely to the evacuation produced by it, or the discharge of any thing noxious from the system; while they are easily referrible to the principle of *counter-irritation*. The great change induced in the actions of almost every part of the system, by the states both of *nausea* and actual *vomiting*, are too obvious to insist upon, and they appear adequate to the remedial effect observed.

This practice is not altogether free from objection in abdominal inflammation, on account of the mechanical violence necessarily exerted on the contents of this cavity in the act of vomiting. Where hernia exists, the practice is also liable to objection; as it is likewise where a tendency to apoplexy is present. The means of producing vomiting are of no great importance. The object being *counter-irritation*, it is obvious that the mildest means may not be the most effectual. It is a good general rule, that vomiting, for all the purposes mentioned, is rendered more safe, and probably more effectual also, by previous bloodletting, especially in diseases of the brain.

The *intestinal canal* is situated equally favourable with the stomach, for the purposes of *counter-irritation*. It is easy of access, sufficiently open to impression, and both by its extent, vascularity, and sympathy with other parts, affords a powerful medium of influencing the rest of the system. In acting upon this part too, we influence, in a secondary way, a number of other organs situated in the same cavity, and connected with it by similarity of office.

The almost sole object in acting upon the intestinal canal in the treatment of diseases, has hitherto been that of discharging its contents with greater frequency than usual, or, as we call it, of producing *purging*; upon the supposition, that something noxious was thus carried off, upon the retention of which the disease depended. This notion appears to have been entertained in all ages, down to the present time; and accordingly no class of remedies has been in such constant use as that of *cathartics* or *purgatives*, especially for the cure of inflammation. At the present day, the *stools* are scrutinized with a degree of minuteness that is quite ridiculous, not to say disgusting; and standards have been established for their colour, consistency, quantity, and so forth; as if the whole *ars medendi* were confined to the night-table. Now nine times in ten, the changes observed in the alvine discharges, are the *effect* and not the *cause* of the disease. They may, no doubt, be usefully attended to, as indications of health, or otherwise; but in themselves, except in particular cases, they throw but little light upon the nature of the disease, nor do they in general suggest the proper mode of treatment. On many occasions, the changes observed in the state of the evacuations are the result of the very means employed to produce them; and thus often lead to improper practice. I might instance this in the case of children, in the healthiest of whom the doses of *calomel* and *scammony* ordinarily prescribed, will at any time produce the most unnatural and offensive discharges; the appearance of which again, is thought a sufficient reason for a repetition of the medicine; till at length actual, and often irremediable disease, is excited in the intestinal canal, if not throughout the whole cavity.

My object, Gentlemen, in making these remarks, is not to call in question the utility of *purgatives* on a great number of occasions, nor to dissuade you from a reasonable use of them; but to guard against excess, and especially to point out the false principles upon which they are frequently administered. When you consider the extent of surface upon which purgatives act, and the many other organs that are secondarily influenced by them; the irritability and vascularity of these parts altogether; and the great change in the balance of circulation that takes place under the operation of medicines of this description, it is easy to understand that they must be a powerful medium of influencing the general system, so as to become a source of *counter-irritation*, independent alike of the quantity or quality of the matters discharged. And it is in this point of view chiefly, that they are to be regarded as remedies for inflammation.

Purgatives appear to be of general use in inflammations of the head, neck, and skin, and that whether *acute* or *chronic*. On many occasions they may be trusted to alone, though they ought not to be allowed to supersede bloodletting in cases of greater magnitude. Like *emetics*, they may be considered as more effectual, when used after bleeding than before. In most inflammations of the alimentary canal, and of the abdominal viscera in general, they are of great importance. In *enteritis*, however, of an acute kind, and attended with absolute constipation, they are capable, if urged far, or of a drastic kind, of doing much harm. The violence of the inflammation should be subdued by bleeding, before the more active cathartics are employed: and, indeed, if that object is attained, evacuation will in general readily, if not spontaneously, follow. So that there is in reality less need of active purgatives in these cases, than is commonly supposed. They are objectionable in another respect, by their tendency to excite vomiting, one of the most distressing symptoms of *enteritis*. This objection does not of course apply to the use of purgatives in the way of injection, a practice that cannot be too much commended.

It has been a general observation among physicians, that purgatives are less efficacious in thoracic inflammation, than in others. In *diarrhœa*, or inflammation of the mucous surface of the intestines, the exhibition of a mild cathartic, such as rhubarb, is generally proper at the commencement of the disease, and in most cases suffices for the cure. You must bear in mind, that the often repeated use of active purgatives, may excite inflammation in the canal, and in this way prove injurious. It is especially necessary to be aware of this in infants, and in patients labouring under fever, or other brain-affections, who may be incapable of describing their sensations.

The *skin* is a part which, by its high state of sensibility, as well as its irritability and great vascularity, is well fitted to be a medium of impression to the rest of the system. As an organ of sense, its affections readily and powerfully influence the brain, and through this, the rest of the system. The skin may be acted upon in various ways, in order to produce *counter-irritation*. *Heat*, *cold*, and a variety of irritating applications, may be employed for the purpose, some of them with the effect of inducing actual inflammation, which is then to be considered as the remedial agent.

The *hot-bath* is often serviceable in internal inflammations, especially of an acute kind. The practice, however, requires limitation. It is not adapted to the most active form of inflammation in strong subjects, at least till the violence of action has been somewhat subdued by bloodletting or other means. The hot-bath is not proper, where the breathing is much oppressed. I have seen it induce an alarming sense of suffocation in such cases, by increasing the general circulation at a time, when the lungs are not in a condition to transmit the blood as fast as it is sent to them by the right side of the heart. The hot-bath is also objectionable where the vascular action of the brain is in a state of great excitement. The *semi-cupium*, *pediluvium*, and *fomentations*, are all to be considered as partial applications of the *hot-bath*, and admit of the same general observations being made with regard to them.

The sudden and intense application of *cold* to the skin, as by the *cold bath*, or *cold affusion*, produces a great and universal effect on the system, as is evident by an examination of the different functions. It is an agent therefore well calculated to influence diseased action by *counter-irritation*. It has not, however, been employed to any great extent, from a dread of its use. We are so accustomed to attribute inflammation to *cold*, as its cause, that it is difficult at first to consider it in the light of a remedy. We have, however, sufficient proofs of its power to check the course of ordinary fever in many instances: and it has been occasionally employed in *enteritis*; not so much, however, with the intention of directly relieving the inflammation as to overcome the constipation generally present in these cases. But we are in want of facts upon this subject.

Stimulating the skin in various ways, as by friction, irritating applications, and exciting inflammation artificially, by *cantharides* and the like, comes under the head of *counter-irritation*. These are to be reckoned rather among the secondary or auxiliary means of cure, than as principals, though they are sometimes sufficient for the removal of slight and chronic inflammations. If, as there is reason to believe, it is the inflammation excited by blistering, and not any discharge occasioned by it, that is the source of the benefit derived, one sees no ground for the preference so generally given to *cantharides* for the purpose; for inflammation of the skin may be much more quickly produced by the mustard-poultice, and also by ammonia in a liquid form, than by the application of *blisters;* which, by the general irritation they often occasion, amounting sometimes to delirium, and still more by the inflammation they are so apt to excite in the urinary passages, are liable to great objection, and often wholly inadmissible. What particular preference is due to the *erysipelatous* inflammation excited by *blistering*, in comparison with the *pustular* inflammation produced by *tartarised antimony*, is far from being satisfactorily ascertained. The *counter-irritation* produced by *issues* and *setons*, is adapted to the *chronic*, rather than the *acute* forms of inflammation.

I may observe respecting *blisters*, that they are not well adapted to the early stage of violent inflammation, while the general vascular action is in great excess. In such cases, they tend rather to aggravate than to mitigate the disease, as well as to disturb in a high degree the general system.

SELECTIONS
FROM
LECTURES DELIVERED
IN THE
Theatre of the Royal College of Surgeons in Ireland.

BY MR. COLLES.

On Tetanus.

Gentlemen,

ANOTHER consequence of wounds, is the disease commonly called lock-jaw, we shall hereafter examine, whether it ought to be considered a spasmodic affection or not. It supervenes to every variety of wound; I have seen it occur when the cuticle under the eye was merely raised by the lash of a whip; I have also seen it follow amputation, and succeed to a contusion of the leg, over which the wheel of a car had passed. Lacerations, however, and wounds of tendinous parts, are more likely to produce it than any other species of injury. It is, indeed, impossible to say, in what case it will not occur, and if it should come on after an operation, we should, in justice to each other, look on it as an unfortunate accident which cannot be guarded against. Every period of life is equally susceptible of this disease; but there are three periods after the receipt of a wound, when it usually appears. The first is when the symptoms set in immediately after the infliction of the injury, and the patient is destroyed in twenty-four hours. If, after twenty years' practice you meet a case of this description, it will be as much as you may expect. The second, is when it appears in the interval between the commencement of suppuration and the process of healing being completed; and the third, when it occurs, as some authors have stated, after the wounded parts are entirely cicatrized. I have known instances even of this kind to have taken place. Tetanus has been divided into two species:—the idiopathic, when it comes on without any cause that we are able to discover; and the symptomatic, when produced by wounds. Nosologists who have written upon the subject, call that form of the disease in which the jaws alone are affected, trismus; and the other, tetanus, when the whole system is engaged. The terms, emprosthotonos, and opisthotonos have been also employed to describe two states or symptoms of this disease: the first is applied when, by the action of the muscles, the body is drawn forward; the second, when drawn backward. Now with respect to the first of these terms, I never saw a case of tetanus to which it was applicable, except that of an old man who, from some cause or other, preferred sitting up in his bed, but a spasm never threw him more forward than his usual position. The disease generally commences with a soreness of the throat, and we are told by some, that if, at this time, we examine the patient's legs during sleep, they will be found very much extended. A surgeon conversant with the disease will be able to detect it at a very early period of its progress, from the peculiar cast of countenance which accompanies it, and may be the first to call the patient's attention to his state, before he is aware of it himself. The expression of countenance in this disease is very peculiar, the forehead is wrinkled, the nostrils more or less dilated, and the angles of the mouth somewhat depressed. When we come to examine the fauces, we find nothing wrong there, nor do the muscles of the neck at this time perhaps feel hard to the touch, but in some time after, if you apply your fingers to them, they will be found tense and rigid. At this stage of the disease, the patient feels no serious inconvenience, but if asked to drink, though he may be desirous to comply, he is prevented by convulsions. Shortly after, the rigidity extends from the neck to the muscles of the trunk and abdomen, and ultimately seizes on the upper and lower extremities. It is a curious fact, that the fingers are the last members which are deprived of motion in this disease. During its whole course there is not the slightest relaxation of the muscles; they are in one continued state of spasm until the patient dies, or has a remission of his symptoms altogether. If he attempts only to speak or drink, he is instantly seized with a paroxysm, and in the later stages of the disease these spasmodic fits will come on without any effort being made to produce them. From being pale, the patient's countenance becomes turgid, and of a livid hue; his breathing is so disturbed, that you would really think, that he would every moment expire of suffocation; and in the more advanced stages of the complaint, such is the force of the muscular contractions, that his heels are brought into contact with his head, and he is flung sometimes actually out of bed, on the floor. If you feel his pulse in one of these paroxysms, it will be found hard and rapid; his face is bathed in perspiration; and his tongue, from protruding between the teeth, is often severely injured by the constriction of the jaws.

During the remission, the breathing remains hurried and irregular, but the pulse is not far from being natural. Well, in this state he strives to cough up a viscid saliva, which adheres to his fauces, and if you should ask him where he feels pain, he will point it out as extending from the pit of the stomach, along the diaphragm, to the spine. His appetite is generally good, and he is even desirous to eat, but dreads swallowing any thing. The bowels are usually costive; the secretion of urine is scanty, and is sometimes passed with difficulty. It is a remarkable circumstance attending this disease, that the patient never complains of his suffering, but if you question him on that head, he will tell you his pain is severe beyond endurance, yet he bears all in silence. Well, what is generally the duration of this disease? Why, taking the ordinary period to which it extends, it mostly terminates fatally in three days; but we are told in books, that if the patient survives to the seventh day, he will recover. When the progress of the disease is slow, and the symptoms moderate, he may escape, but when they come on rapidly, say in twelve hours after the soreness in the throat has been felt, the chances are, that the patient will die even before the third day.

Now we might suppose, that the characters of this disease could not be confounded with those of any other; yet there are few diseases which have been so frequently mistaken for others, as tetanus. The peculiarity of the countenance alone, indeed, ought to be sufficient to prevent such errors, for I never saw in my life but one tetanic expression of face; it was precisely the same in all the cases which came under my observation. The forehead and eye-brows are contracted; the angles of the mouth drawn downward and backward; the teeth considerably exposed; and if you only once examine such a countenance minutely, you can never forget it. There is another symptom peculiar to this disease, and it is this, that the rigidity of the muscles never relaxes, though the disease should continue for twenty days. Another remarkable circumstance is, that each paroxysm consists of one universal spasm of the system. Still has this disease been confounded with a variety of others, and it is only by such mistakes that we can account for the number of cases which are said to have been cured by the most trifling means. Among many of this kind, I have read the case of a lady who had been cured of tetanus which continued for three weeks, by an injection of asafœtida. There is a form of hysteria bearing some resemblance to tetanus, in which the patient lies with the eyes half closed; the paroxysm will last for half an hour, or perhaps for half a day; and observe that neither the tetanic expression of countenance, nor the rigidity of the muscles is present here. Such an attack may be induced in very nervous females, by the communication of bad news, or by being suddenly excited in any other manner. I recollect being once asked by a physician to see a patient affected with tetanus, as he thought, and when we entered the lady's apartment, we found her walking about, and he regretted that we had not come in at a time when she happened to be in a spasm of the disease. No surgeon could possibly mistake such a case for tetanus, at least we can seldom get our patients to move about in the course of the disease. There are other spasmodic affections produced by wounds, and which have been confounded with tetanus, but in these cases the spasms will relax perhaps twenty times in a minute, whereas no such thing ever occurs in tetanus. In that disease there is but one continued spasm while it lasts, and when it subsides, the muscles will be found in the same rigid condition in which they were before the accession of the paroxysm. The pain extending from the pit of the stomach to the spine complained of in tetanus, is also felt in hydrophobia, and the same efforts made to cough up a viscid saliva; but there are so many symptoms to distinguish these diseases from each other, that they can hardly be confounded.

With respect to prognosis in this disease, the cases of recovery are few indeed; but some, however, will recover. When the symptoms come on slowly, and are not violent, there is a chance of recovery; but when the reverse of this takes place, a fatal termination may be expected. Well, then, should the patient live to the ninth day, would you say that he would escape? Certainly not, for I have seen a man die after the twenty-first day. I have also seen two very remarkable cases of lock-jaw, in which the patients entirely recovered from that disease, but afterwards died of an extraordinary affection of the chest. In these cases, the rigidity of the muscles had entirely disappeared, and the limbs were completely flexible. One of these cases was that of a young man whose arm had been dreadfully lacerated by the cylinders of a mill, and who had tetanus in consequence, from which he recovered, but was soon afterwards attacked by a cough, and at almost every expiration he threw up nearly a pint of fluid resembling the port wine injection used in the cure of hydrocele after it had been discharged. He continued to cough up this fluid for three days, and died. The other was that of a postman, who, in crossing a street, fell and injured his back, and got tetanus, from which he perfectly recovered, but died of the same affection as the former. I mention these two cases, because I am not aware that such a termination of tetanus has been recorded by any other surgeon. Well, then, do not pronounce your patient out of danger, until you see him walking about for some time after all the symptoms have disappeared.

I shall next consider the treatment of tetanus; but before doing so, I must call your attention to this fact, that Dr. Rush, who has written a great deal on the subject, has certainly cured more patients in this disease, according to his own account, than we can do at present, and that he obviously confounds other diseases with tetanus. He relates one case, for instance, in which the patient could be heard roaring six hundred yards, while affected with lock-jaw. Now I never heard in my life a single patient roar in tetanus; and, indeed, this circumstance alone would be sufficient to prove it not to be that disease at all. He gives another case of a man who was cured by drinking five bottles of madeira in the day. This is, indeed, very strange, for we cannot get our patients here to drink so many ounces in the same length of time. He also speaks of a case where a cure was effected by three ounces of bark;

but such cases, I need scarcely add, must have been different from tetanus. He tells us, too, that the appearance of the wound changes when the symptoms come on; that there is less of inflammation and suppuration than ought naturally to be present. I frequently examined wounds which were followed by tetanus, and never did I find, except in one instance, that the inflammation or suppuration was below the natural standard. This was in the case of a girl who had necrosis of the tibia, and in getting up behind a carriage, one of the spikes ran into her foot. In this instance, in which the patient died of lock-jaw, there was certainly less of inflammation and of suppuration than you might expect in such an injury. Now, according to Dr. Rush, the local treatment of the wound is of the first importance, and he desires us to stimulate the part as soon and as violently as we can. Well, I have tried a variety of stimulants, such as blue stone, lunar caustic, corrosive sublimate, &c.; and among the rest, one of my own invention, muriate of antimony, saturated with corrosive sublimate, but without any other effect than adding to the tortures of the patient. I am now convinced, that there is connection between the state of the wound and the constitutional disease.

Another consideration is, whether we should amputate the limb, or whether this operation will save the life of the patient? I recollect having seen Mr. Obrey amputate a man's thumb, in Stevens' Hospital, which from a compound dislocation of the joint had produced tetanus; but he might just as well have left it on, for its removal had not the slightest effect on the disease. Yet Barron Larrey speaks of amputation in strong terms of praise, and recommends its performance in all cases where it is practicable; but we have lately put it to the test in Stevens' hospital, in the case of a man whose arm had been dreadfully lacerated, and he died in the ordinary period, just as if we had done nothing. We need not, therefore, look to the treatment of the wound to stop the progress of the constitutional disease. Well what are the internal remedies to which we are to resort in this disease? A great deal has been said in favour of opium, but with what justice I cannot pretend to say. I once thought I was curing a patient with this medicine, when in fact he was taking so small a quantity of it that it could scarcely have produced any effect; an apothecary's boy in the hospital, having by mistake made the opium pills, which I had ordered in large doses, not larger than pins' heads, yet under this management, which was not discovered for some time, the man recovered. In what quantity then should you give the opium? You should give it in large doses, say to begin with forty or fifty drops of laudanum, and to increase the dose every third or fourth hour according to the severity of the symptoms. The tincture is preferable to the solid opium, as it affects the system much sooner, and is more readily given. Now what is to limit the use of this medicine? In many cases the largest doses will scarcely produce its specific effects, but when the eyes become suffused and the face appears turgid, you should diminish the dose, but still keep the patient under its influence. I have heard some surgeons say that they lost patients by constipation produced by its use. When it has a tendency to produce this effect, the best remedy is by glisters—much better than purgatives given by the mouth. I recollect when Dr. Hamilton's book came out that it was expected that every disease would be cured by purgatives, and they were tried in tetanus, but I always found that the patients died sooner under that plan of treatment than they otherwise would if it had not been employed at all. Well can we do any more? I believe we should always administer mercury, which should be given in large doses, and the ointment rubbed in along the course of the spinal marrow, so as to produce salivation as soon as possible, for from what we know of this disease there is no time to be lost. We should, however, be on our guard against giving mercury to excess, though I have never seen its use followed in this disease, by that peculiar affection of the heart and palpitation observed by other practitioners, and which not unfrequently occur in the venereal. It is generally very difficult to salivate patients in this disease, and we are told that if we can do so that they will recover, but I have seen them die while profusely salivated. In the idiopathic form of the disease, mercury will be found a much more valuable remedy than in the symptomatic. We are next informed that the warm bath is a serviceable remedy in tetanus, but I look upon it as quite useless. No doubt when you place a patient for the first time in a warm bath, he feels very comfortable, and longs for a second, which however, does not produce the relief from suffering anticipated, so that he rarely wishes for a third, and will seldom be prevailed on to try it a fourth time.

Now the very opposite to this has been recommended by Dr. Wright, and he really speaks of the cold bath as an infallible remedy; but if you examine his cases minutely you will find, that they are not tetanic affections, for he represents the spasms as lasting ten minutes. I saw two cases in which the cold bath was employed, and really the difficulty of breathing, and other distressing symptoms which it produced were frightful beyond description. For my own part, I am convinced that no benefit can be derived from its use, and though Dr. Wright speaks of the disease as it occurs in a warm climate, I am greatly inclined to doubt the accuracy of his statements; for Dr. Chalmers, a man who certainly wrote from observation, describes the disease in South Carolina, precisely as it appears in this country. Musk, and other antispasmodics have also been recommended, but they hold out no prospect of success. Bark too has been spoken of, but I place no reliance whatever on its efficacy in this disease. Another plan of treatment, founded on the stimulating system of Dr. Rush has been adopted, and wine, spirits, &c. have been ordered to be given freely, but this plan does not succeed here. I have heard, indeed, of a case cured by the first dose of whiskey, but the case was clearly not tetanus, for no one ever saw that disease suddenly removed by any means. If the patient recovers, he does so gradually, and this very circumstance is quite characteristic of the disease. When you read of such cases then, you may consider them as entirely different from tetanus. When you come to dissect the body of a patient who has died of this disease, you are unable to detect any morbid appearances, which would in any manner account for the symptoms witnessed during life. You may perhaps find the extensors, and the recti muscles of the abdomen torn across and an effusion of blood in some parts of the body, but these are evidently the consequences not the causes of the disease. There are some times when you will not find a single case of tetanus in Dublin perhaps for a year, whilst at other periods the hospitals are crowded with them, and the pupils will be telling each other of the number of cases of this kind in their respective establishments.

I remember one summer when I was sick of looking at this disease, so prevalent was it at the time. Moist warm weather predisposes, in my opinion, to this disease. We should endeavour to prevent attacks by the application of some stimulant to the injured parts. For this purpose I think the spirit of turpentine by far the best agent that can be employed, as it possesses some peculiar property of producing a healthy inflammation and suppuration in wounds. The next class of medicines which I have to mention, and on which, from my own personal observation I am inclined to place the greatest reliance, are sudorifics. I recollect two instances in which their use was followed by success, as far as we are able to judge of the efficacy of medicine. A man received a slight bruise, which was succeeded by lock-jaw; I immediately threw him into a perspiration, which I kept up for a few days, and he was much relieved; but on discontinuing the medicine for a few days, the symptoms returned. I had recourse to the same treatment again, and the man ultimately recovered. The other case, was that of a man who had received a severe injury of the loins, which was followed by incipient lock-jaw; I treated him in the same manner as the other, and he perfectly recovered of the disease. Mr. O'Brien, of this city, has found tobacco a successful remedy, but I have tried it without obtaining similar results; some persons, however, can do more with a particular remedy than others can, and I believe this substance deserves further trial. The idiopathic form of the disease is much more prevalent in warm than in temperate climates, and differs from that which I have just described, by being ushered in with a quick pulse and fever, and by being more mild and slow in its progress. It is by no means so formidable a disease as traumatic tetanus, and if judiciously treated seldom terminates fatally. Continued perspiration, the warm bath, and moderate use of opium will be highly beneficial; but indeed we should not confine ourselves to any particular class of medicines, but employ such as we conceive the nature of each case may require.

(Mr. Colles next adverted to that form of the disease called "trismus nascentium," which he principally attributes to a bad description of ulceration, taking place in the separation of the umbilical chord. It rarely occurs in private practice, and might probably be prevented by dressing the wound with turpentine, and by plunging the infant in cold water. Much he conceives will depend upon cleanliness, good air, and attention to the dressings of the infant, an opinion in which he has been confirmed by the report of a lady who had seen the disease checked by these precautions, in a place where it had been very prevalent.)

When the patient then is about to recover, you are not to expect that the severity of the symptoms will suddenly subside; for though the paroxysms will become less frequent, their violence may not be diminished. In cases that are to end fatally, the patient may die during the paroxysm; but in most cases he becomes languid and heavy, and expires in the intervals between the spasms. It is a curious fact, that after one of these spasms he will tell you that he feels better, that his jaws admit of greater motion, so that an inexperienced person might suppose that the patient was about to recover; but immediately these fallacious symptoms often prove the certain precursors of death. I forgot to mention that you should keep a piece of wood, or cork will answer the purpose still better, between the teeth from the commencement, that medicine and food may be introduced when necessary.

It has been said that the body of one who dies of this disease runs sooner into a state of putrefaction, but I have not found this to be the case, though I have had some of them in the dissecting room. An examination of the body throws no light whatever upon the pathology of the disease. You may find effusion of blood in the brain, and other morbid appearances in other parts, but all these are common in other spasmodic affections which have terminated fatally. As to the nature of the disease, it possesses some of the characters of spasm; but yet it is the only disease in which the muscular rigidity is constantly present. This character has been overlooked in classing it with other spasmodic affections; for it strikes me that in classing any disease under a particular head, we should chiefly look to its permanent symptoms. In the progress of the disease the muscles are affected in regular succession, but you are not to suppose that all the muscles must first become engaged before the case terminates fatally, for the patient will sometimes be carried off a day before the disease will reach the extremities.

REVIEW.

Small-pox and Cow-pox; comprehending a concise history of those diseases, and a comparison between Inoculation for Small-pox, and Vaccination, &c.&c.—By JOHN JENNINGS CRIBB, Member of the Royal College of Surgeons. 8vo. pp. 80. Deighton, Cambridge; Longman & Co. and Underwoods, London. 1825.

As the histories of small-pox and vaccination, are either known to every one, or contained in cyclopœdias and dictionaries, we pass over that part of the work which is devoted to those subjects, and proceed to the inquiry into the prevalence of small-pox amongst the inhabitants of Cambridge, during the twenty-five years which preceded the summer of 1824. In the autumn of 1823 it appeared at Cambridge, and ravaged the town and neighbourhood until the following April. There, as in other places under a similar visitation, many exaggerated reports of the inefficacy of vaccination were circulated, which led the author to investigate the subject, and to the results which he has stated in the little work now under analysis. He chiefly endeavoured to ascertain in what manner and to what degree the practice of vaccination had influenced the irruption of small-pox; or to what extent, under what circumstances, and with what degree of severity, small-pox had occurred in persons previously vaccinated. His inquiries were therefore limited to the twenty-five years which had elapsed since the promulgation of Dr. Jenner's discovery, and the results which he obtained are exhibited in the following table:

TABLE,

Showing the number of Cases of Small-pox and Cow-pox in Cambridge, for Twenty-five Years preceding the Summer of 1824.

PARISHES.	Population Census of 1821.	Natural Small-pox.	Inoculated Small-pox.	Died of Small-pox.	Vaccinated.	Small-pox after Vaccination.	Neither Small-pox nor Vaccinated.	Epidemic of 1823—4. Natural Small-pox.	Epidemic of 1823—4. Inoculated Small-pox.	Epidemic of 1823—4. Died of Small-pox.
St. Giles's......	1,635	364	143	34	371	15	83	110	32	20
St. Peter's	481	97	46	9	86	7	24	45	9	4
St. Clement's ..	772	154	51	9	185	10	41	34	1	4
St. Sepulchre's..	642	93	67	8	180	11	27	19	3	3
All Saints'	938	118	97	11	301	15	15	23	0	5
St. Michael's ..	379	57	45	8	115	17	10	3	3	0
Trinity	1,793	253	139	24	511	46	80	72	13	11
St. Mary's (Grt.)	880	70	73	3	299	7	26	9	0	1
St. Edward's ..	810	40	40	2	210	11	13	1	0	0
St. Bene't's .. .	967	111	88	9	251	12	18	34	2	4
St. Botolph's ..	716	81	43	13	183	12	12	14	3	2
St. Mary's (Less)	648	78	55	5	196	2	13	7	0	2
St Andrew's (Great) ..	1,267	163	109	32	318	16	51	25	1	2
St. Andrew's (Less)	2,211	528	151	38	747	43	186	138	35	28
TOTAL....	14,142	2,207	1,129	205	3,953	224	599	584	102	86

Thus it appears that of 2207 cases of casual small-pox 192, or 1 in 11½, proved fatal. That of 1129 persons who received the disease by inoculation 10, or 1 in 113, died; and of 224 in whom it appeared after supposed vaccination, 3, or 1 in 74. The author's means of canvassing the subject were, however, extremely imperfect, and the results he has arrived at, as to the whole period, far from the truth; but as they relate to the epidemic of 1823-4, they probably approach very near it.* In that epidemic, 84 out of 584 died of casual, and 2 of 102 of inoculated small-pox, or 1 in 7 of the former, and 1 in 51 of the latter; while of 1613 who had casual small-pox previous to 1823-4, only 108, or 1 in 15, died, and of 1129 who received the disease by inoculation, 8, or only 1 in 141. But, *a priori*, so great a difference in the mortality of the disease cannot be admitted, and nothing, *a posteriori*, is adduced to support it.

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* The author, accompanied by an overseer of each of the parishes, called at every house and interrogated the inhabitants, by which it is obvious he obtained a pretty correct account of the number of persons afflicted with small-pox, &c., at the time or recently, but not of those so affected twenty years ago.

"It must be considered," says the author, "that the returns here made are not those of a regular and current register, in which the events would be noted down at the time and in the order of their occurrence; but it was taken at the termination of a given period, and that a period of no less than twenty-five years. The accounts it contains must consequently depend on the testimony of the individuals of whom the inquiry was made, and upon their memory and veracity. Reports resting on such a foundation must almost necessarily be short of the truth; in some instances the memory may be fallacious; although the death of a member of a family from small-pox is certainly an event of a memorable nature. There is also reason to doubt the veracity of some persons on such an occasion; for since the introduction of inoculation, and more especially of vaccination, the death of a child from small-pox is considered to a certain degree disreputable, inasmuch as it implies neglect or prejudice on the part of the parents; and in many instances a reluctance to make the communication was obvious.

The circumstance, however, which would chiefly operate in rendering the report defective, is the *dispersion of families* which must have taken place in the course of so long a period. In every instance where death from small-pox had taken place in a family, out of several other members probably who survived the disease, and that family had become subsequently dispersed, the case of death would not be recorded, although the cases of the survivors would; they being still living to give an account of themselves. The report then, as respects the number of deaths, is much less likely to be correct than as respects the living; and, indeed, with regard to the latter, it may be depended upon with a considerable degree of confidence, as the number of inmates in each house was easily ascertained and each individual was to be accounted for.

From these considerations, it appears extremely probable that the report is deficient in the number of deaths which occurred in former years. There would be but little danger of the same incorrectness in the report of those deaths which took place recently; for it is impossible that any could have been forgotten; misrepresentation would have been easily detected; and the dispersion of families in so short a space of time must have been very inconsiderable."

The average number of deaths among those who partook of the epidemic of 1823-4, was as we have seen 1 in 7, which accords pretty well with what has been generally observed of the small-pox under similar circumstances. There being no reason, therefore, to suppose that the late epidemic at Cambridge was more malignant or fatal than those which had preceded it, we may infer that 315, or 1 in 7 died of small-pox within the last 25 years, instead of 192, the number brought out by the author's inquiry. His results, as far as they relate to the late epidemic are, as we have already observed, worthy our attention, but the remainder of the table must be considered a vague and fallacious document.

To adduce much proof of the efficacy of vaccination may now be deemed a labour of supererogation, but the following particulars, unsatisfactory as they may be, are not altogether uninteresting.

"If," says the author, "vaccination be a preventive of small-pox, we should of course expect to find, that in proportion to the extent of its diffusion, small-pox would be diminished; and to ascertain whether this be really the case among the subjects of this inquiry, the several parishes have been divided, in the following table, into two divisions; the first consisting of those parishes which contain the largest proportion of vaccinated persons; and the second, of those containing the smallest.

TABLE showing the Number of Persons in 100, *who had Natural Small-pox, Inoculated Small-pox, and Cow-pox in each Parish, under Twenty-five years of Age.*

FIRST DIVISION;
Comprising seven Parishes, which contain the largest proportion of Vaccinated Persons.

PARISHES.	Number Vaccinated in 100.	Number who had Natural Small-pox in 100.	Number who had Small-pox in 100 in 1823-4.	Number of Inoculated Small-pox in 100.
St. Edward's	69	13	$0\frac{1}{3}$	13
St. Mary's (Great)..	64	15	2	$15\frac{1}{2}$
All Saints'.........	58	23	4	$15\frac{1}{2}$
St. Mary's (Less) ..	57	23	2	16
St. Botolph's	57	25	4	13
St. Bene't's	53	23	7	19
Trinity	52	27	7	14
Seven Parishes..	7)410	7)149	7)$26\frac{1}{3}$	7)106
Average Number	$58\frac{4}{7}$	$21\frac{2}{7}$	$3\frac{2}{3}$	$15\frac{1}{7}$

SECOND DIVISION;
Comprising seven Parishes which contain the smallest proportion of Vaccinated Persons.

PARISHES.	Number Vaccinated in 100.	Number who had Natural Small-pox in 100.	Number who had Small-pox in 100 in 1823-4.	Number of Inoculated Small-pox in 100.
St. Michael's......	50	5	$1\frac{1}{3}$	20
St. Andrew's (Great)	49	45	4	17
St. Sepulchre's	49	25	5	18
St. Andrew's (Less)	46	32	11	9
St. Clement's......	43	35	8	16
St. Giles's	38	37	11	15
St. Peter's	34	38	17	13
Seven Parishes..	7)309	7)217	7)$57\frac{1}{3}$	7)113
Average Number	$41\frac{1}{7}$	31	$8\frac{1}{5}$	$16\frac{1}{7}$

In the first division, in which it will be seen that the proportion of vaccinated persons amounts to 58 in 100, that of the subjects of natural small-pox is only 21 in 100; and in 1823-4, four in 100. Whereas in the second division, in which the mean number of vaccinated cases is only 44 in 100, that of small pox amounts to 31 in 100; and in 1823-4, to 8 in 100; evincing, in a striking manner, the influence of vaccination in the prevention of small-pox. That this difference is attributable to vaccination, and not to inoculation with small-pox, is shown by the last column, by which it appears, that the number of the inoculated in each division is nearly equal, the first having 15 in 100, and the second 16 in 100. The natural and obvious inference from this calculation is, that in proportion to the prevalence of vaccination has been the prevention of small-pox."

Of the 224 cases which are said to have occurred after vaccination, the author has obtained the following particulars, either from the individuals concerned, or from their friends, and classed them under four general divisions, as follow:

Class.		
1.	Slight—The patient not confined to bed, and in most cases, not so ill as to be induced to apply for medical assistance........	163
2.	Severe—Patient confined more or less to bed, either the fever or the eruption, or both, severe, but no danger apprehended ..	33
3.	Dangerous—Producing blindness, leaving pits on the skin, and for a time recovery doubtful ..	9
4.	Died	3
		208

The symptoms of the other sixteen cases could not be ascertained; and the author could obtain no satisfactory evidence that the three persons in whom the disease proved fatal, had been perfectly vaccinated. Some having conjectured that the efficacy of the vaccine virus may have been impaired by time, and the numbers through whom it has passed, the author has endeavoured to ascertain the year in which vaccination was performed in those who subsequently took small-pox; since, if the hypothesis be true, the number of failures would have diminished the more nearly we approach to its introduction. For this purpose he has constructed a table, showing the year in which vaccination was performed on those who afterwards took the small-pox, from which we learn, that out of 126 cases, 18 were vaccinated previously to 1806; 37 more (or 55) previous to 1812; 44 more (or 99) before 1818; and 27 within the last six or seven years. When it is considered that vaccination has been so much extended, and that the chances of failure must have been proportionably increased, there is strong reason for believing, that those who were vaccinated in the early years of the practice, have taken small-pox in the same proportion with those on whom the operation has been more recently performed. The author has another table, which exhibits the year in which small-pox occurred after vaccination, and the number of cases in each year, from which it appears, that the former has supervened after the latter more frequently of late than in former years. Dividing the time which has elapsed since 1800 into periods of six years, the number in the first, or till 1806, is 1; for the second, or until 1812, 8; for the third, to 1818, 43; (33 of which were in the year 1818;) and the fourth, 92, 84 of which occurred during the epidemic of 1823-4; whence it appears, that of 744 cases of small-pox after vaccination, 125, or nine-tenths, have happened within the last seven years. From another table the author endeavours to show that the notion which some have entertained, that the protecting influence of cow-pox endures for a limited period, is a mere prejudice; for, of 164 cases, 97, or considerably more than half, took place within six years from the time of vaccination, and 34 more, or 141 within twelve years.

But here it must be objected, that the small-pox is very eccentric in its visits and ravages, and that consequently the time at which persons partially or wholly unprotected may have the disease must at least be equally uncertain; and that the tables which have furnished these data, are, as to remote periods, no guide whatever; as may be seen by comparing Nos. 2 and 7, from the former of which it appears, that 224 had small-pox after vaccination since the year 1800, while in the latter, 144 only are enumerated; and we cannot find that this discrepancy has been cleared up. From these preceding details, however, the author has arrived at the following conclusions:—

"1. It is very probable, that more than 300 individuals have died with natural small-pox in Cambridge in the course of 25 years preceding the summer of 1824.

2. Ten have died in the same period of small-pox from inoculation.

3. Three have died of small-pox subsequent to supposed vaccination.

4. From the joint influence of vaccination and small-pox inoculation, it is very probable that 713 deaths from natural small-pox have been prevented.

5. If all who have been affected within the given period with either of these diseases, (viz. natural small-pox, inoculated small-pox, or cow-pox,) had been inoculated with the small-pox, 64 only would have died.

6. Had all undergone vaccination, five or six only would have died of small-pox.

7. Where one person has died of small-pox after vaccination, 11 or 12 have died of inoculated small-pox.

8. In the several parishes of Cambridge, in proportion to the diffusion of vaccination, has been the prevention of small-pox.

9. Two hundred and twenty-four cases of small-pox have occurred after supposed vaccination.

10. In these cases the disease was slight in 163; more severe, but not dangerous, in 33; dangerous in 9; and fatal in 3.

11. In two of the three fatal cases, the history of the vaccine disease is imperfect; in the third, the vaccine vesicle was injured, and its natural progress interrupted.

12. The supervention of small-pox in persons previously vaccinated, has been incomparably more frequent of late than in former years.

13. Lapse of time does not impair the protecting influence of cow-pox, in the persons of those who have once undergone the disease.

14. The vaccine virus has lost none of its efficacy from the time which has transpired, and the number of individuals through whom it has passed, since it was first taken from its original source."

The author remarks, that the means employed to extend the practice of vaccination in the town of Cambridge have been very inadequate, and that, when the small-pox made its appearance in 1823-4, nearly 600 persons took the infection, besides 102 to whom it was communicated by inoculation. After the epidemic had terminated its ravages, he still found 600 unvaccinated persons who had escaped the contagion, and who of course are open to receive it on its next visit. The means of extending vaccination which he proposes, consist,

"1. In the provision of means for the effectual performance and universal extension of vaccination.

2. In securing a constant supply of vaccine virus.

3. In exciting and perpetuating the attention of the public to the subject.

4. In affording better opportunities than have heretofore existed, for observing the phenomena of the cow-pox, and the diseases connected with it."

We think the inhabitants of Cambridge had better begin by discouraging those practitioners who so materially extended, if they did not introduce the late epidemic by inoculating within a short period no less than 102 individuals; for while such practices are tolerated, it is idle to expect that the full benefits of Jenner's discovery can be realized.

COLLECTANEA.

Case of Abdominal Dropsy, in which an attempt was made to cure the Disease by exciting Peritoneal Inflammation. By H. R. OSWALD, Esq. Surgeon.

[London Medical and Physical Journal—April.]

IN October, 1817, I was called to see a Mr. W——, a prisoner for debt in Castle Rushen, who laboured under dropsy. He was between fifty and sixty years of age, one who is generally described as a broken down constitution, and a free liver, who had undergone a great deal of fatigue and various hardships in his time; and even his countenance presented a bloated and sallow aspect. He was unable to lie down, from orthopnea. General anasarca had supervened to ascites, so that, from the toe to the axilla and epigastrium, the integuments pitted deeply on pressure; and, in the legs and scrotum, the swelling was so great as to render the skin tense and shining. The abdomen was as tense as a drum, but by no means protuberant in proportion. His spirits were good; and, though his appetite admitted of little nourishment, he had supported himself, he said, by a plentiful allowance of liquor, which he could not do without, and which he could not be prevailed on to give up. Under these circumstances, tapping appeared to me to afford the best chance of relief; and it was accordingly performed, by puncturing midway between the ilium and umbilicus. The quantity of serum discharged did not amount to two gallons. The operation relieved the tension of the abdomen, of course, but the general anasarca remained in *statu quo.* As I resided ten miles distant from this patient, I left him to the care of Mr. Jones, resident practitioner of Castletown, and did not see him again for nearly a week, when I found that the wound made in the abdominal parietes had not only not closed, but looked angry and callous, and discharged water in large quantities. When I cut through the œdematous integuments, they discharged more water than blood, which caused me to suspect the puncture would be slow in healing; a circumstance not to be wondered at, considering the man's mode of living. From the continual oozing of water from it, the belly became more and more flaccid, and the general dropsy had undergone a corresponding improvement; from which circumstances, and the deep appearance of the wound, there was much reason to conclude the peritoneum remained divided; but the patient complained only of slight pain or tenderness on pressure. However, suspecting that this accident might prove the cause of serious inflammation of the peritoneum, I refrained from probing it, and decided upon letting the case take its course. I therefore confined the practice to saline diuretics and purgatives, and prescribed venesection, if the pain in the abdomen on pressure should increase. He drank at this time a pint of gin daily, and denied the possibility of living without it; and, under the circumstances, I did not consider it prudent to contend with him about it. I know this concession will expose me to the censure of some, but the result proved that it was not a fatal error, however much opposed to the best established theories and opinions. The wound continued open for upwards of a month, and closed gradually. There was no return of the ascites. The anasarca so far abated, that it was reduced to his feet and ancles; and in the autumn of 1818, the year following, I met my patient in the streets of Douglas, a tall, broken-down looking man, but as well, if not better, than he had been for some years previous to his attack of dropsy. He soon after left this island, since which I have lost sight of him.

Independent of the relief to the system arising from the evacuation of the water, I had considered this cure as partly the consequence of a low degree of peritoneal inflammation, induced by the stimulus of air admitted through the aperture, or by an extension of the inflammation from the wound, under the circumstances above described. I had therefore proposed to myself the feasibility of imitating this sort of cure, in the first case that occured favourable for such an attempt.

On the 25th of November, 1823, Betty Craine, æt. 21, was tapped for a dropsy, arising, as it was supposed, from exposure to cold, when thirty-five quarts and a half of a clear limpid serum were evacuated. Venesection, mercurial liniments to the abdomen, diuretics, and purgatives, were afterwards promptly employed, somewhat to the benefit of the patient's health. The fluid, however, again accumulated, and paracentesis was again performed in the following month of February, on which occasion twenty quarts of a dense and albuminous fluid were obtained. Was this change from a limpid serum to a dense albuminous fluid in so short a period, the consequence of the action of the mercury? It certainly happens in ill-conditioned ulcers and membranes, that a change from an ichorous to a healthy discharge is occasioned by the action of this mineral on the system. Or was this difference in the fluids owing to their being the contents of two different hydatids, or cysts, enlarged rapidly?

After this second operation, repeated venesection, sudorifics, and the exhibition of the compound powder of jalap, as an aperient diuretic, were practised, in conjunction with a course of steel, and occasional blistering to the affected region. These remedies all agreed pretty well with the patient; but the operation became again necessary in April, when nineteen or twenty quarts of a still more viscid fluid were discharged. But the patient's health was now very considerably improved; for, within two days after the tapping, she was enabled to walk home (three miles and a half) without difficulty.

Excepting the purgatives, all the other remedies were now discontinued, and I put the patient upon a course of diluted arsenical frictions into the abdomen, with the view of bracing and changing the action of the system of diseased vessels.

I did not see my patient again, however, till July 24th, 1823, eight months after the first, and nearly three after the third operation, when she again presented herself, labouring under a return of the disease. Her general health was very much improved, and she had gained so much flesh and muscular vigour, that, had it not been for the large size of the tumour, and the dyspnœa occasioned by it, she said she would have felt quite well. Her appetite was good; but she complained of being unable to satisfy it, on account of the great oppression of respiration occasioned by taking even a small quantity of food. Tapping was immediately performed, and twenty-two quarts of a colourless albuminous fluid discharged. The integuments and parietes of the belly now presented little induration or thickening, but were, on the contrary, flaccid and soft.

On this occasion, I reasoned in the following manner. In consequence of the failure of all the remedies tried in the cure of this case, and under the conviction that the internal surface of the abdominal sac, instead of a serous, had passed into a membrane secreting a very different fluid, in this manner rendering the disease in some degree a local one.

Was I warranted in attempting to produce a change in the vessels of this secreting surface, by means of a practice suggested by the case above related?—in trying so hazardous a measure as that of inducing peritoneal inflammation, to cure ascites or dropsy of the ovarium? The degree of success that attends the practice warrants me in premising that I was; and, although the case ultimately terminated fatally, that such practice was by no means the cause of death. At any rate, I consider myself bound to make the case known. I considered the probability of success increased by the improved state of the general health of my patient. Had I attempted it during the weak state my patient was in when I first saw her, and whilst the parietes of the belly were callous and diseased, my expectations would have been disappointed.

Impressed with these considerations, I determined in the present instance to keep the wound open, and for this purpose the cannula was left in the wound for the first night after the operation, secured by means of adhesive plaster, but in such a manner as to admit a free passage through it.

July 25th.—Passed a very tolerable night, and has no complaint to make this morning. The canula slipped from the wound about six o'clock; it caused a little local irritation, but little or no general pain or uneasiness. A good deal of water has oozed out during the night. A tent of prepared sponge was introduced into the wound, secured by a ligature fixed by adhesive plaster. Bowels to be kept open.

26th.—Patient has got up, and is walking about the room. Tent still continues in the wound, without occasioning pain or tenderness. A good deal more water has oozed out into the bed. Urine not complained of as deficient; skin soft, pulse moderate; no other remarkable symptom.

Two days after this, the tent slipped out of the wound, and it had closed before I had an opportunity of re-introducing it. Having consigned the case to the care of Mr. Watts, she had gone home without my knowledge, most probably from some hyperbolical representation of the danger of the practice.

After this period, the treatment of the case was confined to nourishing regimen and exercise, in so far as that could be attained in her circumstances; and a frequent use of the pulvis jalàpæ compositus.

September 25, 1823.—Has occasionally called for a supply of her medicine. Today (two months after the last operation) she reports herself quite well. No re-accumulation of the water has taken place; health and strength continue to improve; and she has experienced a return of the menstrual discharge, which has been absent for nearly three years. Walks into Douglas and back again, a distance of seven miles, the same day, with ease.

In Mr. Holford Watts's notes of the case, I find the following remark:—"From the foregoing statement, the tent has fully answered our expectations, in altering the nature of the secretions of the cavity, and producing a radical cure of the disease. The tent acted so insensibly in producing this alteration, that we almost despaired of success; but the event has proved the utility of the method of cure practised." Without expressing quite so much confidence in the *modus operandi* in the cure of this case, I shall proceed to detail the subsequent history of it.

Aug. 30th, 1824.—Reports that, till within the last three months, she continued quite well, and menstruated regularly for a period of about nine months; but the disease has lately been increasing rapidly, for which relapse she can assign no cause, excepting a partial exposure to damp. On this occasion the disease is accompanied with much more fever and irritability than at any former one. Has been confined to her bed for the last month, and is not able to sit up for any length of time, owing to the tenderness of the abdomen, and the great weight she has to support. Has taken some of the medicine she formerly found useful, but without any benefit. Pulse 100, and small; respiration very difficult, though it does not amount to orthopnœa, and is most easy in the recumbent posture. Expects no relief from any means except the operation, which I immediately proceeded with, and in the usual manner evacuated twenty-seven quarts of a very dark-coloured liquid. of great weight, from the quantity of mucus with which it was loaded. It was nearly as thick as the white of an egg; the colour reddish, and partaking of that of the grounds of coffee; after standing a night, it deposited a similar sediment.

Towards the close of the tapping, I found it was impossible to evacuate the whole of the fluid from the abdominal cavity, on account of a large tumour of a solid nature, that appeared to occupy the whole of the lower part of the abdomen, in a line with the superior processes of the ossa ilii, and which seemed to obtrude itself against the mouth of the canula. Pulse 120 after the operation, which she bore remarkably well.

Sept. 1st.—Passed two good nights. There is a little discharge from the puncture. Complains of nothing in particular; but the respiration is still hurried, and the emaciation and varicose state of the superficial veins of the abdomen more conspicuous than ever.

6th.—Wound not yet healed, but discharges very little. There appears to be a fresh effusion of dropsical fluid going on; for I cannot now feel distinctly the tumour in the lower part of the belly. Is able to sit up a little.

October 19th.—Abdominal tumefaction has regained its usual magnitude. Debility and emaciation greater than ever; pulse 120, and small. She is feverish and exhausted; has appetite only for a little tea and toast, and such like. Considered the case desperate, but, at her own request, tapped her again to-day, and drew off sixteen quarts of the same mucous fluid, but mixed with a flocculent matter of a purulent sort.

23d.—Febrile symptoms and dyspnœa considerably abated. The puncture, which was made through the umbilical ring, through which the water protruded, has closed. Bowels to be kept open with the pilulæ rhei co., and no other medicine to be taken.

Dec. 20th.—The dropsical swelling is apparently as large as before it was last evacuated; but she herself thinks it is not so oppressively tense. Back ulcerated, from lying on it so long; pulse 140, and so feeble as to be hardly perceptible. Respiration is surprisingly free, considering the extent of the disease, and the necessity of being always in the recumbent posture. Is anxious to have the operation performed again; but, taking all circumstances into consideration, it is manifest there is great risk of her sinking suddenly under it. The pilulæ rhei comp., to keep the bowels open, and adhesive plaster to dress the back, were therefore ordered; and a little patience recommended in a cheerful manner.

25th.—Died yesterday at five A.M. Having obtained permission, I proceeded to open the body to-day, at ten o'clock, accompanied by Mr. Watts and Mr. Anderson, surgeon (at that time on a visit here). Some gangrenous spots appeared on the most prominent parts of the abdomen; and the inferior extremities, especially the right leg, were œdematous. The fluid was, as a first step, evacuated by tapping, but the discharge of it was much impeded by the tumour in the pelvis formerly noticed: we had, therefore, to complete it by laying open the abdomen entirely, when from three to four gallons in all were collected. The whole of the internal cavity of this vast sac was lined with a dense, white, and rough-looking membrane, of a fragile and diseased structure. The abdominal muscles had almost entirely disappeared, so that externally the membrane adhered loosely to a thin layer of blackish cellular membrane, interposed between it and the skin. It adhered also to the diaphragm, and to the liver, both of which had been forced deep under the ribs. Behind it, the intestines were found of an unusually small size, and dark leaden colour. The interior surface of the sac was rendered rough by a sort of tubercular elevation, and flakes of purulent albumen. In general, it was one-eighth of an inch in thickness, and in some places it seemed to consist of more layers than one. On tracing it into the pelvis, its internal surface became loaded with a tubercular, carcinomatous, and pale-coloured fungus, possessing a structure not unlike that of the placenta, and from half an inch to one inch and a half in thickness, especially on the right side, where the punctures had been most frequently made. This was the hard tumour felt occupying the pelvis in a line with the superior process of the ossa ilii. Tracing the sac still lower, it was discovered to be the cyst of a dropsy, originating in the right ovarium, at the fundus of the sac, or, more properly speaking, its neck. It terminated in a space about the size of the palm of the hand, which had once been occupied by the structures connected with the ovarium; and at this site it involved congeries of several groupes of cysts, like hydatids, of sizes from that of a small orange to that of a filbert-nut, which were smooth and pellucid, and contained a limpid serum. The left ovary was also diseased, and consisted of a congeries of smaller-sized cysts, cemented by a membraneous and fleshy envelope, and exhibiting a beautiful specimen of incipient dropsy of the ovarium, as described by Dr. Baillie, in his Morbid Anatomy; where he views such a congeries, not as hydatids, but as cysts or capsules, which undergo enlargement successively.

The uterus was healthy, and of the usual size. There was a stricture in the rectum, a little below the sygmoid flexure of the colon; and above it that intestine was much loaded. The liver was half its natural size; but, excepting the diseased look caused on its surface by the adhesion of the sac, it was free from derangement of structure. The gall-bladder was quite distended with black and viscid bile, and filled with biliary concretions. Excepting a most contracted and diminutive size, the contents of the thorax presented nothing remarkable.

The foregoing statement involves four facts and questions of considerable importance in pathology. 1st. The great quantity of fluids evacuated in so short a space of time: no less than ninety-six quarts in eight months, by four operations; and fifty-nine quarts rom August to December 1824, or four months, by three. 2dly. The variety in the nature, consistence, and colour of these fluids. 3dly. The possibility of curing ascites and dropsy of the ovaria, by exciting inflammation in the abdominal sac, either by the admission of air into it, or by mechanical irritation. And 4thly. The possibility of a thickening of the parietes of the abdomen by inflammation, or by an exudation of a carcinomatous sort, being mistaken for a tumour rising out of the pelvis. But, as most men will form their own opinions on these facts, I think it preferable to confine myself to simply pointing them out.

Douglas, Isle of Man,
February 1826.

In encysted or ovarian dropsy, we do not know but this practice may answer, but should be loth to adopt it when the peritoneum is the seat of the disease, although Brunner (Miscell. Nat. Curios. Dec. 2, An. 8) recommends something much bolder, no less than to inject a tincture composed of myrrh, aloes, and camphorated spirits of wine, which, he says, will be so far corrected by the water contained in the abdomen, as to occasion little or no irritation! What will Dr. Ayre say to this?

A short description of an Ophthalmia which prevailed in Gibraltar and Bombay, with an account of the effect of Sea Water in arresting its progress. By GEO. RICHMOND, Assistant Surgeon of the 4th Light Dragoons.—(*Ib.*)

During the year 1815, while the 2d battalion of the 11th regiment was quartered at Gibraltar, an ophthalmy broke out, and spread among the men with amazing rapidity, threatening destruction to every eye that came under its influence. The inflammation first made its appearance on the inner edges of the tarsi; thence extended over the surface of the conjunctiva lining the palpebræ. In proportion to the inflammation in this membrane, the meibomian glands became enlarged, In most cases, the intolerance of light was considerable; the margin of the iris was drawn between the chambers like a tense curtain, diminishing the diameter of the pupil, and sometimes giving the pupillary margin the appearance of being sunk, or drawn deeper towards the bottom of the eye than when in health. Light did not contract the compass of the pupil, not even when the flame of a candle was held before it.

The cornea was put more on the stretch, and had a more glistening appearance than when in health; in some cases, its augmented convexity was very perceptible. This was owing to the aqueous secretion being greater than the power of absorption. At this stage of the disease, the secretion of tears flowing over the cheeks was copious and hot; in the space of a few hours it was mixed with pus, which could be frequently seen before the matter was discharged from between the eye-lids. By laying hold of the eyelashes, and gently raising up the eyelids, the pus could be seen spread on the lining membrane of the palpebræ, in the form of a patch, about the eighth of an inch in diameter.

The nice adaptation of the globe to its appendages had either, by its rolling motions, squeezed out the serous part of the pus, while that of greater density was retained; or it is not improbable that these patches were the concretions of pus, coagulated by the commixture of tears; for the salt in them may be sufficient to cause coagulation of pus, and by this means alter the consistence and appearance of the discharge.

The vessels and meibomian glands situated on the lining membrane of the palpebræ, rose and swelled above its surface, leaving between them hollow spaces, in which pus was collected in the form and manner I have described. But, when these organs were not in this state, and preserved a smooth uniform swelling over the surface of the membrane, and all the parts were of an equal vascularity, pus was then found spread in an extensive thin layer, alike in thickness, but the consistence much softer, and possessed of greater tenuity than that already mentioned. This seems to be the usual character of the pus. It is not improbable that the alteration of membranous structure is the cause of pain, and of the sensation of sand of which the patient complains.

Painful œdematous swellings arose in the integuments round the eye, a shining pale red colour pervaded the surface of the skin, and an intense shooting pain passed through the eyeball and forehead, accompanied with ardent fever, and a strong hard pulse. These symptoms indicated strong inflammation, and required very active means to check their progress.

The daily admissions into the hospital became so numerous, and the cases so severe, as to draw the attention of the military officers of the garrison, to consult and devise with the professional gentlemen the means most likely to arrest and eradicate the disease. A conjecture was then entertained, that the current of cold night air, carried through the barrack windows over the men during sleep, was the cause of the rise and progress of the disease; and, to prevent it from having further effect, orders were given that a number of the windows should be built up half-way, and some completely. But professional opinion preponderated in the belief of the disease having been produced by some noxious quality of the water; and, to prove the correctness of this theory, chemists were employed in analysing the water, which was found to contain no other matter, besides its primary and constituent parts, than a portion of the carbonate of lime; a production naturally to be expected, because the water issues from between beds of that substance.

To prevent the disease from spreading by contact, clean towels were ordered to be distributed occasionally among the men; and, to preserve cleanliness and regularity of conduct, strict regulations were adopted.

All these means, in their application, were very well directed, and were prosecuted with active perseverance; but they had not the most distant effect in restraining the disease. It continued to spread indiscriminately, with unremitted violence, among the men.

The sick-list soon mounted so high as to raise the apprehension of the colonel commanding the regiment, that a representation of the unhealthy state of the men would be forwarded to the Horse Guards, and inevitably prevent the regiment from being called into active service. That ground for such a report should not exist, the most powerful remedies with which I was acquainted were adopted in the process of cure.

The difference of atmospherical temperature during the night from that during the day, was sometimes considerable, but not more than gave health and vigour to the troops, particularly as they were well clothed. Chilly air, wafted over the men during sleep, could not generate ophthalmy to the severity and extent in which it prevailed. Exposure like this to the night has brought on other diseases of an inflammatory nature; but how it could produce so much inflammation in the eyes without extraneous bodies having been carried into them, I could not understand; and, on that account, I concluded this to be but a conjectural inference.

Many of the soldiers were posted on the batteries and other parts of the garrison, which were plastered with lime; the floors were paved with limestone, which formed a smooth white surface, reflecting the light with great intensity; so that a person with an inactive iris, passing quickly from the shade to this strong light, had a very powerful impression made on the retina.

Frequent reiterations of these changes, in warm climates, bring on amaurosis and glaucoma. Though these sudden changes were not the leading causes of the ophthalmy, yet there was no doubt of their being auxiliaries; for the strong light, falling on the retina in an unusual quantity, had a tendency to excite inflammation.

At the season of the year in which the disease prevailed, the sirocco winds blew with considerable violence, drifting great quantities of sand and dust through the streets of the garrison; especially at Cooperage barracks, where the regiment was quartered. This was owing to the great concourse of people, who met there for the various purposes of commerce, and who had constantly in use many carts and waggons, for the conveyance of merchandise.

The men who were not required to mount guard were employed in blowing and raising rock, to erect and repair public buildings; many also laboured in other departments of government, equally exposed to an atmosphere loaded with clouds of dust, and to the frequent emissions of particles of fire, occasioned by the collisions of the workmen's instruments. The ready and imperceptible admission of these floating particles between the eyelids, will be easily conceived by those who have been much in warm countries; as well as how the friction of particles on the outer coats of the eye produces inflammation through the whole structure.

The causes which I have enumerated, appeared to me to have been sufficient to generate and keep up the disease. The means which had been adopted to arrest it had completely failed; and, on that account, a question arose, how did the women and children escape the disease, if the causes were as stated by gentlemen of the profession? The answer was simply this: they were not exposed to the same causes as the men, and to which I have ascribed the disease; and, therefore, I recommended the following experiment as worthy of trial.

That every day, after the men had returned from guard and other public duty, they should rest two hours, in order to cool themselves, and to breakfast. That they should then march to the sea, under the command of a commissioned officer, and bathe for two or three minutes. Every man to carry a vessel with him, and bring home a small quantity of sea-water; and to lie down on his back seven or eight times during the day, while his comrade with one hand opened the eyelids, and with the other dropped a little of the sea water on the eyeball with a spoon. That every non-commissioned officer should be held responsible for the regularity of these applications. At the same time, I went frequently round the barracks, and explained to the men the propriety of the means, and showed them the method of opening the eyelids, and throwing in the water. I also acquainted them with the great impropriety of any one washing in his comrade's vessel, or using his towel.

These means operated so speedily, as to put a final stop to the career of the disease in the course of eight days. The daily bathing, however, was continued for some months, which proved very beneficial, both in keeping the men cleanly and healthy, so that they soon became as strong as those of any other regiment in the service.

The treatment of the disease consisted of unremitted adherence to the antiphlogistic regimen, and copious abstractions of blood until syncope was produced. In some patients this diminished action was not necessary; smaller quantities of blood were found sufficient to check the progress of the inflammation: but, in general, it was found necessary to carry bleeding to a considerable length. To act freely on the bowels, and cause counter-irritation, strong cathartics were given; but, in the mean time, care was taken not to excite vomiting, by overloading the stomach with medicines; for, when this was inadvertently brought on, or caused by any spontaneous effort, the fever and inflammatory symptoms ran higher than when vomiting was not induced. But keeping the patient in a constant state of nausea, by small doses of tartar emetic, assisted greatly in subduing the inflammation. To manage this process well, and without vomiting, required the administering hand of the surgeon; for, when it was left to an attendant of the sick, vomiting was occasionally brought on, which tended to frustrate the design. In moderating the circulation, the warm bath has been found to be of great service; and, when it brought the patient into a state of faintness, the symptoms of the disease were lessened.

The collyria which I found answer best were solutions of the sulphate of zinc and the sulphate of alum. I made experiments on some others, but found none constringe the vessels, and check the discharge, so readily as these. I give alum in the acute stage, the preference to zinc.

A solution of culinary salt has been used as a collyrium for ages.—Ed.

On the use of the Secale Cornutum in lingering labour.—By Charles Waller, Surgeon.

Having employed an infusion of the ergot, made according to Dr. Merriman's formula, in two cases of protracted labour without effect, the author made trial of a stronger infusion, "using eight scruples instead of two drachms to six ounces of water," in the subjoined and six other cases;[*] from which he infers "that the secale cornutum is a remedy which is capable of increasing the force of the uterine contractions in a most remarkable manner, under certain circumstances; but that the effect is doubtful, unless there be some degree of action present. In other words, that, although it will increase the contractions when already present, it will not always renew them when they are suspended.

That the effect is more certain if the infusion be of greater strength than is usually recommended; two drachms of the secale to six ounces of water being barely sufficient for the purpose.

That it appears to be a stimulus peculiarly fitted for irritable, and what are generally termed *nervous* habits.

That the fears entertained by some practitioners of its proving detrimental to the child, are groundless.

But, although it is in general necessary, not only that there should be a disposition for labour, but that this process should have actually commenced, before we can expect the secale cornutum to have any effect upon the uterus, still one solitary case has indirectly come to my knowledge, (and I will vouch for the authenticity of it,) where this remedy was given for the purpose of producing abortion in a female about the second month of utero-gestation; and this effect was accomplished in a few hours after its exhibition."

Mr. Arnott relates a case of popliteal aneurism, in which, however, there is nothing that has not been often told. The patient died of an aneurism of that part of the aorta on which the pericardium is reflected, about three months after the femoral artery had been tied about an inch and a half below the origin of the profunda. Above the ligature, five-eighths of an inch of the calibre of the artery were obliterated, and a little more than two-eighths below it. "The plug in the upper portion of artery terminated superiorly precisely on a level with a small branch going off from the trunk of the vessel. Below the obliterated portion, the artery preserved its natural size, and was quite pervious all the way down to the aneurism, and at one place where it was opened was found to contain blood (liquid). Opposite the aneurism, the artery became again impervious, and for the extent of upwards of an inch. What remained of the aneurismal sac was of the size of a hen's egg. It formed an abrupt tumour on the vessel. The contents were solid, densely laminated coagula of blood; the section presenting lamellæ of uniform colour and consistence."

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[*] "I was sent for, about three o'clock in the morning, to Mrs. S—, ætat. twenty-six, a woman of delicate habit, who was in labour of her second child. I found the os uteri quite obliterated, and the external parts very dilatable, there being a copious mucous secretion. The pains were weak, and there appeared to be a considerable quantity of liquor amnii. I ruptured the membranes, and, upon examination, found the funis descending before the head. My patient was peculiarly anxious for a living child, the former one having been craniotomised. I pressed the chord beyond the head without difficulty, but it descended with the next pain. I then procured a piece of sponge, and intended to press the chord up beyond the head with it, and there leave it, in order that, by imbibing the moisture, it might so far enlarge as to prevent the descent of the funis; but the parts of generation were so tender, that the attempt gave her great pain: I therefore determined to desist, and to content myself by placing the chord in the most roomy part of the pelvis, as the head advanced. At 9 o'clock, the pains appeared to be slightly increased, but the intervals between them were long; and, as I apprehended that the child's life depended upon its quick transit through the pelvis, I resolved to try the effect of the infusion of ergot, made in the proportion I have just mentioned, (eight scruples to six ounces of water.) I gave her three ounces at nine o'clock, (the head of the child was still above the brim,) and in less than half an hour the pains had increased to the utmost degree in intensity; in fact, I scarcely ever witnessed such violent uterine action. The child was born about ten o'clock, and although at first feeble, it soon recovered, and as well as the mother, did very well."

Mr. Blackett relates several cases of erysipelas, and although we do not approve of some of his topical applications, such as "litharge, belladonna," &c., we may observe that his practice is generally judicious, but differing, as it does but little, from that of most who are competent of his cotemporaries, it can be of little use to particularise it.

Case of Inversion of the Uterus, with Disruption and Adhesion of the Placenta. By William Church, M. D., of Pittsburgh. Read before the Pittsburgh Medical Society.

At six, p.m. on the 14th of July, 1824, I was called by my friend, Dr. Hannen, to visit a poor woman in Pitt township, Alleghany county: the history of whose case was as follows. About four, a.m., on that morning, after having been in severe labour the whole of the preceding night, she was delivered of her second child, half an hour before the arrival of her midwife. The midwife, on her arrival, endeavoured to deliver the placenta; but, having persevered in her fruitless attempts to deliver it, until eight, a.m. she sent for a physician. The doctor told them that "the retention of the placenta was of no consequence, that it would come away of itself, after the woman became stronger," and took his leave without *ascertaining its state by an examination!* The midwife waited until two, p. m., for the placenta to be thrown off, and then attempted to effect the delivery by main force, by pulling at the funis umbilicalis until she brought away about half of the placenta and inverted the uterus, when profuse hæmorrhage immediately supervened. The remainder of the placenta being adherent to the *fundus uteri*, she forcibly drew it and the *fundus uteri* through the *os externum*, and fixed a ligature on the adherent placenta, which she fastened to the woman's thigh; she did this, she said, "to keep it from slipping up out of reach." Being now much alarmed, she sent for the physician who had visited them, who "was sick and could not come." Dr. Hannen was sent for, and on his arrival, finding the woman's situation truly deplorable, gave her an anodyne, and a tea-spoonful of æther every half hour, and requested that I should be called in consultation.

On my arrival she was without pulse and unable to speak, her extremities were cold, respiration irregular and difficult, and her countenance completely bloodless: she was very restless. The bed and floor were covered with blood. The uterus was completely inverted, with half of the placenta adherent to its fundus. Hot flannels were applied to the extremities, and a table-spoonful of whiskey and water (the only cordial that could be procured) given every few minutes. I removed the ligature that the midwife had applied in the morning, and grasped the placenta and uterus in my hand, gradually pushed it upwards in the axes of the vagina and pelvis until I replaced it in its natural situation, after which I very cautiously detached the placenta in the usual way, and then by briskly rubbing the abdomen with my left hand, while at the same time with the knuckles of my right hand, with the placenta in its grasp, I gently irritated the walls of the uterus, which in about fifteen minutes brought on uterine action, whereby my hand and the placenta were expelled. The operation took up about an hour and a half. No hæmorrhage followed. The uterus was well contracted above the pubes. A compress and bandage were applied over the region of the uterus, and the woman's situation in bed made as comfortable as possible; and before we took our leave she was able to express her thankfulness for what was done for her. Cordials and rich broths were given during the night, and sinapisms applied to the soles of the feet. Next morning we had the pleasure of finding her situation much improved. Pulse perceptible, extremities warm, no sickness at stomach, no hæmorrhage, uterus well contracted, and had slept a little during the night. From this time she gradually improved until the fourth day, when during the operation of a mild laxative, the uterus became relaxed and in consequence thereof profuse hæmorrhage supervened, when Dr. Hannen and myself were hastily sent for. On our arrival we found the abdomen flaccid and the uterine tumour absent. Our patient was in a faint state from the loss of blood. The plug was introduced and brisk frictions made by the hand over the abdomen. A powder composed of ten grains of finely powdered ergot with two grains of sugar of lead, and the fourth of a grain of opium was given every hour. By the time she had taken the fourth powder the uterus was well contracted, and consequently the flooding entirely ceased. But this second hæmorrhage so completely prostrated our patient, that with the utmost difficulty, by the diligent and persevering use of repeated blisters to the extremities, wine, bark, nourishing diet, &c. she recovered in about six weeks or two months, during which time she was attended by Dr. Hannen.

This case strikingly illustrates the efficacy of the ergot in restraining uterine hæmorrhage, by inducing permanent contraction of the uterus. It is more than probable, had not the placenta been adherent, the woman would have died of hæmorrhage before any assistance could be obtained, as she lived nearly two miles from the city.—*Philadelphia Journal, February.*

Case of apparent Superfœtation. By JOSEPH FITHIAN, M. D. of Woodbury, N. J.

It has been a disputed point in physiology, and is to this day, whether superfœtation does ever take place in the animal economy.

We know, that nature, in the production of our race, generally pursues an undeviating and uniform course, which would lead us to believe, that whether two or more children are born at one birth, they are begotten nearly together, if not at the same time.

Many facts, however, of a curious and interesting nature are from time to time communicated, which appear to be exceptions to this general rule; and, among others, the following favours the hypothesis that superfœtation does occasionally occur.

Mrs. W. was delivered of a fine healthy child at the full time without any difficulty attending the birth.

After the labour was over, and the assistants were preparing to get her to bed, they discovered something which, from its uncommon appearance, induced them to call my attention to it.

Upon examining this substance, it proved to be a fœtus three or four inches long, with its membranes and placenta complete; all of a fresh, healthy appearance, and had undoubtedly been alive and healthy up to the time of the labour.

I have frequently seen abortions at every period of gestation, and from the appearance of this fœtus, had I been called to see it without any knowledge of the circumstances, I should without hesitation have pronounced it an abortion at the third or fourth month. It had the large head, small extremities, and general appearance which characterize a fœtus at that age.

I have communicated the above fact, as it occurred to me in my practice. I will leave it for others to draw their inferences.—*Ibid.*

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

ANNALI UNIVERSALI DI MEDICINA.

Extirpation of the entire alveolary arches of the upper and under jaw-bone, by PROF. G. REGNOLI.

R. F. di Saltara, about 35 years of age, was brought to me, rather as an object of curiosity, than with a prospect of deriving any benefit from my professional advice. This poor woman had, from her earliest years, suffered from severe and continual toothachs. Both the milk, and permanent set of teeth had successively been destroyed by caries. When submitted to my inspection, there was enormous swelling of both alveolary arches; a red and bloody fungus sprung from the gums and alveolæ, and covered the stumps of the teeth which remained; the alveolary processes were soft and ulcerated; the cavity of the mouth was much diminished in consequence of the swelling, there being little more than an inch between the fungous masses of the opposite sides. The patient complained of acute pain in the seat of the disease, which was always much exasperated by the process of mastication: the fungus bled on the slightest touch, and constantly poured out an abundance of a very fœtid ichor; mastication was of course almost impossible; the speech was altered, the deformity was visible even when the lips were shut; the appearance of the mouth when open was frightful. The patient was pale and sallow; she had of late been losing flesh rapidly, had had an accession of fever every afternoon, and in short, was suffering in her general health. Nevertheless, neither the tongue, the other neighbouring parts, nor the lymphatic glandulur system exhibited any appearances of alteration; all seemed to indicate that the disease was still limited to the alveolæ, teeth, and gums of the two jaw-bones.

Viewing all these circumstances, it was easy to perceive that the patient laboured under an osteo-sarcoma of the alveolary arches, with fungus, and cancerous ulceration of the corresponding gums, and farther, when the present limits in connexion with the rapid progress of the disease to its actual state, was considered, it was obvious, that active and immediate measures were required for the patient's relief. The complete removal of the disease, appeared the sole and only remedy. And, in truth, what other curative means could avail under such distressing circumstances? It would have been but losing precious time to trust to nature alone, or aided by the use of the actual or potential cautery.

I, therefore, advised the patient to enter the hospital of Pesaro, where I had the advantage of the opinions of those skilful surgeons, Signors Gattei and Giorgo, both of whom pronounced the disease mortal within a very short period, unless its removal, however difficult and dangerous, could be accomplished.

The patient being properly prepared for the proposed operation, which I determined to perform with the chisel, having found the saw and knife extremely inconvenient instruments on the dead subject, she was seated with her face towards the light, her head resting on Sig. Giorgo's breast, who at the same time compressed the facial arteries. I began by dividing the under lip from the top to the bottom, and detaching it in a great measure from its connexions with the bone; I then ran the knife along the soft parts, that lay over the healthy bone, below the level of the alveolary processes, dividing them and the periosteum at a sweep, and having drawn the saw two or three times across the anterior and most prominent point of the lower jaw, I took a sharp and strong chisel, and by repeated b'ows of a mallet, after dividing the soft parts that adhered to the internal surface of the alveolar arch, I detached the entire mass of osteo sarcoma. I left the last grinder of the left side, as it appeared perfectly free of disease. Many where the alveolar arteries that poured out blood, but the hæmorrhage was effectually restrained by the application of the actual cautery, which I further employed, to destroy all suspicious looking points that still remained behind. The disease of the lower jaw being thus removed, I now proceeded to the ablation of that of the upper mandible. The lip being raised by blunt hooks, I carried the knife to the right and left, dividing the gum and periosteum nearly on a level with the palatine arch, and with all caution ran the saw two or three times along the most prominent part of the bone, to procure a groove for the chisel, which, being introduced, was forced along by the mallet, and the whole superior alveolar arch removed. Here again, the bleeding vessels were very numerous, and the same means were employed to stop them. The appearance of the patient at this stage of the operation, was truly pitiable. When the bleeding ceased, I united the under lip by three twisted sutures, and applied the common uniting bandage above all. The patient at this time fell into a slight swoon, from which, however, she speedily recovered. The courage she displayed, throughout the whole operation, was almost incredible.

Symptoms which followed the operation.

1st day.—Severe pain of the head, occasioned probably by the shock from the blows of the mallet, and from the division of the dental nerves. The patient complains of pain in the throat, rather than in the parts operated upon; she had not slept. The pulse in the afternoon was frequent; the face slightly swollen. The patient was bled to the extent of eight ounces, to guard against any increase of fever. The blood presented the buffy coat. A small quantity of liquid aliment was administered, and swallowed with great difficulty. No sleep during the night, but not restless.

2d day.—Tumefaction of the face much increased. The patient had slept some hours in the morning. The pulse having risen in the evening, and the pain having increased, she was bled a second time, and ordered an injection, her bowels not having acted for two days. During the night she coughed a great deal, and never slept. The only food she took was some weak broth.

3d day.—The pain and fever considerable. No rest either through the day or the night. The deglutition less difficult.

4th day.—Pain decreasing; the swelling of the face declining; several eschars detached and spit out; wound in the lip united. The night passed better.

5th day.—Doing well. 6th and 7th.—Swelling almost entirely gone; the patient rose for a little; great quantities of eschars thrown off; appetite returning, and a larger allowance of soup prescribed. 8th and 9th.—The repeated injection of barley water into the mouth was found to facilitate the fall of the eschars; the patient began to take an infusion of bark. 10th. Wound of the mouth clean, and looking well; no fetor of breath. 11th and 12th.—Appetite voracious; a little wine allowed. 13th and 14th.—Patient remained out of bed almost all the day; quantity of food still increased; wound touched with lunar caustic.

15th.—Several pieces of necrosed bone extracted from the upper as well as under jaw. 16th, 17th, and 18th.—Same operation. 19th.—Could shut the mouth completely for the first time. 20th to 23d.—Nothing new; going on well; speech more intelligible; chews soft bread and meat reduced into little bits. Sleep good; appetite great; all the functions performed with perfect regularity. The menstrual discharge, which had long ceased to flow, now re-appeared. 28th.—The cicatrization is complete. 30th.—Extraction of the remaining tooth, as it became painful, and proved an impediment to mastication. 35th.—The patient left the hospital, with every appearance of perfect health; she looks well, emits no disagreeable odour from the mouth; the cicatrix is smooth, pearly, hard, and when compressed, gives no pain to the patient. She chews the ordinary alimentary matters very well; the lips incline slightly inwards; scarcely any deformity is perceptible; the speech is slightly altered, but every day gains in distinctness.

UTERINE HÆMORRHAGE AND TRANSFUSION.

Extract from Mr. Waller's *Lecture on Uterine Hæmorrhage; delivered on Thursday Evening, March* 23.

In order to apply a remedy for any complaint, we must first ascertain the cause from which it originated; now, this is obvious enough in the case under consideration; the woman is in danger, *not from disease*, but, simply because the quantity of blood circulating through her vessels, is insufficient for the purposes of life. Now, how is this to be replenished? Is it safe to trust to the powers of digestion and sanguification? If so, all we have to do, is to supply the patient, from time to time, with bland nourishment. But, experience has amply proved, that in many cases this is not effectual; for death takes place before the process of digestion can be completed: you are aware, Gentlemen, that a considerable quantity of blood is required for the production of gastric juice, through the agency of which, this function is performed: now the stomach must in common with every other part of the body, feel the debilitating effects of the hæmorrhage, and its digestive power must be proportionally impaired. Moreover, it very frequently happens that the stomach is so excessively irritable, that it will retain nothing, and hence this source of supply is most effectually cut off.

I do not mean to deny that many, perhaps most cases of uterine hæmorrhage will do well under the above plan of treatment; I am now directing your attention to those extreme cases in which, notwithstanding the adoption of these measures, your patient is not improving, and perhaps is even getting worse. Is there any more direct method, by which the same end may be obtained? Is it practicable, and if so is it safe to replenish the empty state of the vascular system, by the injection of pure blood into the vessels? The practicability of the operation has been long known, and from the published accounts of the trials of transfusion, which were formerly made, it does not appear that it was attended with any danger; no inferences can, however, be drawn from these experiments with regard to its use in hæmorrhage, as they were instituted for a different purpose, viz. for the cure of diseases which were considered incurable by other means. It was usual in these cases, to draw away a certain quantity of what was considered the morbid blood, and in its place, to introduce some that was sound. The source from whence this blood was obtained, was from the carotid artery of different animals, such as the sheep, or the calf. But will blood thus injected into the veins, really be made subservient to the general purposes of the circulation? The experiments of Dr. Blundell prove beyond a doubt, that this is the case in the dog, provided the blood so injected, be taken from an animal *of the same species.* We have, therefore, an undoubted right to presume, in the absence of evidence to the contrary, that human blood injected into human veins, will be made subservient to the purposes of human circulation. Transfusion of blood, therefore, in extreme cases of hæmorrhage ought not to be considered the visionary production of a fanciful imagination, it comes recommended to us upon the broad basis of experiment and of observation, which is the only source of sound physiological investigation, and we shall do well to examine into its merits dispassionately, and not attempt, as some have done, to heap ridicule upon it, merely because it is a *novel remedy.*

Gentlemen, I repeat that it is a *new remedy*, it has never before been employed with the same views, nor with the same means. Brute blood was formerly used, and the object of the operation was to *cure an incurable disease.* Some persons, for want of *arguments* against the operation, have contented themselves with taxing us, in no very courtly terms, with *ignorance* of the forme trials of transfusion, because we stated that the remedy was a new one, inasmuch, as human blood had never before been employed. One of these objectors went the length of asserting, and in a public assembly too, that this operation had been performed 500 times in France, not only with the blood of brutes, but also with that of the human subject. On referring, however, to the original experiments, I found that the number was 500 minus the two cyphers, that in point of fact, it had been tried five times only, and if you will take the trouble of perusing a little pamphlet on the subject, which I published a few months since, you will find these experiments there detailed. This assertion was followed up by another, viz. that it was exceedingly dangerous, and that it produced very dreadful effects upon all who submitted to it. This I will take upon myself peremptorily to deny, it is an *assertion*, and an *assertion only*, utterly destitute of any foundation, in fact; the cases referred to, not only prove that no bad effect followed the operation but that it was sometimes productive of *apparent* benefit.

But I beg leave again to call your attention to the objects for which it was employed, viz. the cure of diseases, and diseases too, which, from their long continuance, had been productive of so much organic lesion, that recovery was impossible; thus, we find it tried on one patient who was labouring under phthisis pulmonalis, on another who was sinking from a mortified state of the intestines, whereas in the cases in which I have recommended its adoption, you must bear in mind that the symptoms under which your patient is labouring, are arising solely from a *defective supply of blood*. The objects of the operation are, therefore, perfectly different. It is quite proper that no new remedy be admitted into practice till its merits have been critically examined, but let it be done fairly; let those who oppose it, do so from principle, let them not endeavour to stifle it with insinuations and unfounded assertions. Truth, Gentlemen, is all we seek; truth compels us to say, that the remedies in common use do not always succeed in hæmorrhage; reason and analogy lead us to hope that the operation of transfusion is practicable, safe, and efficacious, and, therefore, I apprehend we are perfectly justified in recommending its adoption in those extreme cases to which I am alluding. We ask you not to employ it so long as the patient appears to be reviving by the usual means, but we do ask you, when she is evidently sinking, not to omit the trial of this operation from any preconceived prejudice which you may entertain against it.

But, Gentlemen, our opinions respecting the utility of the operation have been still farther strengthened of late, by the occurrence of several cases in which an opportunity has been afforded of putting it to the test of experience, and although they are not yet numerous enough to enable us to bring them forward as a sufficient *answer* to the objections which have been made to the operation, yet the success with which they were attended has been very gratifying to us. The details of these cases have been long before the public, I need not therefore now enter into particulars.

The first was a patient of the City of London and Southwark Midwifery Institution, and occurred in my own district. She was attended by my friend, Mr. Jesse of Manchester, who was at that period my house pupil. Shortly after delivery I was summoned to his assistance, and found the patient in a very alarming state in consequence of a hæmorrhage which had taken place immediately after the birth of the placenta. The means usually recommended were vigorously had recourse to for upwards of an hour and a half, but no permanent benefit was derived, the stimuli which were employed only produced a temporary rising of the pulse, which, after a few seconds, fell again. The operation of transfusion appeared to me to be clearly indicated. Dr. Blundell kindly saw the patient with me, and as the pulse appeared to be getting rather more perceptible and regular, he advised our giving a little more time, but as at the lapse of six hours after the delivery she seemed to be sinking, we thought we should not be justified in omitting the only means which we had left for the purpose of saving her life. The operation was accordingly decided upon. (*The manner of performing it was here shown.*) When four ounces of blood were injected, that is to say, at the introduction of the second syringeful, (for the instrument contains two ounces,) the patient appeared for a minute or so a little distressed, she had sighing with efforts to vomit, though nothing was thrown up. Were these symptoms the effect of the injection, or were they produced by the previous hæmorrhage? This being the first attempt, the question was difficult to answer; and, therefore, as the patient expressed herself comfortable, as her pulse had been reduced ten beats in the minute, and moreover as we were of the opinion that four ounces of blood (though a small quantity) would be sufficient to give such an impulse to the action of the heart, as to enable it to continue its contractions till the system had recruited itself by the process of digestion, we agreed to leave well alone, and to discontinue the injection, her improvement after the operation was progressive, and *she had not a single attack of syncope afterwards.* Gentlemen, I wish you to direct your attention particularly to this circumstance, as it shows in a most marked manner that the injection of blood was productive of *permanent* benefit, whilst the effects of the stimuli introduced into the stomach were very transitory.

Many of the leading members of the profession appeared to be satisfied with the result of this case, others, on the contrary, could not bring their minds to believe that the injection of so small a quantity, as four ounces of blood, could be of much service. The facts were as I have just stated them; of course every one is at liberty to draw his own conclusions. It is not at all astonishing, that there should be a difference of opinion on the subject, but I may add that the gentlemen who were present at the operation, were decidedly of the opinion, that it saved the patient's life.

The editor of the Medico-Chirurgical Review states, that nothing is proved by this case, but that the operation may be performed without danger; this is *his* opinion, but recollect it is an *opinion only*, one which is opposed to that of some of the most eminent men in our profession. Perhaps I ought not to mention names, but I cannot resist the temptation of giving you the opinion of Dr. Hull of Manchester, and I do this the more readily, because, from this gentleman's practical knowledge of uterine hæmorrhage, and from the high degree of reputation in which he is held by his professional brethren, any observation of his will not be lightly regarded. He approves most decidedly of the *principle* of the operation; and with regard to the particular case in question, he agrees with us in believing that life was preserved by it. He reasons in this manner: "We know, he observes, that in common venesection, if we stop the bleeding as soon as our patient begins to feel faint, that deliquium will often be prevented altogether; but that if we allow even so small a quantity as four ounces more to flow from the orifice, a complete fainting-fit will be produced. Now," says he, and I think with great justice, "if four ounces of blood can make the difference between an *approach to*, and *actual* deliquium, it is not too much to infer, that four ounces may also make the difference between *recoverable* and *irrecoverable* syncope."

The editor of the Medical Repository, however, appears to be the generalissimo of the opposers of this operation, we must, therefore, take a little notice of *him*, and point out a few of his inconsistencies. In noticing the case he observes, that "it is impossible, perhaps, at present, to come to any positive conclusions with respect to this case: for the quantity of blood injected was so small, that we find it difficult to believe it could have been productive of much benefit: whilst, at the same time, the powers of life were so reduced before the operation, that *death seems to have been inevitable, had the patient been abandoned to her fate.*" Is not this acknowledging, that the woman was in such a state of exhaustion, that it was highly improbable that she could have been saved by the usual means. He goes on to say, "one thing is indeed manifest, that the operation was productive of no injury, and the *establishment of this fact*, under circumstances of such peculiar danger, is sufficient to entitle the gentleman, to whom we are indebted for it, to the thanks of the profession." After saying thus much, a note is added to the very next page, in which it is stated, that this fact, viz. that the operation was not attended with danger, was satisfactorily enough proved by the earlier experimenters in this way; and finishes, by saying, that he believes the patients referred to would have recovered, if the operation had not been performed.

Now, just for one moment, consider what he has said in the short space of about half a page: 1st, he can come to no positive conclusions on the case; 2ndly, the patient's death seemed inevitable, if she had been left without the operation having been performed; 3dly, that the thanks of the profession are due to the gentleman who brought it forward, for the *establishment of the fact*, that it might, at least, be done without danger; 4thly, that this fact has, however, *long since been established by the earlier experimenters;* and, 5thly, he believes the patient would have recovered, if no operation had been performed. Amidst this mass of contradictions, it is impossible to come to any "positive conclusions" as to his meaning.

A second case occurred to my friend Mr. Doubleday; and here, from the larger quantity of blood injected, and from the previous good state of the patient's health, (she being of a very robust habit,) the effects were more immediate and decisive, and corresponded exactly with what we were led to expect from a perusal of the experiments which were performed by Dr. Blundell. I will shortly relate the outlines of the case: The patient had lost a very large quantity of blood, both before and during the extraction of the placenta. She was lying in that alarming state, from which she could not be roused by the ordinary stimuli. Transfusion was recommended, and attempted, but the stimulus of the knife seemed to be more powerful than the brandy, for she revived a little, and resisted the operation; under these circumstances, it was determined to give her a little more time, and to persevere with the measures ordinarily had recourse to in these cases. The rally, however, was by no means so decided, as to inspire Mr. Doubleday with much hope of her ultimate recovery; a note which I received from him amply proves this; wherein he requested me to visit the patient with him, stated what had been done, the state the patient was then in, and his apprehensions that it would still be necessary to have recourse to the operation: the correctness of this opinion was confirmed by the result. I have mentioned to you, that it was agreed to use the ordinary means, viz. stimuli and nourishment; but the stomach being in an irritable state, these articles were rejected, and in the course of about six hours after the operation had been attemped, her symptoms were such, as to leave no doubt on the minds of the gentlemen present, that she was on the very verge of dissolution. No time was now lost, fourteen ounces of blood were injected into the vein, and the result was most decisive; her recovery was perfect, and so sudden, as to leave no doubt that it was solely attributable to the injection.

This case convinced the editor of the Medico-Chirurgical, but not the Repository editor; I beg this latter gentleman's pardon, it did indeed convince him, he asserts that "his opinion, with regard to the general inutility of this operation," was correct. I beg to call your attention for a minute or two to his "observations," "and thus," he says, "is it asserted that this woman was suddenly rescued from the hand of death. Upon this point, however, there is some reason to fear that an error in judgment has been committed, or, at least, it must be allowed that the evidence adduced does not sustain the assertions that have been made. On the contrary, the main facts of the case all tend to show that the woman was not in a dying state when the operation was performed; whilst, in opposition to them, we have nothing but *opinions*, and opinions upon which, in the present instance, very little reliance can be placed. For the opinions of Mr. Doubleday and his friend, are not entitled to more weight at three p.m., when the operation was performed, than can be claimed for them at eight a. m. when it was attempted, and when, as the event proved, these opinions were erroneous."

Now, Gentlemen, what were the *facts* of the case? Do they not prove, in a most convincing manner, that Mr. Doubleday's *opinion was correct*. He is called to a serious case of hæmorrhage, he proposes an operation, and is resisted. The patient rallies a little, (and this is a very common occurrence, even where the case terminates fatally), and it is agreed to give her nourishment; this her stomach rejects, and at the lapse of six or seven hours, instead of her improving, she is rapidly getting worse; the operation is now agreed to, and from that moment she improves. I will take upon myself to assert, that the *facts* of this case show clearly that the woman *was* in a dying state when the operation was performed; and in opposition to these *facts*, we have nothing but the *opinions* of the editor of the Medical Repository, opinions upon which, in the present instance, very little reliance can be placed, for although he either is, or at any rate has been, *consulting* physician to a lying-in-institution, yet he has been heard to declare *that he never was present at a case of widwifery in his life*. Every one will give him credit for the truth of this assertion, who has read that most ridiculous and scurrilous tirade against the practice and the practitioners of midwifery, which was sent forth to the world in the number of his journal for January 1825.

"The existence of the patient," he adds, "for so many hours after the hæmorrhage had ceased, and the perfect and sudden recovery which took place, indicate in the strongest manner that the state of exhaustion so much dwelt upon was rather *apparent* than *real*." Now I would ask, whether this very circumstance of her being so long in this state does not of itself go very far to prove that it was *real* and not *apparent* exhaustion? With regard to her sudden recovery, this is in perfect unison with the experiments of Dr. Blundell, and is strikingly illustrative of those principles he has deduced from them. "In fine," he concludes, "this case of transfusion ultimately proves nothing, but that Dr. Blundell himself, the patron of the art, may be deceived with respect to the necessity of performing the operation." This assertion I conceive to be the *ne plus ultra* of editorial arrogance.

A third case has been made public, in which this operation was successful, this he condescends (kind man) to honour with a "passive record." But in the following sentence you will see "he is at his dirty work again." He says, "whilst upon this subject, it may not be amiss to notice that Messrs. Waller and Doubleday, to whom we are indebted for the two first cases that occurred in this city, have commenced a course of practical midwifery *in partnership;* whether the cases were the result of the union, or the union the result of the cases, we will not pretend to determine." You will here see, gentlemen, that in order to convey an unjust insinuation against the professional reputation of Mr. Doubleday and myself, he has not hesitated to publish a falsehood.

When this first appeared, we were anxious, for the advice of our professional friends, as to the propriety of our noticing it. Their opinion was, that the innuendo was too mean and contemptible to deserve our notice. I mention it here just to show you in what sort of a spirit his observations on the cases of transfusion were penned.

I have already exceeded my limits, and will, therefore, shortly tell you that a fourth case has happened to Dr. Blundell, and here also the patient rallied. A fifth and last, and I am sorry to add an unsuccessful case, occurred a short time since to Mr. Doubleday, but there was here scarcely a *probability* of any thing being of service, the patient's body was icy cold, and she was lying perfectly senseless. The injection did not appear to have any effect. A good deal of time had been lost, which will therefore, I hope, caution us against *voluntarily* deferring an operation too long. This was not the case in the present instance. I ought also to mention that Mr. D. was badly supplied with blood.

ROYAL COLLEGE OF SURGEONS AND LORDS OF THE ADMIRALTY.

It will be recollected, that on Saturday the 18th of *February*, a great majority of the Surgeons of London, expressed a most unequivocal opinion of the inefficient, imbecile, and injurious management of their College, and determined to apply to Parliament for a NEW CHARTER. The proceedings were made public. The defective state of the College became the subject of general conversation; and no sooner reached the ears of Government, than the LORDS OF THE ADMIRALTY, perceiving that a *diploma* from *such* a College could be no test of ability, on Wednesday Feb. 23, only five days after the meeting, issued the following order for the *better regulation* of the education of *Naval Surgeons*, feeling that it would be altogether unsafe to leave it in the hands of the College. On the conduct of the "Ruling Powers," therefore, this document may be considered to express the opinion of Government! *read it* Court of Examiners—ye promoters of "Sound Chirurgical Knowledge," and feel shame if ye can.

Naval Surgeons.

Victualling Office, Feb. 23, 1826.

The Right Honourable the Lords Commissioners of the Admiralty having been pleased to direct, that no person be admitted to be a candidate for the situation of assistant surgeon in the royal navy, who shall not produce a certificate from one of the Royal Colleges of Surgeons of London, Edinburgh, and Dublin, of his fitness for that office; nor for that of surgeon, unless he shall produce a diploma, or certificate, from one of the said Royal Colleges, founded on an examination to be passed subsequently to his appointment of assistant surgeon, as to the candidate's fitness for the situation of surgeon in the navy; and that in every case, the candidate producing such certificate, or diploma, shall also undergo a further examination before the medical commissioners of the Victualling board, touching his qualifications in all the necessary branches and points of medicine and surgery, for each of the steps in the naval medical service; the commissioners for victualling His Majesty's navy, &c., do hereby signify, for the information of those persons to whom it may relate, that these regulations and directions will be strictly adhered to in future; and further, that previously to the admission of assistant surgeons into the navy, it will be required that they should have received a *classical education*, and possess in particular a competent knowledge of *Latin*; also,

That they should have served an apprenticeship, or have been employed in an apothecary's shop for not less than two years.

That their age should not be less than 20 years, nor more than 26 years.

That they should have attended an Hospital in London, Edinburgh, Dublin, or Glasgow, for 12 months; and

That they should have attended Lectures, &c., on the following subjects, for periods not less than hereunder stated, viz.

Anatomy	18	Months.
Surgery	18	"
Theory of Medicine ..	12	"
Practice of ditto	12	"
Chemistry	6	"
Materia Medica	6	"
Midwifery	6	"
Actual dissections of the human body........	6	"

Although the above are the only qualifications which are absolutely required in Candidates for the appointment of Assistant Surgeon, a preference will be given to those who, by possessing a knowledge of diseases of the Eye, and of any branch of science connected with the profession, such as botany, medical jurisprudence, natural philosophy, &c. appear to be more peculiarly eligible for admission into the service.

It is also to be observed that, by the rules of the service, no Assistant Surgeon can pe promoted to the rank of Surgeon until he shall have served full three years in the former capacity; and the Board have resolved that not any Diploma or Certificate of examination from either of the aforesaid Royal Colleges, shall be admitted towards the qualification for Surgeon, unless the Diploma or Certificate shall be obtained on an examination passed after a period of not less than three years' service as Assistant Surgeon.

By command of the Board,

M. WALLER CLIFTON.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Singular Affection of the Heart and large Vessels.

Elizabeth Inglesby, the subject of this disease, is about 59 years of age, of a spare habit, and dark complexion; her occupation is that of a washerwoman. She states that she has been subject to palpitation of the heart from infancy, and that it has been not a little increased by the laborious nature of her employment, being obliged at times to lift very heavy burdens. In this state she continued for many years without any manifest change, at length a pulsation made its appearance above the clavicle, on the left side of the neck, near the outer edge of the sterno-mastoid muscle, which was followed shortly afterwards by a similar affection on the right side; about this time too, her hands and feet were frequently very cold, and within the last month, she has been much troubled with a cough and difficulty of breathing, increased upon the slightest exertion. The pulsation on both sides of the neck is remarkably quick, and synchronous with the heart's action, beating at the rate of 180 strokes in a minute; it is also very powerful, particularly on the left side, where at each impulse of the heart, a small tumor is produced by the dilatation of the subclavian artery, which, being formed with such rapidity, gives it the appearance of a permanent swelling. No pulse can be felt at the wrist.

March 8th. Six ounces of blood to be taken from the arm, and ten drops of the tincture of Hyoscyamus to be administered in the saline mixture three times a day; low diet.

13th. The pulsation in the neck is considerably reduced, both in force and frequency, making only 72 strokes in a minute: the pulse may now be distinctly felt at the wrist.

17th. Her pulse is 63, and regular; the pulsation in the neck has completely subsided, the cough and difficult respiration have also left her, and she is now free from either local or constitutional disturbance.

ST. THOMAS'S HOSPITAL.

Compression of the Brain.

Francis M'Donald, a robust, middle-aged man of fair complexion, fell backwards from a horse, and received a violent blow upon the head. He was taken up in a state of insensibility, and shortly after was bled by a surgeon, who took 14 ounces of blood from him.

On his arrival, he was comatose, and we learned from the attendants that he had not been sensible since the accident; he had lost all voluntary power, and was totally insensible to the strongest impressions. His pulse was small and feeble, his extremities were cold, he had a pale countenance, and a contracted pupil, which was insensible to the influence of a strong light, and his respiration was rather laborious. Warmth was ordered by the dresser to be applied to the extremities. Mr. Tyrrell saw the patient at 11 o'clock in the forenoon, by which time reaction had taken place: his pulse was 92, the extremities had become warm, and the colour had returned to his cheeks; his breathing had now become stertorous, his pupils remaining contracted, but there was no mark of returning sensation. The surgeon now ordered the head to be shaven around the injured part, and upon examination he was found to have received the blow opposite the coronal suture on the left side, midway between the superior and inferior angles of the parietal bone, where a considerable tumor was formed, but no laceration of the scalp.

In the afternoon, at half-past two o'clock, we again visited the patient, there was a great deal of congestion about the head and neck, which were of a livid colour, and very turgid: there was also a high degree of stertor; foaming at the mouth, and dilated pupil. The pulse was 120, small, and easily compressed; the dresser now loosened the bandage from his arm, and allowed about ten ounces of blood to flow, the immediate effect of which was, that the face and neck became pale, the pulse sunk to below 100, and the stertor was considerably diminished. In half an hour the man died.

Post-mortem Examination.

Upon cutting through the scalp, it was very much thickened, and between this and the pericranium, *a large quantity of grumous blood was found extravasated, covering the whole of the upper surface of the cranium.* Externally there was neither fracture nor depression, and the only thing to be observed, was a slight separation of the coronal suture. On raising the calvaria, it was perfectly sound on the inside, throughout. On the contrary side of the head, but opposite to the seat of injury, a large quantity (about three ounces) of coagulated blood, was extravasated between the bone and dura mater, forming a considerable depression in the brain. The dura mater at this part seemed rough, and several branches of the spheno-spinal artery were lacerated, but the membrane itself was not torn through. Having removed this covering, a small quantity of blood was found diffused over the upper and middle part of the right hemisphere, and at the base of the brain, with slight injury to the cortical substance at the upper and under surfaces of the middle lobe: the brain at other parts being perfectly sound. A transverse section of the brain being made, the medullary substance exhibited numerous bloody points; a small quantity of blood was also found in the lateral ventricles.

To the Editor of THE LANCET.

SIR,—A case of fungus hæmatodes, at St. Bartholomew's Hospital is related in your 134th Number, on the treatment of which, I hope you will insert, in your truly valuable Publication, the following observations:—Mr. Earle told the pupils, "that every case of fungus hæmatodes, in which amputation of the limb had been performed, had ended fatally." This is a most extraordinary assertion; as under the care of many surgeons, *several cases* of the kind have terminated *favourably*. One case, in particular, is deserving of notice. A young clergyman residing (I believe) in Herts, had fungus hæmatodes in the knee, extending farup the thigh; several surgeons were of opinion that an operation would be useless. Sir William Blizard, *alone* recommended amputation. The operation was performed, and the valuable life of the patient was saved. Here was a case which, had Mr. Earle's doctrine being adhered to, must have been lost.

But let me ask, why, in the present instance, was not this man's limb removed as soon as the nature of the disease was discovered? After Mr. Earle had opened the tumour, (the propriety of which step apppears to me very doubtful, why was the dresser allowed to puncture it again?

The patient was sure to die if the limb was not removed, and most probably would have been saved, if the operation had been resorted to in the early stage. Surely the surgeons might have discovered that the disease was fungus hæmatodes, without making any opening: at least, *most* cases of the kind are to be so ascertained.

I remain, Sir,
Your constant Reader, and Admirer,
CHIRURGUS.

THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

BY MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XV.

Variolous Ophthalmia; *Erysipelatous Ophthalmia*; *Pustular Ophthalmia*; *Inflammation of the Cornea.*

Gentlemen,

ANALOGIES between the skin or common integuments of the body and the conjunctiva are observable in the natural structure of the parts, as well as in their common office of constituting the superficial covering of the frame. The conjunctiva of the Negro has a dull, muddy hue; and it often displays, partially, a dark-brown, or black colour, gradually shaded off round the cornea. The separation of the surface of the eye with the epidermis generally, in the annual renewal of that covering in the serpent tribe and other reptiles, and the actual growth of hair from this membrane in the zemni, or mus typhlus, are further striking points of analogy. Hence we shall not be surprised at finding the conjunctiva participate in diseases of the skin, and at observing its morbid phenomena, which are only explicable when it is regarded as a part of the common integument. The infantile eruption called *crusta lactea*, extends from the face to the surface of the eye; venereal ulcerations come on the tarsal surface of the lids, and the latter part is sometimes occupied by small pustules in the papular venereal eruption. The analogy to the common integuments even shows itself as deep as the iris, the colours of which follow the same laws as those of the skin and hair: thus we have iritis, as I shall afterwards describe, accompanying various cutaneous affections. In no instance is the participation of the eye, in diseases of the skin, more strongly marked than in the acute contagious inflammations, accompanied with fever, technically called *exanthemata*, in all of which the eye suffers, sometimes very severely.

Variolous Ophthalmia.

Small-pox is very injurious to the organ of vision, affecting different parts of the apparatus, and in various ways. It causes inflammation of the lids, of the eye, and of the lachrymal sac during the active period of the eruption; it produces an inflammation of the eye after the eruption has dried up; and it gives origin to chronic inflammation of the lids and of the nasal duct, and to strumous ophthalmia. Thus, from this single source of mischief arise active inflammations, which often destroy or impair sight, and chronic affections, which not only disfigure the individual, but continue more or less troublesome for many years.

Variolous pustules form on the external surface of the lids and on their ciliary margins. When they are numerous, as in bad cases, especially of confluent small-pox, they cause great swelling, and completely close the eyes. The oozing of matter and its incrustation, the agglutination of the palpebræ, and the confinement of the conjunctival and purulent secretions, irritate the eye, produce increased lachrymal discharge, and add to the sufferings of the patient. As the complaint declines the swelling subsides, the lids are opened, and the eye is found uninjured: thus we hear of persons being blind in small-pox for so many days, and then recovering their sight perfectly.—They have been blind only as they would have been by tying a bandage over the eyes.

Although the globe may not have suffered, the lids are often greatly injured. The pustules on the ciliary margins partially destroy the cilia, alter the form of the part, making it uneven, and leave behind red marks, which are permanent through life. Eyelids thus affected are liable to inflammation and excoriation from slight cause.

In addition to the general treatment, which the state of the patient may require, we should use such local means as may lessen irritation. We may evacuate the matter by pricking the pustules; we may carefully remove incrustations, after softening them with some mild unctuous applications; enjoin frequent ablution with tepid milk and water, and lessen inflammation by the application of soft rags moistened with cool or tepid washes.

The greatest danger is to be apprehended when the inflammation extends from the lids to the globe, constituting *variolous ophthalmia*, properly so called, (*ophthalmia externa variolosa*,) that is, acute external inflammation of the eye, with variolous pustules on the cornea. The essential nature of the disease is the same in the cornea as in the skin; it is inflammation so violent as quickly to produce suppuration, or even sloughing.—This disorder, however acute and extensive, is of little consequence in the skin, so far as the organ itself is concerned, but its effects on the cornea are most destructive and serious. Suppuration and sloughing of the cornea are attended with the most severe general external inflammation of the eye, and the ultimate condition of the organ presents those changes which sufficiently prove the previous existence of such violent disturbance. Evacuation of the humours and collapse of the globe, staphyloma, prolapsus iridis, synechia anterior, contracted or closed pupil, opacities in various degree, blindness or injured sight, are the frequent consequences of this variolous ophthalmia.

As the eyes are closed by tumefaction of the lids, and consequently cannot be immediately inspected, you may imagine it difficult to determine whether the globe is inflamed or not, and to give an opinion on the important question of danger to sight. If the patient feels pain in the ball itself, with dryness, stiffness, and the sensation of sand or gravel in the eye, if the uneasiness be increased on attempting to move the eye-ball, and especially if it be aggravated on exposure to light, which will affect the organ powerfully even through the swelled palpebræ; and if, in addition to the purulent secretion of the pustules on the ciliary margins of the lids, there be considerably increased lachrymal discharge, you may conclude that acute variolous inflammation exists, and that the organ is in the greatest danger. The absence of the symptoms just recited shows the affection to be confined to the lids.

The next question is, what can be done to avert the danger? Beer says, that when the eyes suffer from an affection common to them with the body generally you must rely on the general treatment which the case may require; that you cannot adopt any particular measures for the affected organ, which must take its chance with the rest. If so violent and destructive an inflammation be thus left to itself, we need not be surprised at the numerous cases of blindness and injured sight from small pox that come under our observation. I have had no opportunities of treating such cases in their active stage; but if I were to meet with them, I should adopt without hesitation the decided antiphlogistic treatment, which alone could offer any chance of saving the organ. General bleeding, leeches, free purging, cool or tepid washes, and frequent careful cleansing of the lids, would be the principal measures.

If the eyes should not have been affected during the eruption, they are not yet safe. A *secondary variolous ophthalmia* comes on after the desiccation of the pustules, when the scabs have fallen off; that is, in two, three or four weeks after the apparent termination of the complaint. It is the same affection as the other, but in a milder form. One or more variolous pustules form on the cornea, producing suppuration, and general external inflammation. A dull whitish point is observed in the cornea, with surrounding haziness. The white appearance becomes extensive, and the part then turns yellow. If two or more such points should form, the entire cornea is rendered nebulous; or the latter effect may be produced from a single large variolous pustule. There is redness of the sclerotic coat, increased lachrymal discharge, pain and increased sensibility to light.

The affection is not so violent in this secondary form as in that last described: it seldom causes sloughing of the cornea. The part ulcerates, as in common suppuration: or, by arresting the inflammation, this ulceration may be prevented and the matter absorbed. A permanent white cicatrix remains after ulceration, and opacity in some degree is left behind, when absorption has occurred. The surrounding haziness of the cornea is dissipated in either case, and thus vision is completely or partially recovered, where we might have expected, from the appearance of the cornea in the height of the inflammation, that it would be irreparably injured.

The necessity of active antiphlogistic treatment, and the propriety of steadily pursuing it, are so obvious that they need not be further enforced. Remember that the corneal circulation is not easily controlled, and that perseverance is therefore required; consider too the importance, in the first place, of preventing suppuration, or, if it has occurred, of preventing ulceration.

In measles and scarlet fever, an external inflammation of the eye is common, but it is less severe in its nature, and less injurious in its consequences, than the variolous ophthalmia. There is the same relation in point of degree between the *ophthalmia morbillosa*, and *scarlatinosa*, and the variolous ophthalmia, as there is between the cutaneous inflammation in these several exanthemata. In measles and scarlet fever the change which the skin undergoes, amounts to little more than vascular congestion; and so in the inflammation of the eye, you have merely exterior redness of the organ, and vascular congestion of the conjunctiva and sclerotica, with pain, increased lachrymal discharge, and uneasiness on exposure to light. Sometimes pustules and ulcers form on the cornea; the vessels of the latter may enlarge and produce interstitial deposits into its texture. Together with the other symptoms there is, particularly in measles, catarrhal affection of the lining membrane of the nose and air passages, with sneezing and cough. The ophthalmic affection arises and proceeds with the cutaneous disorder. Ophthalmia is generally a companion of measles, although you may have the disorder of the skin without any affection of the eyes; there are instances of *rubeola sine catarrho* as they have been termed. Inflammation of the eye is not so common in scarlet fever as in measles.

The affection of the eye in measles or scarlet fever does not usually require active treatment; you may guard the eye from light; direct some cool or tepid wash; purge the patient pretty freely; and this treatment will generally suffice. If, however, the inflammation should be more severe, you must apply a few leeches and afterwards a blister behind the ear, or at the back of the neck. You are not to suppose, that because the affection of the eyes occurs in measles, they require no local means: look to the state of the organ, and regulate your proceedings by that. Ulceration and opacity of the cornea, and injured sight, may ensue from negligence.

The external inflammations of the eye, exemplify the great variety in local and general symptoms, which diversities of organization, habits, age, sex, and all other contingent circumstances, are capable of producing in the phenomena of disease; and they illustrate not less strongly the essential similarity of these apparently different processes, and of the means necessary for their treatment. Under the denomination of *erysipelatous ophthalmia*, the Germans have described a modification of conjunctival inflammation, which you will occasionally see, but which is neither sufficiently peculiar nor important to require any long consideration. The vascular congestion in the conjunctiva is not considerable, nor does the patient usually experience much inconvenience. There is watery effusion into the subjacent cellular tissue, making the membrane appear œdematous; this fluid gravitates towards the lower part of the globe, so that the conjunctiva projects over the edge of the lid, with a watery or jelly-like appearance. The eye has altogether a watery look, which might justify the term *ophthalmia serosa* or *humida*. Sometimes the sclerotica participates, and there is greater redness, with more or less pain, and sensibility to light. In these severe cases, the palpebræ and surrounding parts exhibit some erysipelatous redness and swelling; there is pain in the head, with furred tongue, nausea, and general feverishness. The affection is seen in persons of or after middle age, and generally of an unhealthy constitution. An emetic, followed by an active purge, will remove the complaint in its slighter forms. When the excitement is more considerable, cupping and blistering may be required. Warm fomentations are the best local means.

In *catarrhal rheumatic ophthalmia* we can see nothing but an active external inflammation, embracing the mucous and fibrous coats of the eye, and requiring an antiphlogistic treatment, corresponding to the degree of inflammatory disturbance.

Pustular ophthalmia is an inflammation of the mucous membrane, constituting an intermediate link between catarrhal and strumous inflammation. The small elevations called pustules are occasionally seen in catarrhal inflammation of the membrane, and they occur frequently in strumous ophthalmia, but we designate by the epithet *pustular* an inflammation seated in the conjunctiva and confined to it, occurring in young subjects, and attended with the formation of pustules, but not exhibiting the other symptoms of catarrhal or strumous inflammation. Like strumous ophthalmia, it is an affection of young persons; we rarely see it after puberty. We observe a distended fasciculus of vessels upon the conjunctiva, running toward the cornea and terminating just at its margin in a small reddish or whitish elevation, called a *pustule*; sometimes the vessels extend over the boundary, and advance for a short distance on the cornea, the pustule then being formed on the latter part. The pustules contain at first a kind of of watery fluid, and therefore Beer has given them the name of *phlyctenæ*, which is, perhaps, the more correct name of the two; sometimes you find only one, sometimes more in different parts of the conjunctiva, and sometimes there is a great number of them, extending completely around the margin of the cornea. They vary in size, being sometimes small, at other times large; when only one pustule forms, it may be as large as the half of a pea, but in proportion to the number, so are they smaller. In this affection there is scarcely any pain and no intolerance of light, and were it not for the appearance of the pustule and the redness, the patient would hardly think there was any thing the matter with his eye. Under a proper treatment it does not extend to the sclerotic coat; but if neglected, and especially if there be any scrofulous disposition, it may be more serious. If the complaint continues, and the inflammation proceeds, the pustules, whether situated over the sclerotica or on the cornea, ulcerate; the ulcer being rather disposed to spread. Under proper treatment they disperse without ulcerating. Mild aperients and saturnine lotion are generally sufficient. More acute cases may require leeches and blisters.

Inflammation of the cornea. This affection might have been more properly considered after common external inflammation of the eye; but having there omitted it, I now make it the conclusion of what I fear you will think the rather tedious catalogue of external ophthalmic inflammations.

You have seen that this part is involved in general external inflammation, and that, although its vessels are not visible in the natural perfectly transparent state of the structure, they become enlarged under inflammatory excitement, and admit red blood. Further, they are not only capable of producing interstitial deposit, thickening, suppuration, and ulceration, but they can execute those processes as perfectly and rapidly as the larger and more numerous ramifications of parts considered to be naturally more vascular.

Inflammation of this, as of other parts differs in degree; it may be acute or chronic. The formation of abscess in common inflammation, and of the pustule in variolous ophthalmia, exemplify the former, which is also evidenced, in a less violent form, when a particle of metal strikes on and becomes imbedded in it. On these points I have nothing further to say to you, having already noticed the acute character of the symptoms in inflammation of so compact a structure, and the very active means necessary for subduing it. The subject of the present remarks is a more chronic inflammatory disturbance commencing in, and nearly confined to the part in question. It might be called *chronic inflammation* of the cornea. The symptoms are enlargement of vessels, interstitial deposition, and consequent general nebulous opacity, with corresponding imperfection of sight, external redness of the eye, pain of the part and intolerance of light, pain in the head and feverish symptoms in the beginning, which subsequently decline. General or partial haziness and nebula of the cornea are first observed, and we notice red vessels ramifying in the part, which has thus lost its transparency: these vessels come from deep-seated trunks lying close on the sclerotic coat; and when the affection is partial, the enlargement of the sclerotic trunks is also partial; but, if the whole cornea be involved, there is a general pink redness of the sclerotic, distension of the entire vascular net-work under the conjunctiva, and a red zone round the cornea, giving origin to the vessels which ramify in that part. Sometimes there is a partial reddish elevation on the margin of the cornea, the colour of which is found, on minute examination, to arise from a closely-crowded arrangement of minute vascular ramifications. This kind of change gradually extends over the surface of the cornea. The deposition into the corneal texture, from the increased activity of its enlarged vessels, produces a general cloudiness, at first only partially affecting its transparency, but becoming more and more opaque. The opacity is unequal, clearer portions being interspersed. Sometimes the opaque spots are of a yellow colour, as if matter was deposited; perhaps there is a chronic suppuration in such cases. The surface of the cornea loses its polish, assuming a very finely granulated appearance; hence the eye appears very dull. There is often considerable pain and sense of tension in the eye, and pain in the forehead or across the brows. The increased sensibility to light is the more remarkable, inasmuch as the changes in the cornea must lessen the quantity admitted into the eye. The development and progress of the complaint are slow; it may continue for many weeks or months.

The iris often participates in the affection, the pupillary margin becoming adherent to the capsule of the lens.

It is necessary at first to take blood from the neighbourhood of the part by cupping on the temples or by leeches, and to adopt the other parts of the antiphlogistic plan. The loss of blood must be repeated from time to time, according to the symptoms. Subsequently, the use of mercury carried to the length of affecting the mouth, and the formation of an issue in the temple, are the most efficacious means of checking the inflammation and restoring the transparency of the part. The occasional use of leeches may be combined with this plan. As the complaint is formed and proceeds slowly, so the influence of treatment is very gradual, and steady perseverance in the plan laid down is very necessary. As the treatment takes effect, and especially when the mercury acts decidedly, the vessels of the cornea contract, and the newly-deposited matter is absorbed, the cornea regaining its transparency even where it had become generally and pretty densely opaque. It clears first in the circumference, the favourable change gradually advancing towards the centre.

[Mr. Lawrence mentioned some cases in illustration of this description, and particularly that of a young female of very delicate appearance, who came to the Infirmary with inflammation of the right cornea, much aggravated by the injudicious use of stimulating washes: the opacity had become so considerable as to destroy all useful vision. She was under treatment for a year before the cornea had regained its clearness; blood was frequently taken by cupping and leeches; she took mercury, more or less, nearly the whole time, and she had an issue in the temple. In a few months the left eye became similarly affected, and she resorted at once to the Infirmary. The restoration of the organ was accomplished in six or eight weeks.]

Inflammation of the cornea occurs frequently in strumous ophthalmia, where it is accompanied by the other symptoms of strumous inflammation.

When the iris participates in the affection, that is an additional reason for the use of mercury.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,
BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXII.

Of the use of Sedatives in the cure of Inflammation.

Gentlemen,

By the term *sedatives*, we mean such applications to the body, as tend to diminish arterial action. *Bloodletting* and other means of weakening the system, have this effect indirectly. But there are certain remedies which are supposed to act as *sedatives* in a more direct way to the system at large, as well as locally, and which we are now to consider. To this head belong *cold*, variously applied; diluted acids; certain neutral salts, as nitre, acetate of ammonia, and citrate of potass, or the common saline draught; preparations of lead; and the *digitalis*. These require to be separately noticed.

General *sedatives* appear to be useful only when *pyrexia*, or a febrile state, accompanies the inflammation; nor indeed, even in this case, on all occasions: for I observed to you on a former occasion, that inflammation is sometimes best treated by general *stimulants* under the name of *sudorifics*, which of course tend rather to increase febrile action at first. Where this is not the object, *sedatives* may be properly employed.

Cold, in order to act as a *sedative*, must be applied steadily and uniformly, and in a moderate degree only, so as not to excite a very powerful or painful sensation; for then it acts rather as a *counter-irritant*. It may be applied to the lungs and skin, by the admission of cool air; or where the heat is greater, the skin may be moistened from time to time with either cold or tepid water, according to the season and the feelings of the patient; for in either case the evaporation that succeeds will carry off the excess of heat from the body. *Cold drinks*, or even ice, may be administered for the same purpose. The application of *cold* in either of these ways, makes an important part of the treatment of fevers in general, both *common* and *specific*, and is a great improvement in modern practice, for which we are principally indebted to our countryman Sydenham. It has contributed, more than almost any thing else, to lessen the mortality of fevers, especially the *small-pox* and *scarlatina.* In the application of it for this purpose, care should be taken not to produce sudden constriction of the extreme vessels on the surface; and this caution is particularly necessary in *measles*, and in pulmonic inflammation in general.

Diluted acids very generally produce a refrigerant or cooling effect, which must be considered as the result of diminished arterial action. The natural appetite for these in a febrile state of system, is a sufficient indication for their use. Those acids are perhaps to be preferred which are not liable to go into fermentation, as the mineral acids as we call them. On this account, vinegar is preferable to the recent vegetable acid; and it was anciently much in use for the purpose diluted with water, under the name of *oxycrate.*

The *neutral salts* have been probably much overrated in this respect. *Nitre* has been always called a *cooling* remedy. But this has probably arisen merely from the peculiar impression it makes on the tongue, which however is but an unsatisfactory indication of its general effect on the system. The *acetate of ammonia*, and the common *saline draught*, serve little other purpose than to fill up a void, and to amuse the patient with the idea that something is doing for his relief—a point, by the bye, that you must not wholly lose sight of in practice.

Lead, from its deleterious properties, is very ill adapted to general use, though probably a powerful *sedative.* I have often experienced its good effect in this way, in relieving *hectic fever;* and provided it is used in moderate quantities, as a grain or two of the *super-acetate*, and continued for a few days only, I believe it may be employed with perfect safety.

The *digitalis*, by its power of restraining the velocity of the circulation, is often of great service in diminishing febrile heat; but it has other effects which render it an equivocal remedy. I think, however, that it is the best we possess in *hectic fever.* I shall next speak of

The use of Narcotics in Inflammation.

I wish you, Gentlemen, to consider what I say upon this subject, as applying almost exclusively to *opium.* The other *narcotics* have been but seldom employed, in comparison with this, and their effects are but very imperfectly understood.

Opium is either very serviceable, or the contrary, as a remedy for inflammation, according to circumstances, and the judgment and discrimination with which it is employed. I should say, from my own observation, that it is more frequently used with ill effect, than the contrary. The temptation to have recourse to it is so strong, on account of its tendency to relieve pain and to procure sleep, that it is very often misapplied: for it can seldom be properly employed for these purposes simply. Pain and want of sleep may proceed from causes that do not admit of the use of opium. It is disadvantageous also in another respect. We often form our opinion of the state and progress of inflammation from the degree of pain the patient is suffering. Now opium may render him insensible to the pain by stupifying him, without at all diminishing the inflammation, and often even with the effect of aggravating it.

Now you will best understand the use of opium in inflammation, by first considering its general effects in the system. This medicine exerts its primary and specific operation on the brain and nervous system altogether. There are very good proofs, from observation, of its increasing the arterial action of the brain, to which, therefore, it is to be considered as a *stimulus;* and it is not improbable that it excites, and subsequently disturbs, the sensorial functions, as a consequence of this excited arterial action. Its effects on the rest of the system appear to arise out of this previous change induced by it in the condition of the brain. These effects differ at different times, according to the state of general strength and irritability, and perhaps other circumstances that are not sufficiently known.

In recent and active inflammation of the brain itself, whether it be that variety we term *phrenitis*, or that which is called *idiopathic fever*, opium is highly injurious, and especially in strong and young subjects. But in a very advanced stage of those diseases, where the general vascular action throughout the system is much reduced, either from the continuance of the disease or the use of remedies, opium appears to be of great service: and the same observations apply to other inflammations. In those inflammations that naturally terminate by increased secretion, as of the mucous membrane, opium is improper till the secretion is fully established. On this ground it is generally injurious in *pneumonia*, as tending to prevent secretion and consequent expectoration. You may consider it a pretty general rule, that where bloodletting is required opium is inadmissible. Bloodletting, however, may render opium proper where it was not so previously. Where irritability is in excess, which is generally indicated by a very frequent pulse, opium is sometimes useful, even in the early stage of the disease; but it often requires to be preceded by a moderate loss of blood. This furnishes a sort of exception to the general rule.

Opium is sometimes allowable for relieving a particular symptom of great urgency, though it may not be adapted to the disease itself generally. Thus in long-continued watchfulness, a trial of it may be justified, though the result is uncertain. In very acute pain also, it may sometimes be admitted, even where the pain arises from active inflammation. Thus in inflammation of the internal ear, the pain is so acute and intolerable as to bring on delirium; and in this case opium may be called for as a palliative. It may occasionally be given to relieve *spasm*, even though this may be merely a symptom of active inflammation, as in some cases of pleurisy, where the intercostal muscles are affected with violent spasm, occasioning those intolerable *stitches* in the side, as they are called. In like manner, it may be at times employed to relieve *vomiting* or *coughing*, when extreme, although not always favourable to the cause of those symptoms. Now in all these cases, you should use the opium with reluctance, knowing that it is merely intended as a palliative; while you should assiduously employ, at the same time, the means that are proper for the disease itself. Wherever opium is resorted to for the purposes of palliation merely, it is better to employ it in a sufficiently large dose at once, than in small and repeated doses.

Of Astringents or Tonics as remedies for Inflammation.

There are many cases of inflammation in which *astringents* or *tonics* (as they are called) are serviceable. When, for example, the disease occurs in weak or relaxed habits, that is, where the animal solids altogether want their usual firmness, and have become weak and flabby, in which case the pulse is generally soft also, and the secretions free, the tongue being at the same time moist; in such cases *bloodletting*, though sometimes admissible to a small extent, is never to be largely employed; while *astringents* or *tonics* are of great service. Thus it is that *cinchona* and *bitters* become useful in the latter stages of fevers and other inflammations, though inadmissible at first. This will perhaps explain the contradictory opinions that prevail, in regard to the treatment of *erysipelas* and some other diseases. The *scrofulous habit* is often marked by such a laxity of solids as I have just described; and then *tonics* are the best remedies. In inflammations that terminate in increased secretion, such as catarrh and diarrhœa, *tonics* are useful when the secretions are become copious and easy. In inflammations that assume a periodical character, whether *intermitting fever*, or any other, the use of *tonics*, administered in the intervals, is well known.

It is in circumstances similar to those just mentioned, that *stimulants* are found useful in the treatment of inflammation; that is, when the disease arises in indolent habits that are not easily roused into action, a state of system that is indicated by slowness and feebleness of pulse, and cold extremities; and also where parts naturally torpid are affected, as glandular and ligamentous structures; then we find that ammonia, mezereon, oil of turpentine, and various others, come into use.

Combination of means.

The above may be considered as the general treatment of inflammation. But many of the means recommended may be combined with advantage; and we should in fact, call in as many aids as possible; as *bloodletting*, *vomiting*, *purging*, *sweating*, and *blistering;* which may be either employed together, or in immediate succession, and generally in the order stated. But some are in opposition to each other, as for example, *purging* and *sweating*, which cannot go on together; *stimulants* and *sedatives*; *opium*, and increasing the secretions; general *evacuations*, and *tonics*. With regard to the last, however, the opposition is more apparent than real; for experience shows, that small bleedings may be often practised with advantage in inflammations, at the same time with the use of *tonics*, and a nourishing diet, as in the instances of gout, erysipelas, and scrofula.

Of the Local Treatment of Inflammation.

The *Local* treatment of inflammation, consists in the direct application of remedies to the diseased part. This, however, I have already observed, is of less importance than the *general treatment;* and I shall not, therefore, occupy much of your time on the subject. I may observe, that the *local* treatment is as various as the *general*, many of the means being of directly opposite natures. The object is, to suppress or change the mode of acting in the diseased part, in the hope that healthy action will follow. The *local* remedies for inflammation may be included under the following heads: topical bleeding; increasing the secretions from the part itself, or its immediate vicinity; local *stimulants* and irritating applications of various kinds; and, lastly, *sedatives*.

1. Taking blood directly from the vessels of the inflamed part, I may observe, is often a great advantage, although the quantity of blood lost be very small. Thus the *tunica conjunctiva* of the eye, the parts within the mouth, and others, may be often scarified with advantage. The application of *leeches*, and even *cupping*, as near as possible to the part affected, may be considered in the same light.

2. *Increasing the Secretion* of the part, is often advisable. In inflammation of the mucous membrane, we generally attempt this. Thus in catarrh, we endeavour to produce expectoration. In attempting this, however, you are to take care not to employ means that are too stimulant with respect to the rest of the system.

The best way to restore the secretion of parts, where it has been suppressed by active inflammation, is to reduce the inflammation; and this can be best done in general, by *bloodletting*. For instance, in inflammation of the kidney, the administration of oil of turpentine, in order to increase the secretion of urine, would do harm; while *bloodletting*, by diminishing the inflammation, would be more likely to produce the desired effect.

3. *Stimulants* applied to the inflamed part, are occasionally of use. Thus, in *burns*, many practitioners apply oil of turpentine, or alcohol. In *ophthalmia* also, stimulating applications of various kinds are often used with advantage. It is, perhaps, not difficult to understand in what manner such applications do good. It may be upon the principle of *counter-irritation* merely: that is, we induce a new mode of acting in the part, as a substitute for the diseased one; and healthy action then follows. Or it may be, that by applying *stimulants*, the vascular action of the part, already in excess, is still further excited, and the power of acting thereby exhausted; so that *ultimately* a *sedative* effect is produced.

Stimulants are not, however, proper in every case of inflammation. If the disease be very violent, and recent, they would be improper; as may be observed in the case of acute *ophthalmia*. But, in mild and chronic cases, they are often serviceable.

4. On the other hand, *sedatives* are occasionally used in the cure of inflammation, and with success; as when *cold* applications, *lead*, and other *astringents* (which appear to act like *cold* in restraining the action of the vessels) are had recourse to in *ophthalmia*, and in *burns*. The application of *cold* to the surface seems sometimes to extend its influence to the deeper-seated parts, as the joints, and the brain. I have seen the greatest apparent benefit derived from the application of *cold water* to the abdomen, in cases of *peritonitis*, after warm fomentations had been used without advantage.

It deserves notice, that the same disease is often treated by opposite means, and with seemingly equal success. Thus where some practitioners use heat and other stimulants in the cure of *ophthalmia* or of *burns*, others have recourse to *cold*; as if it were a matter of indifference which were employed. This shows that there must be some common principle upon which these apparently opposite means act; and this would seem to be the principle of *counterirritation*, so repeatedly alluded to. There is another view indeed of the subject that may be taken; which is, that neither mode of treatment accomplishes all that is ascribed to it, and that the disease might have terminated nearly as well, if nothing had been done. This, indeed, is far from improbable, when we consider the trifling and inefficient nature of many of the remedies in general use on these occasions.

Treatment of the Specific Inflammations.

The principles now laid down for the treatment of inflammation in general, do not altogether apply to the *specific* forms of inflammation. The proper treatment of these is chiefly learned from experience; and they must therefore be considered individually, as so many different diseases.

Treatment of the consequences of Inflammation.

Some of the consequences of inflammation disappear spontaneously; others require the assistance of art; while there are some that admit of no relief, but continue through life.

1. *Adhesion.*—When internal inflammation terminates in adhesion, art can do little or nothing for its relief. But when such a termination occurs in the cellular membrane about the joints, producing contraction and rigidity, friction, and forcibly stretching the parts, will sometimes overcome the difficulty. This requires to be done, however, with caution, and can only be slowly and gradually accomplished. It should not be attempted,

till the inflammation has nearly or altogether ceased, and then so as not to give pain; otherwise, there will be danger of the inflammation being renewed or aggravated. A variety of liniments, are often used on these occasions, and great importance is attached to them; as if they penetrated the skin, so as to come into contact with the rigid and contracted parts, and thereby tended to restore their flexibility and motion. But this is totally without foundation. The skin is not permeable to any thing of this kind. Such applications merely serve the purpose of rendering the friction easier; or else they act as *stimulants*. In most cases, friction with any mild oil answers every useful purpose.

2. *Effusion*, or serous accumulation. This is another of the terminations of inflammation, giving rise to *dropsies* of different parts, the treatment of which will be best understood when we come to speak of dropsy in general.

3. *Increased secretion* followed by præternatural discharges, is a kind of natural cure for inflammation, when it affects the mucous membrane, as in catarrh and diarrhœa. Such discharges are in general best left to themselves. It is only necessary to interfere by art, when they go to an inconvenient length.

4. *Suppuration*. This is a process with which we have little to do. The medical treatment consists in paying attention to the general health. If there be much febrile action present, this must be reduced by the usual antiphlogistic means. On the other hand, if there be a deficiency of action, *tonics* and *stimulants*, together with nourishing diet will be required. In all cases, it is of the first importance that the patient should be placed in a pure air.

5. *Gangrene*. The same general principles apply to the treatment of *gangrene*, as to that of *suppuration*. The object in both cases is, to keep the system as nearly as possible at the point of health, for then the processes necessary to restoration will take place in the best way, and with very little aid from art. If the general vascular action of the system is in excess, antiphlogistic treatment, (and in strong subjects, even bloodletting to a moderate extent) will be required. In the opposite state of things, *tonics* and even *stimulants* may be sometimes proper. But the large and indiscriminate use of *wine* and *bark* and the like, in all cases of *gangrene*, is highly injudicious, and is founded on the mistaken notion that these are capable of giving strength to the system, a power which no medicine possesses. Nothing can give strength to the body but food, and this of the plainest kind, such at least as the appetite calls for. But such medicines in general destroy appetite, and thus are calculated to defeat the object.

We have now gone through the *general doctrine* of inflammation; and you cannot but have perceived, how strongly it bears upon a great number of other diseases. The peculiarities of inflammation, as affecting different organs, will be pointed out when we come to treat of the diseases of individual parts, or what are called *local diseases*. The next general affection we shall have to consider is *hæmorrhage*, which will make the subject of our next lecture.

SELECTIONS
FROM
LECTURES DELIVERED
IN THE
Theatre of the Royal College of Surgeons in Ireland

BY MR. COLLES.

On Hydrophobia.

Gentlemen,

NEXT to tetanus, hydrophobia is the most remarkable of the nervous affections consequent to wounds. From reading some works, you might be led to suppose that this disease, now and then, originates spontaneously in the human subject, but all such cases are resolvable into a class of diseases totally different from hydrophobia. In many of them you will find, indeed, that the patient will refuse to drink before his death, but you may believe it as a positive fact, that this disease never arises spontaneously in man. Would you say, then, that it cannot be communicated without a wound or an abrasion of the skin? I have known instances where it has been propagated without either. There is a case recorded of a servant girl who contracted the disease from cutting a thread with her teeth, with which she had been sewing her petticoat that had been merely torn by a rabid dog. There is another instance of this kind in which a dog had struck a man in the mouth, and he also had the disease and died of it. The disease arises naturally in a great variety of animals, such as the dog, the wolf, the jackal, &c.; but of all the animals subject to this malady, there is none communicates it with greater certainty than the cat. It is asserted, that horses affected with hydrophobia do not communicate it to other animals. Now when the dog begins to be affected with this disease, what are the signs that will indicate his state? First then the dog appears to be sick, is less playful, grows peevish, avoids persons with whom he was before familiar, and will take no notice, perhaps, of his master; he loses all affection for his home, and strays away, seemingly indifferent where he goes; whatever animal comes directly in his way he attempts to bite, but will not leave his course for that purpose; it is curious that he avoids other dogs, and that they will shun him. After having rambled away in this manner, he may return home in a weakened state, moving in a zigzag line; his back curved, his tail drooping, and his head cast down. It has been observed by those who have had dogs tied by the chain, that before they showed any symptoms of madness their nose was generally found dry; in this stage, however, of the complaint, the dog will run about as usual, drink fluids, and even dash, unconcerned, through water; I have seen a dog indeed, a few hours before he died of this disease, finish a bowl of bread and milk. Well, then, after running away for some time he may return, but with the common people we should not suppose that he will foam out of the mouth, for when in a state of madness he does not foam any more than man in this disease; this then is no symptom of the complaint.

As there are a great variety of diseases to which dogs, and particularly young ones, are subject, such as staggers and other affections, we should keep the suspected animal confined by the chain until he either dies or recovers, for by no other means can we be certain that he is affected with this disease. Now when a rabid dog inflicts a wound, it matters not what shape that wound may be, whether punctured or lacerated, the remedy in all cases must be the same. But you should not forget, that whilst of the number of animals thus injured few escape, the proportion in the human subject is very small, as not more than one in sixteen take the disease of those that are bitten. For this reason it is peculiarly difficult to ascertain the efficacy of those prophylactics that have been said to prevent the accession of the disease. It would take a greater number of cases than ordinarily fall under the observation of any one man to decide their efficacy; they should be tried on an extensive scale to determine on their utility. At what period then, after the man is bitten, will the disease make its appearance? It comes on at the end of the second month after the receipt of the injury, and there are authentic cases in which it appeared as late as the twelfth and eighteenth month, and some are spoken of where it occurred at a much more distant period; but you are not to give credit to such cases. After eighteen months have elapsed, you need not feel any apprehension that the disease will supervene.

When the first symptoms of the disease set in, the wound is generally found healed, and is very often of so trifling a nature, that the patient, on inquiring of him whether he had been bitten by a dog, forgets the matter altogether. The cicatrix inflames and becomes harder; yet in the unfortunate case which lately occurred in the Meath Hospital, these symptoms did not seem to be present. The hardness which appeared in that case was not uncommon; it was just in that state in which you would expect to find a wound of the same duration after being healed. The patient's sleep is disturbed, is troubled with disagreeable dreams; he becomes more melancholy, and seems to wish to avoid society. He then complains of lassitude; all his feelings in short become morbid; his pupils are dilated; and there is a sort of shine in the eyes of such patients, which, though not peculiar to them, is very characteristic of this disease. Still the patient remains in this condition for two or three days before the paroxysms commence. The first alarm is given by his refusing to drink, for on being offered any fluid, he dashes it from him, as if unconsciously, and without being able to assign any cause for so doing if the question be asked. His feelings become so acute, that the slightest breath of air, or even the opening of a door, will affect him. Bodies with polished surfaces seem also to produce unpleasant sensations in these patients, and to throw them into violent convulsions. In this state it has been supposed by some persons, that the patient is endeavouring to bite those near him, but you might as well suppose, that by the violent exertions of his arms, he intended to strike those around him; there is no foundation for any such apprehensions. The paroxysms in this disease will last longer than in tetanus, but there is this resemblance between the two complaints, that the pain complained of in the one, as extending from the pit of the stomach to the vertebræ, is also present in the other. There are also the same efforts, in the intermission of the paroxysms, to cough up a viscid saliva, as in tetanus. So far these diseases agree, but, when once the paroxysm has subsided in hydrophobia, we find the limbs quite flexible. You will also observe an expression of timidity, and a wildness depicted in the patient's countenance, and the eye-ball suffused. He will complain sometimes of a sensation of pain extending from the seat of the wound to the head. He also mutters some incoherent matter to himself, but when asked a question, he will answer perfectly rational. If you ask him, however, what he had been previously muttering over to himself, he seems disinclined to explain the nature of it. He has no control over his dread of fluids, for though seemingly determined to swallow whatever is given to him, he fails in the attempt. Yet I have seen the patient lately in the Meath Hospital take a few spoonfuls of fluid without any apparent difficulty, so that the symptom from which the disease derives its name, may not always be present. The pulse is very variable, sometimes being as low as fifty, and at other times up to a hundred beats in a minute. In one case, the respiration will be quick, in another, slow. In this state the patient at length dies, seemingly of exhaustion. From an idea prevalent among the ignorant, that the patient would bite those who came near him, it was usual to destroy him between beds; but I need not inform you that such conduct is barbarous and unjustifiable.

What means then are we to adopt in order to prevent this disease? There is but one preventive, on which we can rely with any degree of confidence, and that is, excision. This proceeding, from the situation of the wound, may be very often a difficult operation, as when the nose for instance is the seat of the injury, as I once saw it to be the case in a fine young girl; but we determined on removing the parts, even at the expense of her beauty. You must then remove the parts which have been injured, and thoroughly too, whatever may be the consequences.—Suppose a case of this kind to occur in the palm of the hand, where the tusks of the dog have gone quite through, it makes no difference, the injured parts must be entirely removed. At what time then, after the infliction of the bite, may we excise the parts with any hopes of securing the patient from the disease? Can we attempt the removal of the injured parts with any presumption of success after a lapse of seven or eight days? I certainly saw a case which would lead us to suppose that we might; it was the case of one out of three men who had been bitten by the same dog; two of them suffered to have the parts removed, the third would not submit to the operation, and he afterwards died of hydrophobia.

There is another case, in which the parts were removed seventy-two days after the bite was inflicted, and he escaped; but we cannot say that the man would not have done so though the operation had not been performed at all. If, indeed, we could possibly judge of the depth to which the wound originally extended, it would be well to cut out the parts, even at a very distant period from the receipt of the injury. What is the next thing to be done if we cannot employ the knife? If we cannot use this means we ought to destroy the parts with caustic, taking care that we deaden them perfectly, and the best agents for this purpose are the strongest concentrated acids, or perhaps the butter (muriate) of antimony, would be found still preferable. But this method, I must inform you, is not at all so certain as the knife, and has been found frequently to fail.

If we should not succeed by either of these methods, and that the disease should come on, what constitutional remedies should we have recourse to? I believe it is all in vain to try any remedies: mercury has been recommended to be taken in large doses, but I have seen a patient die of this disease in a state of salivation. Various medicines indeed, have been given before the disease has come on, and those who have taken them no doubt escaped, but it is probable hydrophobia would not have supervened, though these preventives never had been administered. Are we to do any thing to the seat of the wound when the disease has set in? Why we are told to excite a new action in the part by the application of some stimulant; but with respect to all medical treatment I am convinced it will prove ineffectual in this disease. We also find that bleeding to a large extent has been used, and the first bleeding may produce some temporary relief, but bleed him a second time and you will invariably perceive that he is infinitely worse. The opposite to this plan of treatment has been recommended, and we are told to stimulate the system to as high a pitch as it will be able to bear. Exercise has been also spoken of, from a patient who had escaped from St. Bartholomew's Hospital appearing to be benefited by running round Smithfield; but I need hardly tell you it only produced a temporary relief. We also find that arsenic, opium, and a multitude of other medicines have been tried, and that they have all failed. These repeated failures should be an additional reason why we should have recourse to excision as the only means left us of preventing the disease.

I remember a very remarkable case mentioned by Mr. Dease in one of the first of his lectures that I ever heard, of an ostler who in playing with a dog happened to irritate the animal, and was bitten by him in the arm, and the man regularly contracted the disease, though it was known that the dog at the time was not at all mad. On Mr. Dease seeing this patient, he inquired of him whether he had been ever bitten by a dog, but he scarcely recollected the circumstance, so little did he think of the injury at the time of its occurrence; but the man, however, died of hydrophobia. There is a preventive remedy in use among the country people, which has obtained some celebrity, I mean sea bathing. It certainly deserves further trial, and if you are called to attend a case in which a wound has been inflicted by a rabid animal, you may recommend the patient to the sea side for some time. It will at all events have the effect of tranquillizing his mind, and you know we must be doing something.

Now we are not to suppose that dogs are subject to be affected with this disease in warm weather only, or in the "dog days" as they have been called, for these animals are just as subject to take the disease in the winter season. I have been informed that the spring is the time of the year when dogs are most liable to be affected with this disease in the Highlands of Scotland, and the reason I heard assigned for this fact was, that they fed on the carrion of cattle, which died there in great numbers from the severity of the winter and the want of food. I cannot, however, certify for the truth of the statement. I recollect that the inhabitants of this city were once quite astonished that an officer, who had been bitten by his own dog, should have died of hydrophobia in the depth of winter. It has been stated that in some countries this disease does not arise spontaneously in any animals, as in the Windward and Leeward Islands, and parts of South America; but a better acquaintance with these countries of late has proved the fallacy of these opinions. In our own climate, however, and in many others, the disease is generated at all seasons of the year, and we should be as much on our guard in winter as in summer, though that is the time selected for carrying on war against the dogs in this city. I think it is on record that the disease has been propagated by several different kinds of animals, and it has been certainly proved, that it has been communicated by the cat. In the case of the late Duke of Richmond, you are all aware that he contracted the disease from the bite of a fox. Among the remedies lately proposed in Paris for the cure of the disease, injection of the veins attracted much attention at the time. At first, like most experiments, it was considered of some value, but experience has proved it now to be no better than those that went before it. I am convinced, Gentlemen, that if you inject any fluid into a man's veins, except blood, you will kill such patient a little sooner than if you had not done so. Every strong narcotic has been tried, and all have failed.

REVIEW.

Observations on the Transfusion of Blood, with an account of two cases of Uterine Hæmorrhage, in which that Operation was performed with success.—By CHARLES WALLER, Member of the Royal College of Surgeons, &c. 8vo. pp. 34; Jackson, Borough; 1825.

THE operation of transfusion is first mentioned by And. Libavius in a defence of the art of transmuting metals, published in 1615; but it does not appear to have made much noise till about fifty years afterwards, when Harvey's doctrine of the circulation, which led to the introduction of the mechanical physiology, so much at that time in vogue, had gained a firm footing in the schools. At that period alchymy was on the wane, but had still its advocates, and the immortality which the pretended elixir had promised the credulous, was supposed to have been actually attained, in the operation of transfusion, to which infusion, or the injection of medicated fluids into the veins was now added.* By these methods it was thought, that the most inveterate diseases might be cured, the worst habits of body corrected, and old age restored to the pristine integrity of youth. Purmannus says, that besides succeeding with his patients, he thus cured himself of an inveterate itch, and a fever. Others assert, that apoplexies, palsies, consumptions, the venereal disease, and many more, yielded to the same treatment. Such vast expectations being formed of these operations, it is no wonder that disappointment and misfortune followed, or that the art of transfusion should have been neglected almost as soon as it was known. The first operator on the human subject was Denis,† who, after performing the experiment on five persons, was stopped by an edict of the parliament of Paris, where he resided. In some of these cases the blood of a lamb was employed, in others, that of the calf. But as what Denis did was not founded in reason, and, according to some accounts, produced the worst consequences, he deserves little or no praise; nor shall we stay to inquire into circumstances which are probably misrepresented, or, if correctly detailed, are of no practical importance.‡ It is to Dr. Blundell that we owe any philosophical or rational experiments of the kind that have been made on brute animals or the human subject, and there can be no doubt that the practice of injecting a portion of the blood of a healthy person into the veins of another who may be sinking from hæmorrhage, is not only reasonable in itself, but that its utility has been confirmed, so far as may be by the results of the few cases in which it has been adopted.* These cases, which first appeared in this journal, are republished in the pamphlet before us, and as Mr. Waller has been so explicit in his lecture which we published in our last number, we shall conclude by observing, in the words of the ingenious author of the "Physiological Researches," that in cases of hæmorrhage, when the patient is gradually sinking, and the bleeding is suspended, there is a fit opportunity for trying the operation of transfusion; and unless we are prepared, in the face of opposing facts, to deny the utility of the operation altogether, it must, we think, be admitted, that it would be used in such emergencies with the fairest prospect of preserving the patient's life; but how far this method or that of infusion, which has been revived by Magendie, is applicable to disease, can only be determined by experiments.

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* Major.—Prodromus Chirurgiæ Infusoriæ, 8vo.—Lip. 1664.

† J. B. Denis. Philos. Trans. Nos. 27, 30, 32, 36.

‡ The curious in these matters may consult J. S. Elsholtz. Clysmatica nova sive Chirurgia Infusoria et Transfusoria. 4to. Fran. 1668, Lower's Tractatus de Corde, and the Chirurgia of Purmannus.

* For performing this operation, "a good syringe is required, capable of containing two or three ounces of blood, and furnished with a pipe for the vein about two inches long, and made to fit by plugging, and a semi-rotatory movement, into the nozzle of the syringe. The blood is to be drawn into a conical vessel, for example, a tumbler, and while flowing into this vessel, held by an assistant, it is to be absorbed into the syringe, or by removing the piston, it may be drawn into the syringe at once. When charged, the syringe is to be held with its tubular nozzle upwards, and the piston is to be pushed slowly onwards, till the blood begins to issue, in order that the air, which, from its greater specific levity, will rise to the upper part of the instrument, may be thoroughly expelled. The syringe, together with the tubule springing from it, now charged with blood only, is to be slid into the vein of the patient properly laid open for the purpose, and without delay or hurry; the blood is to be injected in an equable stream; the operation being repeated as often as the quantity of the blood to be injected may require; the syringe being of a known capacity will measure the blood."

"When the syringe is charged for the first time, air may be previously expelled from the instrument by charging it with water. The vein must be laid thoroughly bare, as the cellular web, if not divided completely, will slip over the orifice in the vein, and obstruct the introduction of the instrument, and the opening must be made sufficiently large and free to allow of the ready entrance of the tube. Perhaps a probe might be passed under the vein with advantage."—*Physiological Researches*, p. 127, 128; see also The Lancet, Vol. VIII. p. 342, & Vol. IX. pp. 111, 134, 228, 295.

MEDICAL EDUCATION.

To the Editor of THE LANCET.

Sir,—In consequence of the abuses in the Royal College of Surgeons in London, the attention of the Medical Profession has been directed by the speakers at the Meetings held, (having for their object the remedying those abuses,) to the means which the student has of acquiring medical knowledge in this country.

The more immediate cause of my addressing these remarks to you is an observation made by Mr. Lawrence at the last meeting of the Members of the College. It was this: "It has indeed been a prevalent notion that anatomy is to be learned by lecturing, and a very lucrative idea that has been to some persons, but I beg to state to you that it would be most favourable to the advancement of anatomical knowledge to abandon altogether the plan of teaching by lecturing. I think it a delusion on the public to attempt teaching another by lectures, and that the College, in sending forth a statement that three courses of lectures are necessary for acquiring a knowledge of anatomy, is only favouring that delusion." Now in the outset I must state that I by no means concur in this idea, but I would lay it down as a principle that *lectures are valueless as lectures, without they be on subjects which require, and are accompanied by,* DEMONSTRATIONS. I was led to this conclusion by the manner in which the subject was canvassed over at the commencement of your publication. It was then that the magic wand touched the flimsy fabric, and its tottering was announced by the cry set up by its interested supporters of "*breach of trust,*" *contrary to medical etiquette,*" &c. and these empty sounds were followed by more practical warfare in an application for a *Chancery Injunction.* Here then they announced by their own words and actions that the publication of their lectures was an invasion of their property, and were reduced to the dilemma of confessing that what they doled out to students for an *annual* FEE, might (if worth any thing) have been given to the whole of the medical profession through the medium of the press to the much greater advantage of the student, the practitioner, and the public. But the public are deluded in the idea, and the lecturers have supported it, as to them, as Mr. Lawrence justly observes, it is a very lucrative one.

Now arguing on the proposition I have advanced, it will be seen that it applies to almost all lectures on the different branches of medical science as *now* delivered in London to students, except Chemical and Anatomical. Are any of the lectures on the Practice of Physic accompanied by demonstration? Are not most of them *written compositions read* over to the students by the lecturer? And surely the most hardy supporters of this delusive system will not pretend to affirm (be the lectures ever so valuable in facts or principles) that the student will derive more advantage in hearing them *read* by the lecturer than he would were they printed, and he could read and con them over in his closet, and have them for constant reference. But there are many who lecture extempore, and certainly, I must candidly admit, although it makes against the argument I am endeavouring to enforce that when lectures are delivered *ex ore*, they make a much greater impression on the auditory than when read. But again, if the facts and opinions delivered by the lecturer to his pupils are valuable, why should they not be made as public as possible, and thus placed in the reach of every medical practitioner? If any of the "thousand ills which flesh is heir to" be to be remedied or palliated by any new facts or opinions in the possession of a fellow mortal, a sympathetic feeling should induce him to make them as public as possible. I wish by no means to be understood by the foregoing observations that a man is not entitled to remuneration for the produce of his industry and intellect, for if he has any thing valuable to communicate, through the medium of the press, he is sure to be amply rewarded. But if a man chooses to *trade* with his knowledge, and admit those, merely to *hear* his facts and opinions, who pay an exorbitant fee to be admitted to the privilege of *hearing*, I think he has not much reason to complain, if one or more of those students take a report of those lectures and publish them. These observations will, with almost equal force, apply to the lectures on surgery, materia medica, and midwifery, as now delivered in London. As regards midwifery lectures, which are not required by the constituted authorities, the students set a proper value upon them *as lectures*, and they are more thinly attended than the others. But as they thus depend entirely for the countenance of students on their utility, they have of late, in some instances, been made more *practical* than formerly, from which alone they derive any value as *lectures*.

But in condemning the *system*, I by no means wish to attach blame to the lecturers individually, who are many of them men of great talent and industry, treading in the footsteps of their predecessors; and I trust, in this age of improvement, they will see the propriety of altering this *system*. Let the medical and surgical lectures be made as *clinical* as possible, and then the students will derive advantages tenfold in proportion—then the lecturers themselves will no longer have occasion to resort to the most puerile sophistry and disgraceful Chancery applications, then they will give a *quid pro quo*, which will be equally advantageous to the students and themselves, and, as regards the public health, of incalculable benefit.

I am, for the present,
Sir, yours, &c.
ATTICUS.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—I am one amongst the many whose lot it has been to be rejected by the College of Surgeons on examination for a diploma; and I confess I feel doubtful whether I should esteem this rejection as a glory or a disgrace. Under the system upon which these examinations are at present conducted, when the only qualifications required are an unconditional assent to the particular notions and wild conceptions entertained by some of our judges, and the art of humouring the foibles and stupidity of others, where can be the glory of being accepted? On the other hand, when it is an unpardonable offence to dissent from propositions bearing on their very front the impress of absurdity and ignorance, where can be the disgrace of a rejection?

It is my intention, Sir, to offer, for the amusement of your readers, a specimen of the style of examination adopted in my case, by one of our judges, who, I believe, ranks deservedly high in the profession, not less on account of his eccentricities than his talents, and I shall leave each reader to draw such inferences as he may think proper on the subject.

But if in the course of these remarks, some accidental harshness of language should escape me, some among my readers may, not without a show of fairness, impute to mortification and private pique the spirit which dictates such animadversions. It is, indeed, true that I *am* mortified and piqued; had it been otherwise, I should, in all probability, never have troubled you with this letter. But of what consequence are the motives in which it originates? I only beg of my readers to suspend their judgment for a short time; I only beg of them that they read the choice dialogue which follows, and then (no matter whether the writer be mortified or not) let them declare, whether such an ordeal be a fair test of the capacity or talent of an examinant; and whether the nervous, peevish, and unbending dogmatism displayed by the querist, are arguments of that sort of mind and disposition which ought to be the ruling principle with a public examiner.

"Pray, sir," inquired Mr. Abernethy, "what are the principal mechanical contrivances which prevent the food from passing out of the stomach?" Being perfectly acquainted with the complete want of relationship, as far as sense is concerned, which not unfrequently exists between Mr. Abernethy's language and his ideas, I pondered some time before I hazarded a reply; at length, 'I suppose you mean, sir'—"I mean nothing, sir; answer the question without circumlocution." 'You allude, I presume, sir, to' —"I allude to nothing; answer the question." 'The principal mechanical contrivance exists essentially in the figure and situation of the viscus.' "Quite correct, sir," said the Examiner, "that is one contrivance, but not the principal; there's another, sir." Again I pondered. Could he possibly be thinking of the muscular action of the pylorus? I could hardly suppose that Mr. Abernethy's physiology was so mechanical as to assert, that a structure developed and organised according to peculiar laws, possessing the primary characteristics of animal and organic life, highly susceptible of the influence of certain stimuli, was to be compared with a piece of mere ordinary mechanism; yet such, indeed, was Mr. Abernethy's notion. I beg to assure my readers I am not joking; Mr. Abernethy did seriously consider the function of the pylorus as strictly mechanical; and, on my venturing to express a dissentient opinion, he indulged in the following pretty piece of logical argument:—"Inform me, sir, whether the pyloric *hole* is large or small." Now as Magendie and other physiologists have described this aperture as being constantly closed in living animals, by contraction of the circular fibres of the pyloric muscle, except during the period of its relaxation, in consequence of the agency of digested aliment, it was not until I had required an explanation of the very indefinite terms "large" and "small," that I could arrive at Mr. Abernethy's meaning, and here it is, in his own words:—"As the pylorus will not allow a large piece of food passage, (how do large pieces of indigestible substances find their way through the alimentary canal?) therefore it is a *small hole;* and being a small hole, is a mechanical contrivance." Thus, then, appears to stand the reasoning of the Examiner. The pylorus is a mechanical contrivance. Why? because a mechanical contrivance *may be* a small hole. But the pylorus *is* a small hole, *therefore* the pylorus is a mechanical contrivance! Most able logic, and worthy of all acceptation! But, seriously, I appeal to the common sense of any one of my readers, whether he could have believed that such a tissue of absurdities would have been uttered by an individual of Mr. Abernethy's acknowledged celebrity; and yet it is scarcely to be wondered that the mind which once recognized a similarity between the electric fluid and the materia vitæ should find in the pyloric *hole* a resemblance to a piece of mechanism, because it is *small*. Will he inform us at what point of magnitude it would begin to lose that resemblance?

A query being put by Mr. Cline, "Are dislocations of the acromic clavicular articulation of frequent occurrence?" I remarked that such accidents were to be found in the course of surgical practice, yet from the strong and powerful union which existed between the acromial and coracoid processes of the scapula with the clavicle, they were of comparatively rare occurrence. Mr. Abernethy immediately affirmed, that he had frequently witnessed this form of dislocation. Without doubting the veracity of Mr. Abernethy, we may be allowed to express a little astonishment at so sweeping a contradiction to the unrivalled authorities of Boyer and Desault. In Boyer's scientific work on the bones, under the head of Luxations of the Clavicle, the reader will find this statement: "The very great force of the conoid and trapezoid ligaments, which unite the clavicle to the scapula, renders luxations of the humeral extremity very rare."

But lest I should be accused of giving a partial account of this examination, and of wishing to expose the ignorance of my examiners, and cast a cloke over my own, I shall mention one more question, of which I certainly must plead a degree of ignorance: "What is the shape of the acromic clavicular articulation?" 'That it is an arthrodial joint I am well aware, but as to the mathematical figure of its articulatory surfaces, I am ignorant.' But it would be needless and wearisome to carry further a description of such an ordeal as this.

Suffice it to say, that on an examination of this sort, I was rejected. Whether I be competent to practise surgery or not, it is not *my* province to decide. At all events, I was entitled to a fair, candid, and impartial examination. That this was not allowed me, I affirm. Of the questions proposed, some were in themselves absurd, (for an example of this class of questions, take the first above quoted,) and some were impossible to be understood without explanations, which it was beneath the dignity of the querist to supply. Without arrogating more credit to myself than is my due, I firmly believe that I answered every question which was put in an answerable shape. Indeed Mr. Abernethy's reply, when I demanded the reason of my rejection, testified that, even according to his own notions, I had committed no very egregious blunders. "Sir," said he, "you were ignorant of the shape of the acromic clavicular articulation!"

Since writing the foregoing, I understand it to have been avowed by some of my examiners, that my rejection was the consequence of impertinence and insolence of demeanour during the period of examination. I am happy to discover, that I am exonerated from the charge of ignorance, even on this unpalatable alternative. But I trust that my readers, the peers by whom I would be tried, will consider these last charges equally unfounded with the first. Impertinence and insolence are terms which every man interprets according to the sensibility of his feelings. What would be recognized as freedom of thought and independence by the liberal and enlightened, will call forth the severest censure from the narrow-minded and despotic. If an unbounded contempt for the laws by which the qualification of pupils is at present decided—if perfect scorn for the authority of dogmas, which are the consequences of limited experience and shallow reasonings—and if the expression of my opinions, even when it may militate against my own interest, and may stimulate the self-opiniated and stubborn to the rejection of one who has dared to question their antiquated absurdities—if *this* be deemed impertinence and insolence, then shall I lay down my pen in contentment, and console myself with the idea that I am included in a general censure, which affects hundreds wiser and better than myself, or even those from whose judgment I make this appeal.

I am, Sir,
Your obedient servant,
JOHN JOHNSON.

MECHANICAL EXTRACTION OF POISONS FROM THE STOMACH.

To the Editor of THE LANCET.

SIR,—I am desirous of correcting certain postulates in Mr. Alcock's remarks on the mechanical extraction of poisons from the stomach, and shall therefore be obliged to you if you will insert the following reply.

I agree with Mr. Alcock that "there is a period to which its (the syringe) usefulness is limited;" but who shall determine that period? It would, it is true, be "vain to expect relief from the extraction of the remainder (of the poison) after a sufficient quantity to destroy life may have passed the pylorus;" but who shall undertake to tell us when a "sufficient quantity" has passed? And where is the unfeeling, cold-hearted practitioner, whose attempts would be paralysed by such an empyrical dictum? Sir Astley Cooper said to his pupils, "I mentioned to you on a former occasion, the case of a young lady who had taken opium, in which every means which I could employ for the purpose of producing vomiting proved completely unavailing. When the œsophagus has lost its functions, which it soon does from the influence of the opium, no stimulating substances will produce the least effect upon it. I sat hour after hour by the side of this young lady, watching her progress to dissolution, without being in the least able to prevent it. If, however, I had been acquainted with the instrument which has been since invented, *I should have used it with the probability of success.* This instrument enbles us not merely to remove the poison from the stomach, but to throw in water in considerable quantities, and to introduce stimulating remedies after the opium is removed, for the purpose of restoring the functions of the nervous system, and this in cases where emetics cannot be even swallowed."—LANCET, Vol. III., No. 6, page 174.

Mr. Alcock considers the application of the pump unnecessary, in any case where the patient is able to swallow sulphate of zinc; but I would ask if it is judicious to irritate the stomach by this stimulating salt, in addition to the action of a mineral poison upon it? Would not the danger of inflammation of the organ be increased by such practice? The pump would, therefore, be preferable. The instrument would also be more eligible in cases of poisoning by arsenic, in consequence of the force necessary to detach the saline crystals from the mucous surface of the stomach; an effect which emetics are known to produce very imperfectly. Hear Sir Astley again:

"It may appear that I am disposed to think too well of the instrument to which I before adverted, when I state that I believe the syringe may also be successfully employed for the purpose of removing the oxymuriate of mercury from the stomach. *I should certainly prefer it to any other means;* but instead of using simple water, I should throw in a quantity of soap and water, then withdraw it; I should repeat this operation until the stomach was entirely cleansed. It has been suggested that although this instrument may be used with success for the purpose of removing the vegetable poisons from the stomach, yet it would not succeed in cases of poison by arsenic or corrosive sublimate. *This I do not believe.* With respect to arsenic, I am aware that if it were taken in a solid form, and a considerable portion had fallen on the stomach it would be impossible to remove it; but as it is usually taken, in powder, I think the instrument is very capable of removing it, because it will be for a considerable time at least kept in solution by the mucus which is thrown from the surface of the stomach, and in this state it may be removed."

We are told that the stomach may be as efficaciously emptied with a tube merely, as by the pump. When the surgeon can grasp his patient's stomach and squeeze it like a sponge, he may be able to do this; but until he can, if he values reputation, humanity and life, let him not trust to assurances

> "That keep the word of promise to our ear,
> And break it to our hope."

Mr. Alcock refers his hearers to his

remarks on the history of the invention of this operation in the Sixth Number of THE LANCET; I request them, likewise, to read the commentary in the succeeding Number by, Sir,

Your humble and obedient servant,
JAMES SCOTT.
Newington Causeway, April 4.

To the Editor of THE LANCET.

SIR,—I beg to make a few observations on Mr. Alcock's lecture on the mechanical extraction of poison from the stomach, in which he recommends, in preference to the stomach apparatus, a tube to be used, either with a syringe or as a syphon. There is really great probability, that an instrument acting as a syphon would be *inefficient* where poison has been taken that deposits a sediment, as the fluid part only would be likely to run off; but the power of the stomach syringe would probably remove the whole. Wine merchants, distillers, &c., use a syphon to draw the fluid out of casks, but they never found that it would remove the dregs, and clean the casks. The syphon acts only *in respect to its length*, therefore, at least twice the length of the tube used with the stomach apparatus would be required for the syphon, and if the piece of whalebone for its introduction be taken into the account, there can be no doubt of its being much more complicated and difficult to use than the apparatus it was intended to supersede.

With regard to the danger of injuring the coats of the stomach by the stomach syringe and tube, I have never yet heard of an instance where that has been the case; and it can hardly be supposed that a surgeon would *forcibly* work the syringe if no fluid came. It is only about a fortnight since I was called to a case where laudanum had been taken, and the tube of WEISS's patent stomach apparatus was introduced five or six times. The patient did well, and I was particularly anxious to inquire respecting any ill effects or injury from the frequent introduction of the tube, and was informed by the patient there were none. We all know that the most common operations of surgery are not devoid of danger, but I should as soon throw away my catheters, because there is danger of making a false passage, as lay aside the stomach apparatus, which is as simple and effectual as can be desired, on the imaginary idea, of the coats of the stomach being injured by its use.

I remain, Sir,
Your constant reader,
J. L. FENNER.
54, Penton Street, Pentonville.

CHRONIC HYDROCEPHALUS CURED BY PRESSURE.

To the Editor of THE LANCET.

SIR,—You may perhaps have seen in the Medical Repository for September last, a case of chronic hydrocephalus, cured by pressure; I published it without vanity, with the intention of doing good to my fellow creatures, and for the sake of information to my medical brethren. Your friend Dr. Johnson seems to have seen it, and with his usual liberality, has joined me with others equally as well intentioned as myself, and dubbed us either liars or fools, I cannot, for the life of me, make out which; but either is bad enough: if the latter, it must be our misfortune, that nature has been so scanty in her gifts to us, and so liberal to him. Neither do I see why we who are relating cases which the merest idiot, if he has the faculty of sight, can distinguish, should not be equally believed with those who find out rheumatism in the palpitating hearts of young females, or those who cure strictures in the rectum of as many patients as they can by any means whatever get to submit to their daily operations.

In the first place, to prove that my plan would rather tend to kill than cure the patient, he quotes the following passage from Dr. Bailey.

"After water has begun to accumulate in the head of a child before the bones of the cranium are closely united, it is well known that the effusion may become very large; that the head may be proportionably increased in size, and that life may be continued under such circumstances for many months, or even years. When the bones of the skull have once become closely united, if hydrocephalus take place, it almost constantly happens, that the bones still remain firmly joined together, that the quantity of water in the ventricles is comparatively very small with what it is in those cases where the bones have never been united, *that the head undergoes no increase of size, and that life is very soon destroyed.*"

I cannot see in what way this passage can bear upon the case in question at all; and I think if Dr. Johnson will take the trouble to read it over again attentively, he will perceive that Dr. Bailey has merely related a characteristic difference between chronic and acute hydrocephalus. For a moment we will suppose his interpretation to be correct. There is now living near me a child which, if I can believe the evidence of my own senses, (perhaps doubtful,) and the words of honest and clever men in their profession, will directly contradict this assertion. This child, which has till lately been under the care of a respectable medical neighbour, was born with a large head, and limbs distorted to an amazing degree. The head increased in size, and with it every symptom of internal hydrocephalus; the bones were quite loose, and the fontanelles and sutures open, and distended with fluid, fluctuating under the finger like water in a thick soft bladder. This child, (or object, I may call it,) although given up to apparently inevitable death, lived and grew, and as it grew, the limbs gradually assumed their natural form; and the whole body (excepting the size of the head) put on every appearance of good health. It was about a year and a half old when the bones of the head began to unite. The child is now little more than two years old, and the skull is firm and compact, not even the anterior fontanelle can be distinguished. The head is large and weighty, so much so, that the strength of the child's muscles is insufficient to hold it up; but, otherwise it is healthy and fat; the limbs are well formed, and the muscles are daily increasing in strength.

A worthy gentleman here of our profession, who has discrimination enough to perceive that the child will do well, has charitably taken it under his own care, with a promise to the parents of curing the water on the brain. If he do not destroy the health of the child, he will most probably succeed in showing his medical brethren that he has allowed the child to live, and perhaps persuading others that he has performed his promise of curing it with his medicines.

If this case does not show the union of the bones to be a natural cure, at least it proves that this circumstance happening during the accumulation of the water, does not necessarily kill. I leave others to decide whether the child would have lived, had there been nothing but the soft parts to resist the increase of fluid.

Dr. Johnson says, he does not know from my description, whether the disease was external or internal, he might surely have inferred the latter; but for his information I will tell him it was so. He has also put *three days* (the first term of amendment) in italics; this, I suppose, he does not believe either. Had I not seen some alteration in three days after the pressure had been applied, I should then have despaired of seeing any in the end.

This is the second case I have published; both treated precisely in the same manner, and in both proving eminently successful. The first may be found in the same journal about two years since, dated from Bedford. These two cases must, I should think, speak to every impartial person in favour of the practice; and certainly in a disease which has hitherto baffled the ingenuity of man, deserves repeated trials. Like other remedies, no doubt it will prove unsuccessful in many instances; but if one child in ten is saved from a premature grave by its effects, it will amply repay the trouble, and gratify the mind of the humane practitioner. Dr. Johnson may have other ideas on this subject.

Notwithstanding he has chosen to link these cases with others of a like nature, I believe he will find upon inquiry or reference, that they stand alone both as to the treatment and its effects; that not one of those cases he alludes to has proved successful, and that pressure has not been resorted to alone, but in conjunction with tapping.

I shall conclude with an extract from a recent publication, entitled "Court Anecdotes:" "The late Dean Tucker made a point of purchasing every book upon which those anonymous carrion flies, the critics, blew the most, and he used to boast, that by adopting this rule, he possessed a more valuable collection of the standard national genius than any of his friends who were credulous enough to rely on those corrupt and partial vehicles the reviews."

Yours,
J. F. Barnard,
Member of the Royal College of Surgeons, London.

Bath, March 22, 1826.

ON THE USES OF CHARCOAL IN SLOUGHING PHAGEDENA.

To the Editor of The Lancet.

Sir,—Allow me to call the attention of your readers to the use of charcoal in sloughing phagedena, as neither Mr. Wansbrough nor M——, of Clapham, have set the matter in its proper light. Mr. Wansbrough seems to think its efficacy depends on its forming carbonic acid; M—— on its acting as a mechanical stimulus. That both of these suppositions are erroneous, every reader must be aware. To the first, it may be objected, that there is little or no carbonic acid formed;* to the second, that charcoal has chiefly shown its good effects in cases where applications of a stimulating nature aggravated the disease. This I lately saw strikingly exemplified in a case of pseudo-syphilis, which had made frightful ravages. Its most important properties seem to have been quite overlooked, on both sides, though they prove its chemical action on vegetable and animal matter. Carbon prevents and arrests putrefaction, not by the formation of carbonic acid, but by a process not yet satisfactorily explained. It absorbs many times its bulk of most gases. It destroys or decomposes the colouring matter of many vegetables, and animal substances. These properties it loses in a great degree on exposure to the air; *not by parting with something volatile, but by gaining something from the atmosphere foreign to its nature.* Who that is conversant with chemistry will maintain that it can have no chemical action on the surface of an ulcer? And now, to make this communication somewhat useful, let me recommend those surgeons who have frequent opportunities to give it a fair trial, attending to the following circumstances. Animal charcoal possesses all the above properties in a much greater degree than wood charcoal; the former should, therefore, be preferred. After it has been minutely divided, it should be well washed in diluted muriatic acid, again exposed to a red heat in a covered crucible, and when cold, quickly transferred into a glass stopper bottle for use. In some cases, it might be simply dusted on the ulcer.

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* Charcoal does not unite with oxygen till its temperature is raised to 376 of Fahrenheit, its point of ignition. It is

No application can be expected to prove uniformly successful in such formidable diseases, and yet many practitioners decry a new remedy, or an old one revived, the first time they find it fail. Does any one article in the Materia Medica always produce the intended effect? Others make a practice of condemning, without judge or jury, every thing that is new. They have their several reasons for it.

In concluding, I must observe, that as Mr. Wansbrough had given his real name, it was the duty of M—— to have done the same. However, secret or open, "bad opponents are better than none."

I am, Sir,
Yours, respectfully,
B. GOULSON.

Pendleton, Jan. 11, 1826.

INCISION IN PHLEGMONOUS INFLAMMATION.

To the Editor of THE LANCET.

SIR,—I have lately adopted a mode of practice in incipient phlegmonous inflammation, with such decided benefit, that I wish very much to submit it to the test of superior judgment, and more extensive experience. In many cases of such inflammation, especially when the pain has been very acute, I have made an early and free incision, without waiting till the occurrence of suppuration, and have often at once arrested the progress of the disease, and prevented that constitutional exhaustion so frequently attendant on long-continued and profuse suppuration.

I was first induced to adopt this treatment from the different result of two very strikingly contrasted cases. The one, of a man about 40 years of age, who had a superficial abscess just over the pectoral muscle; the suppuration was allowed to continue for a considerable period, before the tumour was judged to be sufficiently ripe for opening, a puncture was eventually made, but the subsequent discharge was too great for the constitutional powers, and the patient died. The other case was that of a girl about twenty years of age, who had an abscess similarly situate, and in its commencement presenting very similar appearances with the one just mentioned. The surgeon who attended her, wishing to display to me his "masterly decision," as George Young used to say, exclaimed, "Oh, oh, so, so, here's matter," and boldly cut down upon the swelling with his scalpel; a profuse gush of blood, but not a particle of pus followed the incision; the surgeon and myself looked rather dismayed, the pain, redness, and swelling, however, soon subsided. the induration gradually disappeared, and the wound healed almost as favourably as it would have done in a part of healthy structure. In abscesses forming near the jaw and in paronychia, I have often adopted this treatment with the most remarkably good effect. Should such practice be correct in principle, I conceive it might be applicable to still more important cases. Whatever be the theory of inflammation, it is undoubtedly attended, at some period, either with an obstruction or stagnation, or, at any rate, an accumulation of blood; affording a free outlet for such accumulation, might not only prevent the formation of pus, but the occurrence of mortification. I recollect seeing some hospital surgeons debating upon the propriety of amputating a fractured leg, on account of the violence of the inflam-

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insoluble in water, and most probably in the animal fluids. In what manner it corrects the fœtor of ulcers, or how it acts, is not known.—ED.

mation; immediately the integuments were divided, the inflammation disappeared.

Should you deem these observations worthy of insertion in your valuable and widely-extended publication, I should be sincerely gratified; the remarks and objections of your correspondents, as well as of yourself, will be attended with every desire of correction or improvement.

I remain, Sir,
Your obedient Servant,
A CONSTANT READER.

MR. SLEIGH'S "SCIENCE OF SURGERY."

To the Editor of THE LANCET.

SIR,—Acknowledging that "Nosocoilia," is but the chylopoietic derangement of Mr. Abernethy, and "Debilitas ficta," the "pregressis languore," &c. of Cullen, you still give Mr. Sleigh credit for having "*hatched* a new theory or two," Alluding, I suppose, to what he has said about the function of the liver.

Richerand's Physiology, third edition, translated by G. J. M. de Lys, M.D., page 457, paragraph, 210:—"The arterial blood which flows along the umbilical vein acquires the properties of venous blood, and combines with hydrogen and carbon, and parts with its vivifying qualities in flowing along the vessels of the mother, and the tortuous vessels of the placenta. It parts with these principles, and again becomes vivified, by circulating through the liver, which at this period of life, fulfils the function, which, after birth, is committed to the lungs. Hence the liver and brain form the greatest part of the weight of a new-born child. The former alone occupies the greatest part of the abdomen. It acquires this bulk by assimilating to itself the hydrogen and carbon of the umbilical blood. Its substance is adipose, oily, and contains these two principles in a considerable proportion. The secretion of the bile and that of the fat, the only secretions that are manifestly carried on in the fœtus, may besides supply very well the want of respiration."

Mr. Sleigh has appropriated to himself that which was not his. He has shown ignorance or a want of honesty—in either case you ought to notice it.

With much respect,
I am, yours,
Feb. 6. W. R.

Richerand says that the liver of the fœtus "fulfils the function which, *after birth*, is committed to the lungs," while Mr. Sleigh asserts that the former is always auxiliary to the latter.—ED.

ON THE MEDICINAL PROPERTIES OF SPIDERS.

To the Editor of THE LANCET.

SIR,—Dr. Bright, in his last Lecture on the treatment of intermittents, recommended, on the authority of one of his pupils, the cobwebs of a peculiar kind of black spider, as a very efficient remedy for obstinate agues. Dr. Bright did not detail the particulars of their modus operandi, neither did he mention the manner in which they should be administered, or the dose necessary for a perfect cure, but he assured his pupils that this action was most salutary, and directly attributable to their medicinal properties, and not to their acting upon the mind as a charm. Several patients having been cured by them, who had not previously been apprized of the nature of the remedy. As the spider to which the docile Doctor has alluded is, I believe, of a very rare species, perhaps it might not be improper to suggest to him the employment of the animals themselves, and also their kindred species, which more abundantly inhabit our houses.

"Credat, Judæus Apella
Non Ego."

A MEDICAL PUPIL.

The black spider (*araneus niger*, *List. Hist.* 77, *Schrod.* 5, 337) was formerly officinal, and much celebrated for its febrifuge virtues. Wrapped in leather, and hung about the arm, it was supposed to be capable of averting the fit of a quartan, and when boiled in oil and instilled into the ears, of easing pain in those parts. *Dioscor. Lib.* 2, *cap.* 68.—The country people, with whom the dicta of physicians are handed down by tradition, believe that a small quantity of spider's web, given about an hour before the expected return of an ague, and repeated in half an hour, will prevent its recurrence. The Indians of North America are said to employ spiders and their webs in the same way, and, *a priori*, there is no reason why the former, at least, should not possess medicinal properties as well as the cantharis; whether they do is another question.—ED.

ANNIVERSARY DINNER

OF THE

BARTHOLOMEW'S SCHOOL.

On Saturday last, the Gentlemen educated at Bartholomew's Hospital celebrated their Anniversary Festival at the Albion Tavern, Aldersgate-street. About 140 sat down to dinner, and the Chairman on the occasion was Mr. Stanley. After the cloth had been removed, "Non nobis Domine" was executed in good style by the professional singers present. The usual loyal and patriotic toasts were drunk with great enthusiasm. The Chairman then rose to propose a toast, which he was persuaded would meet with the most cordial reception—it was, "The health of the President, Treasurer, and other Governors of St. Bartholomew's Hospital," to whose liberal and enlightened policy the Institution was indebted for its present eminence as a Medical School. The toast was drunk with applause.

Mr. Gordon, in returning thanks, said, he was requested to apologize for the absence of the President from ill health, and he was also desired to express great regret for the unavoidable absence of the Treasurer, who was obliged to attend the "Beef Steak Club," (a laugh,) of which he was appointed Chairman. For himself and the other Governors, whose health they had so kindly drunk, he begged to return his sincere thanks.

Mr. Stanley said, as Chairman, that each gentleman who had made a good dinner would, he hoped, not be backward in passing the bottle; the only duty he should impose was,

> "That it should be each gentleman's task
> To watch his neighbour's glass."

"The health of the Physicians, Drs. Roberts, Hue, and Latham," was next drunk.

Dr. Hue, in a short, but eloquent speech, returned thanks, and expressed his regret for the unavoidable absence of Dr. Latham. A person at the lower end of the room inquired if he also was engaged at the "Beef Steak Club." (A laugh.)

The Chairman rose and observed, that he was about to propose, as a toast, the health of an individual who was entitled to the warmest praise and admiration of all present, as the father of the school in which they were educated. Every one who had had the pleasure of receiving his oral instruction could not but be inspired with admiration at his talents. He begged leave, therefore, to propose "the health of Mr. Abernethy." Drunk with three times three.

Mr. Abernethy very briefly returned thanks. He said, he had always endeavoured to gain the good opinion of the Students; their friendship was the greatest honour he could wish for, and he assured them, that to the utmost of his abilities he would endeavour to merit for the future the kindness they had manifested towards him that evening, and begged leave to drink "health and prosperity to all present."

The toast next proposed by the Chairman was, "Prosperity to St. Bartholomew's Hospital." This toast, he observed, might appear at first absurd. Prosperity to an Institution intended for the relief and alleviation of human sufferings, but the toast applied to what they were all more or less concerned in, he meant the School of St. Bartholomew's, and after the anxiety displayed by the acting Governors to give effect to every measure which was calculated to extend the benefits of the Institution, it would be unpardonable in the teachers, nay, they deserved to be branded with shame and disgrace, if they did not support the high character the school at present enjoyed. Drunk with applause.

"The health of the Surgeons" was next drunk.

Mr. Vincent returned thanks, and assured the pupils that every endeavour should be exerted on the part of the Surgeons for their advancement in professional knowledge.

The Chairman said, he was about to propose the health of a gentleman whose kindness to the sick, and zeal in the discharge of his professional duty, were known to all connected with the Hospital, he meant "The health of the Rev. Mr. Wicks." Drunk with applause.

Mr. Wicks returned thanks for the very kind manner in which the Chairman had mentioned his name. This was one of the many favours he had received from the medical officers of the Hospital, and for the short time he had still to remain with them, he hoped to merit their approbation. Before he sat down, he begged to propose "The health of their worthy Chairman." The toast was drunk with great applause.

The Chairman, in a neat speech, returned thanks for the flattering manner in which they had received his health.

Mr. Graham, a Governor, next rose to propose the health of a gentleman well known to them all, whose transcendant talents gave dignity and lustre to the profession, whose vivacity of manners endeared him to all who had the pleasure of his acquaintance, and whose kindness and unremitting attention to the patients in the Hospital had obtained the highest approbation of the Governors. It was scarcely necessary for him to mention the name of "Mr. LAWRENCE."

To express how enthusiastically this toast was received is impossible; the applause lasted several minutes.

Mr. LAWRENCE, in an eloquent speech, returned thanks. He said he could not but feel proud of the honour done him by the Governors, in electing him a surgeon to Bartholomew's Hospital, and he felt the heavy responsibility attached to the office. The Governors had, on every occasion, displayed the greatest liberality in extending the benefits of the Institution, and in rendering it useful to mankind in general, by giving every facility to pupils in the acquirement of professional knowledge. Much, however, depended on the surgeons, and he considered it their duty to point out to the students every circumstance calculated to advance their progress in the honourable profession to which they belonged, and *nothing he felt convinced, was more calculated to insure the proper performance of such a duty than always having the public eye directed to their conduct; their proceedings could not be carried on in too open and public a manner*, the enlightened spirit of the age demanded it. For the honour which had been done him, in drinking his health in so kind a manner, he begged to return his most sincere thanks.—(*Great applause.*)

The company did not separate until a very late hour.

LONDON PHRENOLOGICAL SOCIETY.

MARCH 16, 1826.

G. Nokes was again exhibited, and performed several mental calculations; when requested he detailed the steps of the operation.

Some Poland fowls were exhibited, which presented a most remarkable cerebral conformation, supposed to have been induced by domestication; it was stated that with regard to their habits, they had become immensely prolific, but that they rarely or ever attended to hatching their eggs, and that their organization differed as materially as their habits from the original stock.

Two skulls, one of a male and the other of a female, were produced; remarks were made upon them by several members, who agreed that in both, the basilar region was greatly developed, while in both the moral sentiments were deficient. It was then stated that the female skull had been that of the wife of an opulent farmer, and that she had instigated her paramour, to whom the other skull had belonged, to murder her husband, promising, if he succeeded, to marry him and possess him of the property; he effected the murder by shooting the husband; but was apprehended after concealing himself three days in a barn, and together with his companion in crime was immediately tried, and executed a few days after. Permission was obtained to take casts from the skulls for the Society's collection.

Dr. Elliotson remarked that he lately attended a lady who had temporarily lost all recollection of proper names and substantives; the patient complained of a pain in her head, and indicated its seat to be at the precise situation of the organ of language.

Mr. Crook mentioned some new cases, corroborative of the function which he attributes to one of the lateral unappropriated lobes of the brain, and which he terms the organ of gustativeness.

Several members adduced cases of activity in particular organs, which were accompanied by heat at the corresponding localities; and a child was introduced as an illustration of philoprogenitiveness both in development and manifestation. The meeting adjourned at the usual hour.

THE LATE C. H. TODD, ESQ.

Professor of Anatomy, Dublin.

THE following "statement of facts" has been forwarded to us by the committee of management, with a request that we would gratuitously insert it on the wrapper of this journal. It is a document in every respect worthy of a more distinguished situation, wherefore we give it a place in the pages of this work; it will be a lasting memorial of the generosity and noblemindedness of the Irish surgical profession, and we sincerely hope that the publicity which it will attain, in consequence of this notice, will have the effect of contributing, in some degree, to the benevolent object it professes to have in view, viz. of contributing to the protection of the deceased's WIDOW and her FIFTEEN DESTITUTE CHILDREN. It is a case well calculated to awaken the best sympathies of every British heart.

A brief Statement of Facts on the Case of the late Surgeon CHARLES HAWKES TODD, *who died at his House, in Kildare-street, Dublin, on the* 19*th of March*, 1826, *after a painful and lingering illness.*

Mr. TODD held the following Offices of great trust in Dublin:—He was Secretary to the Commissioners for the erection of Lunatic Asylums; for many years he was surgeon to the Penitentiary in Smithfield, and subsequently to the Richmond General Penitentiary; he was also one of the Surgeons of the House of Industry—all of which stations there is every reason to believe he filled to the entire satisfaction of Government.

As their Assistant Secretary, he regulated the concerns of the College of Surgeons, and he also taught Anatomy and Surgery as one of their Professors with great reputation. It would be difficult to name an individual in this city more distinguished for integrity and usefulness.

Mr. TODD attained, with the fullest approbation of his own profession, a high degree of public estimation, which, had he survived, would soon have enabled him to realize an independent fortune.—Called away in the prime of life, he has left a very scanty provision for a Widow, NINE Sons, and SIX Daughters, the eldest about 21 years of age, who are at present objects of general sympathy.

The Committee of Management beg to annex to the foregoing statement, a List of the Subscriptions already received, in the hope and expectation, that by making the foregoing facts more generally known, very many humane individuals in England, as well as in Ireland, who have heard of Mr. TODD's character, or were personally acquainted with him, may be induced to contribute their aid.

Subscriptions will be received by the following Gentlemen, viz.

G. RENNY, Esq. M.D.
J. CHEYNE, Esq. M.D.
P. CRAMPTON, Esq. Surgeon-General.
R. M. PEILE, Esq. M.D.
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Subscriptions are received by Sir Wm. Curtis, Bart. and Co.; Messrs. Goslings and Sharpe; Messrs. Puget and Bainbridges; Messrs. Coutts and Co.; Messrs. Herries; Sir Thomas Farquhar and Co.; and Messrs. Hammersleys.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Compound Fracture of the Cranium.

Thomas Brooks, aged 13, a robust boy, was brought into Accident Ward on the 3d of March, with compound fracture of the os frontis, and placed under the care of Mr. Morgan. He states that on the day of his admission, as he was in the act of feeding a horse, the animal struck him on the forehead; he was stunned by the blow, but quickly recovered, and when brought to the Hospital, immediately afterwards, was perfectly sensible. The wound was situated about a finger's breadth above the right superciliary ridge, being an inch in length and half an inch in breadth; two small pieces of bone, loose portions of the external and internal tables of the skull, were removed with a pair of dressing forceps, exposing the dura mater, which pulsated strongly; the edges were then brought into contact by the adhesive plaster.

4. Pulse 85, strong; tongue covered with a whitish fur; pupils dilated; pain over the wound; he is perfectly sensible, and sleeps well. V. S. ad ℥xvj. low diet.

5. Pulse 90, and jerking; pain and pulsation at the seat of the wound; pupils dilated, but contract to the influence of light; thirst, dry tongue, hot skin, bowels open. V. S. ad ℥x. and a mixture of magnesia and salts to be given every four hours.

6 and 7. Slept well; no pain in the head; pupils dilated; pulse 100, compressible; tongue less furred; bowels open; appetite good. V. S. ad ℥x.

8. Pulsation over the wound still continues; pulse 104, and soft; bowels open; free from pain; pupils less dilated, and more obedient to the light; sleeps well.

10. Pulse 90, and regular; pupils natural; in every other respect doing well; the wound has not completely united by the first intention, but looks healthy.

From this date to the 25th, when the patient went out, he continued well, and left the Hospital with the wound nearly closed.

Fatal Case of Strangulated Scrotal Hernia.

Joseph Pring, aged 82, of a very spare habit, was brought into the accident ward on the 22d of March, labouring under strangulated scrotal hernia of the left side. It appeared that for a considerable time he had been the subject of a small tumour, situated immediately below the external abdominal ring, and that on the 17th it suddenly became enlarged and descended towards the scrotum. On the following day he felt slight pain and uneasiness at the part, and vomited several times. From that time to the period of his admission into the Hospital he was frequently sick and his bowels remained constipated.

On his arrival at the Hospital about noon, on the 22d, he laboured under the following symptoms: the bowels had not been open since the 17th, a short time before the hernia descended. Pulse 80, and small; respiration hurried; countenance anxious; and there was great prostration of strength; he had not vomited since the preceding evening. The hernia appeared to have descended about half way down the scrotum, it was of the size of a small fist, not very tense, but exceedingly painful on pressure, the integuments covering it were slightly discoloured, there was no particular tenderness of the abdomen.

Mr. Morgan employed the taxis for a short time, he then directed the warm bath, and again attempted the reduction of the hernia, but failed in his endeavours. A proposal was now made to the patient to undergo an operation, to which he readily consented.

Operation.

About one o'clock, the patient was brought into the operating theatre, and placed upon a table of convenient height, the pubes was then shaved, and the surgeon proceeded to operate. Placing himself on the left side of the patient, he began his incision from the bottom of the tumour, carrying it directly upwards its whole length; by this incision the integuments and spermatic fascia were divided, and the fibres of the cremaster exposed. Having cautiously divided this covering, the hernial sac was laid bare, it was of a bluish colour, and was pointed out to the students as a good specimen of the appearances the hernial sac in general presents. The operator now pinched up the sac between his finger and thumb, and made a small opening into it with a scalpel, through which a director was introduced and the division completed with a bistoury. The contents of the sac were now brought into view consisting of a knuckle of intestine, covered by a portion of omentum, both were deeply congested, but there was no appearance of gangrene; slight adhesions had formed between the sac and its contents, but they were readily torn asunder with the finger. The stricture was at a short distance above the external abdominal ring, and was divided in the usual manner; the intestine was easily returned, a portion of the omentum was cut off, and the remainder left as a plug to the mouth of the sac.

At the conclusion of the operation the poor man seemed much exhausted; his pulse was small, his countenance pallid, and his extremities cold; he was put to bed, and warmth applied to his feet.—About two o'clock he was visited by Mr. Morgan; he then expressed himself free from pain, but the vital powers continued depressed. Mr. Morgan directed a tablespoonful of brandy to be given immediately, in a dose of the julep of ammonia, and to be repeated every three hours; a common purgative enema to be administered half an hour afterwards.

March 23. The bowels have been freely opened; he speaks this morning in a low desponding tone, and the countenance is expressive of much anxiety. Pulse 110, small, weak, and irregular; the extremities are cold, and he complains of some uneasiness about the abdomen, but no pain upon pressure; he has slight pains shooting across the hypogastric region, and was very restless during the night. Leeches to be applied to the abdomen, and afterwards a large blister.

On visiting him in the evening we found him labouring under that morbid restlessless which is the harbinger of death; he tossed the bed-clothes about, and was unable to find ease in any position; the countenance pourtrayed great anxiety, and the pulse was fluttering. We learn that he expired about midnight.

Inspectio Cadaveris.

On opening the abdomen the portion of intestine that had been strangulated was found to be restored to its natural situation; it was nearly of the same dark colour as when exposed at the operation; with this exception, the whole tract of the alimentary canal was quite healthy, manifesting no signs of inflammation having prevailed. The external and internal abdominal rings were, as is usual in old hernia, nearly in contact, and thus by obliterating the inguinal canal, giving to the tumour the appearance of a *direct* hernia, whereas it was in fact of the oblique kind. The sac extended into the scrotum to within an inch of the testicle, and it was firmly connected to the surrounding parts.

Case of Traumatic Tetanus successfully treated.

Thos. Mumford, ætat. 26, of fair complexion and spare habit, was admitted into the Hospital on the 14th of February, under the care of Mr. Morgan, on account of severe injury to the right hand. The patient is a spinner and weaver of blankets, and whilst engaged in some process connected with this employment, by some mishap his right hand was caught in what is technically termed the "carding machine." All the fingers were much lacerated, but more particularly the fore and middle fingers, of which the tendons were exposed. The wounds were dressed in the usual manner with adhesive plaster; from their nature it may well be supposed that union by the first intention did not take place, and suppuration consequently ensued. The parts, however, were going on favourably, when, on the 8th of March, (a period of three weeks from the receipt of the injury,) symptoms of an alarming nature presented themselves. He had pain in the back of the neck with stiffness, and the jaws could only be separated to the extent of about half an inch; he had also considerable difficulty in deglutition, with occasional spasms; pulse, 105. He had no pain in the wounds, nor was there any change in their appearance; they were suppurating kindly under the application of poultices. It appeared upon further inquiry that the symptoms had come on gradually; he had felt (to use his own expression) a stiffness and soreness about the muscles, on the back of the neck, loins, and shoulders, for five days previous to the date of this report; he attributed these symptoms to his having caught cold, and therefore it was not until the jaws had become nearly closed that the attention of the surgeon was directed to the symptoms.

March 8. Mr. Morgan ordered a tobacco enema to be administered immediately; it was prepared by infusing half a drachm of tobacco, for ten minutes, in a pint of boiling water; it produced no other effect than a slight dimness of sight. At noon Mr. M. directed one drachm of tobacco to be infused in a pint of water, this infusion to be administered directly, and two hours afterwards the following injection:—

Oil of turpentine, one ounce and a half;
Mucilage of gum arabic, four ounces;
Warm water, ten ounces.

The tobacco and turpentine clysters to be given every two hours alternately. In the evening the pulse was of the same quickness as in the morning, but small; there was profuse perspiration, and the extremities felt cold.

9. We find the patient this morning with a pallid countenance and great prostration of strength; the pulse 59, small and irregular; he is very sick and has been so throughout the night, vomiting a yellowish fluid. The pupils are contracted, the jaws appear to be rather more closed, and there is a considerable degree of stupor; profuse perspiration covers the body.

The last tobacco enema was administered at eleven o'clock last night, since which he has refused to have any more injections. The following draught to be taken every three hours:—

Laudanum, one drachm;
Compound spirit of sulphuric æther, half a drachm;
Camphor mixture, one ounce.

10. He can open his jaws to the extent of an inch; pulse 98; the abdominal muscles somewhat rigid; the pupils remain contracted and he appears drowsy; the tongue is moist and furred; the bowels constipated. He complains of pain in the back, but can move his head in any direction; there is still difficulty of deglutition. The wound is filled with healthy granulations.

11. There is increased rigidity of the abdominal muscles; pulse 100, small; the contraction of the jaws much the same. Continue the mixture, and in the evening let a purgative enema be administered.

12. The rigidity of the abdominal muscles and closure of the jaws are much as yesterday. Pulse 105; the bowels freely open. He complains of pain in the back and neck; the muscles at these parts have a natural feel. The wound has a healthy appearance, although the discharge is somewhat offensive; it is dressed with opium ointment, prepared in the following manner, which is spread on lint, and over this linseed meal poultices are applied:—

Powder of opium, three drachms;
Spermaceti cerate, six drachms. Mix.

March 13. The jaws admit of much more separation than yesterday, and the abdominal muscles are less rigid. Pulse much reduced in frequency, being only 76. Continue the mixture.

15. We find him this morning sitting up in bed, his countenance is cheerful, and he is upon the whole much improved, the jaws will admit of his thumb passing into his mouth. The bowels are constipated, on which account a purgative enema was prescribed.

16. The flattering state of the patient yesterday led us to believe the case was going on favourably; to-day, however, we find the abdominal muscles have again become tense, and the stiffness about the neck and back is also felt.

Calomel, five grains;
Opium, one grain;
to be taken immediately.

The mixture to be regularly given, and in the evening a colocynth enema to be administered.

17. The bad symptoms of yesterday have subsided.

19. He can now open the jaws to the extent of two inches, and swallows with ease. Continue the mixture with the occasional exhibition of an aperient enema.

21. In attempting to walk to-day, he fell down suddenly, without, however, suffering any injury. He feels a slight stiffness about the jaws, but they can be separated nearly to their natural extent.

28. Going on favourably; he continues to take the mixture, and occasionally a dose of aperient medicine. The wound on the fore-finger is healing fast.

29. No unfavourable symptom. The quantity of laudanum in the draught reduced to-day from one drachm to forty-five drops, which dose he was directed to take every four hours.

It may be worthy of remark here, that the opiate draught, containing one drachm of laudanum, was prescribed on the 9th of March, and that the patient continued to take this quantity of laudanum every three hours until the 29th of March, being a period of 21 days.

April 4. Still free from any tetanic symptom. The wound on the fore-finger healing fast. The laudanum (we know not for what reason) is still administered.

8. Although it is nearly a fortnight since any symptom of tetanus was manifest, the laudanum is continued. Is this to prevent a relapse?

Fatal case of Punctured Wound.

George Riches, ætat. 48, a robust labouring man, whose habits of life have been rather of an intemperate nature, was admitted into the accident ward, on the 27th of March. He stated that whilst removing a box, a rusty nail penetrated the fore-part of his wrist, this happened a week before his admission. On the fourth day after the accident, he found his hand much inflamed, attended with great pain, and on the following day small dark-coloured vesicles presented themselves around the puncture. At this time also the arm became much swollen, symptoms of high constitutional irritation came on, he had thirst, restlessness, and great pain.

On his admission the hand and arm (extending as high as the shoulder) were immensely swollen, very tender upon pressure, and somewhat œdematous. There was not much redness, except on the anterior part of the fore-arm, low down. There were bluish-coloured vesicles around the puncture, and yellowish ones on different parts of the fore-arm: there was no distinct inflammation of the absorbents to be traced, nor glandular enlargement in the axilla. He was walking about the ward, when we visited him, in great agony.

An extensive incision was made in front of the wrist, and another on the back of the hand, the latter exposed the cellular membrane, apparently gorged with an effusion of lymph, it had a gelatinous appearance; but very little fluid escaped from the incisions. Poultices were applied over the arm and hand.

28. On visiting the poor man at two p. m. to-day, we find him labouring under the most alarming symptoms. There is great difficulty of breathing, with a marked anxiety in the countenance, the lips and cheeks of a livid hue, the tongue covered with a brownish fur, but moist, and the extremities cold. The forehead is bedewed with drops of sweat, a distressing sense of suffocation in the recumbent posture, and the pulse at the wrist is scarcely perceptible; during the night he vomited and was very restless. He died about half an hour after our visit. No examination of the body was made.

ST. THOMAS'S HOSPITAL.

Fatal Injury to the Head.

R. F. æt. 64, a stout man, of short stature, was admitted into the Hospital on the 4th of April, under the care of Mr. Travers, on account of injury to the head.

The accident occurred under the following circumstances:—His arm became entangled in some machinery, and being thus drawn in, a wheel, which was rapidly passing round, repeatedly struck his head. It was with some difficulty that he was released from this perilous situation, for a man who was standing by was so panic-struck, that he lost all presence of mind, and neglected to employ those means which might have extricated the poor man. Eventually, however, he was released, but immediately fell backwards, having been rendered senseless by the blows inflicted on the head with the wheel. In this state he was conveyed to the Hospital shortly after the occurrence of the accident, which happened about nine o'clock in the forenoon.

On examination, there was found to be an irregular wound of about an inch and a half in length, immediately behind the external angle of the left orbit, laying bare the angular process of the frontal bone, and a considerable portion of the os malæ. On the upper and back part of the head was a smaller wound, which appeared to have been occasioned by the fall that took place subsequent to the release from the machinery; in this wound also the bone was denuded. The head was shaved and then carefully examined, but no fracture could be detected.

With regard to the symptoms present, when the man was admitted into the Hospital, we learn from the dresser that he was quite insensible to surrounding objects, not having recovered or regained his senses since the infliction of the injury. The breathing was laboured, but not stertorous; the pulse was full, and the warmth of the body not below the natural standard; he appeared to be sensible of pain when the injured parts were pressed upon. Under these circumstances the dresser abstracted upwards of twenty ounces of blood from the arm.

It was at a considerable period after the venesection, that we saw the patient; the pulse was then *small and irregular*, the respiration was so laboured, that it amounted almost to stertor. The right arm was moved about with a kind of convulsive motion; the left was motionless, from which circumstance it was inferred, that the limb was paralysed, in consequence of injury done to the brain; it was afterwards ascertained, however, that there was a fracture of the left humerus; the pupils were contracted. From the state of the pulse, Mr. Travers deemed the further abstraction of blood likely to be injurious, he therefore simply directed a dose of castor oil to be given, that the patient should be carefully watched, and if the pulse should rise, to abstract blood.

In the evening the circulation had become more vigorous, and on visiting the patient about nine o'clock, Mr. Travers directed the jugular vein to be opened; a few ounces of blood were drawn, and the pulse then sunk.

April 5. The breathing is more interrupted this morning; the pulse upwards of 100, small, but not irregular; the pupils contracted, but not disobedient to the impulse of a strong light. He lays with his eyelids closed, the limbs are relaxed, and he unconsciously passes his evacuations.

Mr. Travers' opinion of the case this morning was, that the symptoms of compression were much more manifest than yesterday, and this compression he believed to be from the extravasation of blood arising from the rupture of the middle meningeal artery. It therefore became a question, whether it would be proper to apply the trephine, and Mr. Green's opinion was therefore requested on the case. The result of the consultation, however, was not to perforate the skull. No further means were had recourse to, and the poor man lingered through the day without any particular change in the symptoms. He died on the following morning about eight o'clock.

Post-mortem Examination.

On raising the calvaria, there was nothing remarkable to be observed with respect to the dura mater, no extravasation of blood, *no rupture of the spheno spinal artery*. When the dura mater was detached, considerable extravasation was found between this membrane and the arachnoides, principally on the upper part of the hemispheres. The vessels of the pia were so much gorged with blood, as in many instances to present the appearance of extravasation, and this appearance was not only on the membrane covering the surface of the brain, but also where it dips down amongst its convolutions.

The substance of the brain presented more bloody points than natural, and at one part of the right hemisphere, there appeared to be a distinct softening of the brain. In the left ventricle there was a small clot of blood, and at the base of the brain there was a considerable quantity of bloody fluid.

No other unnatural appearance was observed at this post-mortem examination, with the exception that Mr. Travers was in the dead-house.

*Case of Eczema Rubrum.**

P. A., about thirty-five years of age, a man of light complexion, and spare habit, came into the Hospital on Thursday, Feb. 2, under the care of Mr. Green, on account of a scaly eruption, diffused over the whole body.

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* Erythema mercuriale; lepra mercurialis; hydrargyria; eczema mercuriale.

The subject of this disease, is an intelligent, educated man, and gave a very interesting detail of the origin and progress of his complaint. His present employment is of a sedentary nature, being a clerk in one of the government offices, which situation he has held about two years. His former avocations in life compelled him to active exertion, principally in walking, but his general health has always been very good.

In August last, he perceived a small, painful swelling in the right groin, but without any accompanying or previous sore on the penis. Notwithstanding the absence of chancre rendered it probable that this bubo did not arise from the absorption of venereal virus, he determined on taking mercury, and continued *small doses of the blue pill, night and morning, for the space of three months.* In the mean time, the swelling suppurated, and, when he discontinued the mercury, had nearly healed—to use his own expression, only " a slight oozing" remained. The mouth became slightly sore, during the exhibition of the blue pill.

At this time he had connexion with a female, and shortly after, a crop of small sores made their appearance on the inside of the foreskin, near to its edge; from the description given, they appear to have been of an herpetic kind. The sores spread rapidly round the prepuce, and in the course of a few days, there was considerable swelling of the parts, with inability of retracting the foreskin. Impressed with the *popular* opinion, that mercury is a *specific* for all kinds and forms of venereal disease, he commenced taking *five grains of blue pill, three times a-day*, and continued its use for about five weeks; at the expiration of which time, the system was fully under the influence of mercury, the mouth and gums were very sore, the flow of saliva much increased.

With respect to the local disorder—the sores at this time had not healed, the swelling and phymosis continued, and around the foreskin, externally, was an incrustation of an inch in extent; on removing this by means of poultices, the skin underneath appeared red; it discharged a thin fluid, and a second incrustation speedily ensued. He now rubbed in on the inside of the thigh, for two nights, a small portion of mercurial ointment, and soon after a few yellow pimples appeared at this part.

Finding that the disease did not yield, the patient now consulted Sir Astley Cooper; there was at this time profuse purulent discharge from between the glans and prepuce, with phymosis. He omitted to inform Sir A. Cooper that he had been taking mercury, (and Sir A., we suppose, omitted to inquire.) He therefore directed five grains of blue pill, combined with a small portion of opium to be taken night and morning; black wash to be injected under the foreskin. After four days he felt a scurfy substance on the lips, and thin scales formed on the skin in different parts of the body, but principally about the genitals and nates. He again consulted Sir A. Cooper, who directed the mercury to be discontinued, and prescribed sarsaparilla. From the account given by the patient, we learn that the appearance of the scales on different parts of the body was not ushered in by much febrile indisposition, his pulse never exceeding 100, the skin felt unusually hot and itchy, but says that he did not observe any eruption on the body previous to the desquamations.* Such was the state of the patient to within a fortnight of his admission into the hospital, the whole of the body, during that period, generally became covered with scales, and these at intervals falling off, left the new cuticle harsh and dry, at the same time hot and itchy; cracks or fissures took place therein, a thin acrimonious fluid exuded, and the desquamating process was repeated.

On the day after admission, Feb. 3, the pulse was 96, tongue slightly furred; bowels constipated, the eyelids appeared somewhat inflamed. He was thirsty, and complained much of want of sleep. The scales on the body and extremities were thin and of a yellowish colour, on the face they were farina-like; the hairy scalp, was also implicated in the disease. The following medicines were directed by Mr. Green:

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* Here is a slight chasm in the history of the case:—that the scales should appear on the skin without any preceding eruption, is at variance with every description of this disease. The form of eruption has been variously stated, it is generally described as of a minute vesicular kind, in other cases " an eruption of a purplish colour diffuses itself entirely over the whole body," (of which we have seen one instance in hospital practice.) The eruption is in general accompanied with fever more or less severe, and in the course of a few days the stage of *desquamation* ensues, in which state the patient was admitted into the hospital, whose case we are now relating.

Feb. 3. *Eight grains of Dover's powder, to be taken at bed-time; sulphate of magnesia*, 1 *drachm; antimonial wine*, 10 *minims; mint water*, 1 *ounce, to be taken every four hours.* Equal parts of linseed oil and spermaceti cerate, as a liniment, to smear over the body.

9. The body is more free from scales, but if the liniment be not constantly applied, the new cuticle becomes hot and dry, it cracks, and a serous fluid exudes, this more especially occurs on the inside of the thighs, about the scrotum, and at the bend of the elbows. Bowels lax, less thirst, tongue furred and moist.

20. The body is now almost entirely clear from scales, which have fallen off, by means of the unctuous application, and the *warm bath* which was directed by Mr. Green, on the 11th, to be used three times a-week. The skin appears very red, and has a rough harsh feel, the disposition to crack is not yet destroyed, and is only prevented by using the ointment, which relieves the stiffness of the parts, together with the heat and itching. Omit the saline aperient mixture, and substitute the following:—

Extract of Sarsaparilla, ½ *drachm;*
Decoction of Sarsaparilla, 4 *ounces;*

to be taken three times a-day.

26. Much the same. Continue the medicines. The dilute nitrated mercurial ointment to be used instead of the liniment.

March 14. Still improving, but the eyelids continue to be red and inflamed; the parts principally affected now, are the soles of the feet, and palms of the hands. Continue the remedies.

25. The head has been shaved, and the following ointment applied:—

Tar Ointment,
Spermaceti Ointment,

of each an ounce. Mix.

The scales are falling off from the scalp, and it is much improved under the application of the ointment, the eyes are less sore. The cuticle still continues to separate from the hands and feet, leaving the parts exceedingly tender. Continues the use of the warm bath, takes the sarsaparilla, and also the pills prescribed shortly after his admission.

April. 4. He is so much improved that he talks of leaving the hospital in the course of a few days. The body is now quite clear from scales; about the genitals but more especially on the hands and feet, the newly formed cuticle remains harsh, and has a disposition to crack, which is obviated by the application of some emollient substance.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Pulmonary Disease, accompanied with an Aneurism of the Arch of the Aorta.

John Nowlan, man of spare habit of body, aged 60, was received into this Institution on the 27th of February, and placed under the care of Dr. Latham. He stated that about Christmas he took cold, and had a cough, which has continued to trouble him ever since, getting rather worse than better. At present he complains of great oppression at the chest, unaccompanied, however, by any acute pain; he sleeps but indifferently at night, and is obliged to have his head raised when in bed; he complains of a difficulty in deglutition.

By means of the *stethoscope* a kind of *metallic tinkling* sound was heard over the whole chest. The cough is accompanied by a slight expectoration. Tongue moist; bowels constipated; pulse small. Let him have a dose of house medicine immediately, and a blister to the chest.

28. Within the last 24 hours he has expectorated a good deal of mucus tinged with blood. By *auscultation*, the air is heard to pass through fluid. Bowels relieved; pulse 92, and frequent. Let a fourth of a grain of the tartarized antimony be taken in a little water each alternate hour. Repeat the blister.

March 1. After taking a few doses of the medicine, sickness was induced; but he has continued taking the medicine, and is now free from nausea. Pulse 100. Continue the tartrite of antimony every hour until vomiting is produced.

2. Has passed a restless night, and looks much worse. The bowels have acted once since yesterday. The breathing laborious, and accompanied with the mucous rattle. Continue the antimony.

3. The dyspnœa and expectoration still the same. Bowels open; pulse 96, frequent and feeble.

4. Evidently sinking. His breathing is now exceedingly difficult, and the bloody expectoration is increased in quantity. Pulse 116, and very feeble. Let the tartarized antimony be discontinued, and let him have a little almond mixture, with half a drachm of the compound spirit of ammonia.

5. The breathing continued to become more and more difficult, and he died this morning.

Inspectio Cadaveris.

The lungs were found filled with a thick kind of fluid, which had been effused between its entire substance. On removing the lungs from the chest, an aneurism was discovered on the convex portion of the arch of the aorta, about the size of an apple. On cutting open the sac it was found to be in part filled by fibrine, arranged in concentric lamellæ. This deposition of fibrine, it may be observed, does not arise from any inflammatory process, but merely as a deposition from the circulating blood. The appearance of the coats of the aorta corresponded with that which Scarpa describes when aneurism exists, presenting here and there an appearance of small tubercles deposited between the fibrous coat of the vessel. The true coats of the aorta had given way, and the trachea, with the contiguous cellular membrane in a condensed state, formed the walls of the sac.

On the internal surface of the trachea a small purple spot was observed in that part which formed a part of the boundaries of the sac, this thin membrane was the only substance interposed between this tube and the aneurismal sac, the other portion being obliterated, by absorption. The abdominal viscera did not present any unusual appearance.

Operation of Lithotomy.

On Saturday, March 25, Mr. Vincent performed the operation of lithotomy on a lad about 14 years of age. It was found necessary before the calculus, which was of a large size and of the mulberry species, could be extracted, to enlarge the external incision, and even then some force was requisite to effect its removal. The boy, however, has had no unfavourable symptoms, and is at present on the high road to recovery.

WESTMINSTER HOSPITAL.

Case of Femoral Aneurism.

Lidia Brown, ætatis 29, was admitted into this Hospital, March 18, under the care of Mr. White, with aneurism of the femoral artery, about an inch after it emerges from under Poupart's ligament. It was immediately deemed a proper case for a surgical operation, and, encouraged by the success that attended Mr. Wardrop's case, where the artery was tied beyond the aneurism, Mr. White here determined to adopt a similar method. Saturday the 1st of April was appointed for the operation, and at an early hour an unusual number of students arrived, and about one o'clock Mr. White entered the theatre, having on his right hand *Dowager* Lynn. The patient was put in the usual position for tying the femoral artery in cases of popliteal aneurism. Mr. White began his operation by making an incision commencing about an inch below the tumour and carrying it two inches downwards, on the inner side of the sartorius muscle, then through the fascia and cellular substance, till he came to the sheath that inclosed the artery, on cutting into which there appeared in the situation of the artery a whitish cord, but a gentleman on the left, after a minute examination, pronounced it to be the artery, almost in a state of nonentity; indeed to Mr. White it seemed as ill defined as an *oyster*. Twenty minutes being thus lost in settling this important question, it was proposed to tie the cord with two ligatures, and cut between them, accordingly a ligature was applied, about an inch and a half below the tumour; the second, half an inch below the first, the cord was cut between the ligatures, and found to be the artery almost obliterated, so that this great operation had been already effected by nature, yet did not cure the aneurism. How was this extraordinary circumstance to be accounted for? Anatomy and physiology, being now for the first time invited to the consultation, unaffectedly informed them, that the artery emerged from under Poupart's ligament in a single trunk, which soon divided into the common femoral and the profunda; the common femoral they kept in view, but forgot the profunda altogether, which always arises (except in cases of lusus naturæ) from about the middle or upper part of the situation of their aneurism, and in this case it must have a connection with the tumour and admit of a free circulation through it. Anatomy further assured them, had they first consulted her, she would have saved them the trouble of performing an unnecessary operation. Mr. White then dismissed his disappointed assembly, telling them, that the operation failed, and that most probably they would be obliged to tie the external iliac on a future occasion.

April 4. The tumour continues increasing, the pulsation stronger, with general *disturbance of the constitution.*

THE LANCET.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXIII.

Gentlemen,

HAVING in my last lecture concluded the subject of Inflammation, I shall now proceed to speak of the next *general* affection, namely,

Of Hæmorrhage.

Hæmorrhage may be defined "a præternatural discharge of blood from any part, not proceeding from external violence." According to this definition, hæmorrhage may take place either internally or externally. There are some hæmorrhages, which, although they take place from an internal part, yet appear externally; I may instance the case of hæmorrhage from the intestines, the urinary organs, and some others. But there are likewise internal hæmorrhages, the existence of which cannot be known with certainty during life, although they may be suspected: thus hæmorrhage may take place within the cavity of the skull, and give rise to apoplexy, which, indeed, often proceeds from this cause.

The *signs* of hæmorrhage, when it appears externally, are too obvious to need further notice. But in internal hæmorrhage, the discharge of blood takes place into some cavity; as of the skull, chest, or abdomen, where, of course, it cannot be seen. In this case it can only be conjectured to have happened, by the interruption of functions; and sometimes by syncope or fainting unexpectedly taking place.

Hæmorrhages do not take place indiscriminately from every part, but require a certain constitution of the part. It is from parts that are very vascular in their structure, tender in their texture, and where the vessels run superficially, that hæmorrhage in general occurs. Such is the condition of the brain, of the mucous membrane in various parts, of the lungs, and of the uterus more particularly.—These are, therefore, the usual seats of hæmorrhage.

The approach of hæmorrhage is often known by certain præmonitory signs, which it is useful to notice, as, by an early attention to them, the hæmorrhage may sometimes be prevented. These are, heat and throbbing, with a sense of fulness, and sometimes of pain, in and about the part: together with *pyrexia* or a febrile state of system.

Hæmorrhages differ greatly in degree, the time of recurrence, and, consequently, in the danger attending them. They may terminate fatally, in different ways: as first, from the quantity of blood lost at once, or by repeated recurrence. This, however, rarely occurs, except in cases of uterine hæmorrhage; and seldom then, unless connected with gestation or parturition. Secondly, they may destroy the patient by interrupting some function necessary to life, and not from the mere quantity of blood lost. Thus a sudden effusion of blood into the bronchia may instantly suffocate the patient: and the same thing occurring in the brain, may give rise to fatal apoplexy, which, as I before remarked, is by no means an uncommon occurrence, as proved by examination after death. Hæmorrhage again has been supposed to prove fatal, by giving rise to ulceration in the part, the ruptured vessel not healing afterwards. On this ground it is, that *hæmoptysis*, or hæmorrhage from the lungs, excites so much alarm, from the probability of its being followed by pulmonary consumption, as no doubt it often is; but the effect here is taken for the cause. It is not, in general, the hæmorrhage that gives rise to the ulceration, but the ulceration, or other change of structure in the lungs, that occasions the hæmorrhage.

The *prognosis* in hæmorrhage is governed by several circumstances, as you will easily judge by referring to what I have just stated. Hæmorrhage is seldom fatal from the mere quantity of blood that is lost. It is more likely to prove so, by interrupting some function that is essential to life; as respiration, or the functions of the brain. But the result is still more influenced by the previous condition of the part, in regard to structure. If this should be deranged, the hæmorrhage, or rather the organic disease, which is the cause of the hæmorrhage, may prove fatal, although the quantity of blood lost be very trifling. Ninety-nine times in a hundred, pulmonary hæmorrhage depends upon, or is accompanied by, previous organic disease in the lungs; and this it is which proves fatal, and not the hæmorrhage itself, which is only one of many symptoms. Hence, if we find upon examination, that the patient has been affected with cough, pain in the chest, impeded respiration, or other mark of pulmonary disease, the slightest appearance of hæmorrhage justly excites alarm. But when there is nothing of this kind, hæmorrhage from the lungs is attended with little comparative danger, even though it should go to a considerable extent. The same remarks apply to hæmorrhage from the uterus or any other part.

Hæmorrhage, instead of being always attended with danger, is sometimes of advantage, both to the general system and to the part affected. Thus it tends to lessen febrile action, from whatever cause this proceeds. It often likewise puts a stop to inflammation, and is, therefore, to be considered in the light of a remedy. Thus, *epistaxis*, or nasal hæmorrhage, generally relieves, and often cures, inflammation in the brain, whether in the form of *phrenitis* or *idiopathic fever*. So again the recurrence of hæmorrhage from the uterus generally puts a stop to inflammation in this organ; and the same with regard to others. Hæmorrhages too, when they are habitual, and especially if periodical, become in a certain degree necessary to health, and cannot be interrupted, at least suddenly, without danger: of this we have an instance in what are called *hæmorrhoids*, or bleeding piles.

The *causes* of hæmorrhage, like those of inflammation, may be divided into the *occasional* or exciting, and the *predisposing*.

The *occasional* causes, again, may be divided into, such as act upon the whole system, and which, therefore, may be termed *general*; and such as exert their influence upon the particular part, or the *local* causes.

The *general* causes are, whatever is capable of exciting the general vascular action of the system; such as external heat, especially after cold; violent exercices stimulating food and drinks; and violent emotions of mind.

The *local* causes are such as excite the vascular action of the part itself. These will be particularized, when I come to speak of individual hæmorrhages; but I may mention here, 1st, heat applied locally, as the breathing a heated atmosphere, which often gives rise to *hæmoptysis*, or hæmorrhage from the lungs; 2ndly, whatever determines a greater quantity of blood to the part; as the constriction of vessels elsewhere. In this way, *cold* applied to the surface, by constricting the external vessels, and thereby driving the blood back upon the internal parts, produces distension, and thus becomes an exciting cause of increased vascular action; which may terminate in hæmorrhage, especially from the lungs. 3dly, pressure, of a mechanical kind, made upon a large part of the vascular system, may produce hæmorrhage from other parts. It is probably in this way that we are to account for the frequent occurrence of pulmonary and uterine hæmorrhages, in females who practise tight lacing; upon the same principle, that the tying a ligature around the thighs has a tendency to excite menstruation. A quantity of fat in the adipose membrane, is another cause disposing to hæmorrhage; for, by interrupting the natural course of the blood through innumerable vessels, it must have the effect of determining a larger quantity into those parts that are free from fat, which is the case with the brain and lungs; and accordingly corpulent persons are observed to be subject to hæmorrhage from these parts. Interruption to the return of blood by the veins, is another occasional cause of hæmorrhage; this probably operates by exciting the action of the extreme arteries, which are irritated by not being able to empty themselves of their blood. Thus it is, that tumours in the abdomen or pelvis, frequently occasion bleeding from the hæmorrhoidal vessels.

The different causes of hæmorrhage now mentioned, seldom produce their effect unless there be predisposition, which, therefore, requires notice.

The *predisposing causes* are various, as,

1st, a peculiar habit of body, called the *sanguineoue temperament*. The blood-vessels of different persons vary, probably both in size and number. When they are very numerous and run superficially, as is seen in persons of a florid complexion, there is in general a disposition to hæmorrhage at certain periods of life; especially from the nostrils and lungs.

2ndly, Another predisposing cause of hæmorrhage usually assigned is, too great a quantity of blood in the system, or what is termed *plethora*, and which is ascribed to indulgence in diet, with little exercise and excess of sleep. It seems to have been thought, that the vessels literally burst from over distension. This idea, however, is much too mechanical to be true. The bloodvessels admit of a far greater distension than can be supposed to take place from this cause, without danger of bursting; as we see upon exposing the surface of the body to different temperatures. Indeed, there is no sufficient proof of the actual existence of plethora in regard to the whole system. A fulness of pulse at the wrist shows only the quantity of blood in a particular vessel; and we have no means of judging of the condition of the whole vascular system in this respect. This notion of *plethora* supposes, that the digestive and assimilative organs are always ready and able to convert the substances taken in as food, into blood; but it is unreasonable to believe this. The action of these organs is governed chiefly by the wants of the system; so that it does not follow that because an excess of food is taken, it will be converted into nourishment. The contrary is more probable; such excess, by disturbing the natural actions, would rather tend to interrupt and diminish the supply of the body. An abundance of food, together with inaction and excess of sleep, may, by favouring a deposition of fat in the adipose membrane, produce that partial and relative fulness, which I hinted at just now; but this is a very different thing from absolute and universal *plethora*, the existence of which we are at liberty to question, because it does not rest upon sufficient proof. But even this relative and partial kind of *plethora*, is not likely to last long; as the organs would probably soon cease to prepare more blood, than is really necessary to the system. You will perhaps better understand this, if I refer you to the case of amputation of the lower limb near to the trunk of the body, which has been observed to be followed by a disposition to hæmorrhage for a certain time afterwards; that is, till the digestive and assimilative organs have accommodated themselves to the reduced wants of the body altogether. There is another way in which a full diet, with deficient exercise, may contribute to produce hæmorrhage; namely, by exciting too strongly the general vascular action of the system; which may thus end in hæmorrhage, without supposing the existence of overfulness of vessels generally.

3dly. *Certain seasons* of the year, predispose to hæmorrhage. Those periods when the vascular action is most energetic, as spring, and the beginning of the summer, may easily be conceived to contribute in some degree to give a disposition to hæmorrhage. *Climate* probably, operates in the same way.

A particular conformation of organs, is another predisposing cause of hæmorrhage; this consists, probably, in a more irritable state of vessels, and perhaps also in a greater vascularity of structure. Hence, if the general system be excited, the parts so predisposed will be likely to suffer most. This kind of predisposition may be original or connate, or it may be acquired by disease: thus we find that the lungs are more liable to hæmorrhage after they have suffered inflammation than before.

We now and then meet with a peculiar and general disposition to hæmorrhage, which it is not easy to understand. There are some persons in whom the slightest puncture, or even scratch, continues to bleed for a length of time, so as to make it difficult to stop the flow of blood. In such individuals, it is dangerous to perform the greater operations in surgery, as it is sometimes found impossible to restrain the bleeding afterwards. Of this I met, a few years since, with a remarkable instance, in a gentleman who had a rather indolent kind of *white swelling* in the knee joint. A puncture of the tumour with a lancet, was followed by an alarming hæmorrhage. It was learned upon inquiry, that this gentleman had all his life been subject to excessive bleeding from the most trivial accidents; and the same was the case with all his children, and several others of his family. Notwithstanding this, a surgeon was found bold enough to propose amputation; which accordingly was performed, in opposition to the opinion of a more cautious practitioner. The consequence was, that the patient bled to death, the blood continually oozing from the stump, in spite of all applications. There was nothing else remarkable in the state of the patient's health; nor was he particularly weak at the time.

The next point, Gentlemen, to which I beg your attention, is what is called the *proximate cause* of hæmorrhage, that is, the actual condition of the part. This inquiry constitutes the *theory* of the disease, a point of importance, as it serves, when true, to govern and direct our practice.

Dr. Cullen classes hæmorrhages among the *pyrexiæ*, or febrile diseases; but this is not strictly proper, as hæmorrhages are not constantly accompanied with a febrile state of body. On many occasions, however, *pyrexia*, or symptomatic fever, is present; and in these cases the blood, when drawn, presents the usual inflammatory character. Hæmorrhage is nearly allied to inflammation, and that in several respects; it takes place in general as the immediate consequence of an increased action of vessels of an inflammatory kind: the antecedent and concomitant symptoms, the remote causes, and the treatment, all show a considerable analogy between these two affections.

In most cases of spontaneous hæmorrhage, there is increased action of the vessels of the part; as shown by the heat and throbbing that frequently accompany the disease. The greater impetus of the blood thus produced, forces open the extremities of the vessels, or more probably occasions a rupture of their sides. The effect may in part be ascribed to the effort of the vessel itself to resist distension; for it is sufficiently known, that muscular fibres may be ruptured by their own violent action. This leads us to consider hæmorrhage (like inflammation) an *active* state of disease, as far as regards the part itself; though, like inflammation, it may occur in a weakened state of the general system; which will, of course, modify considerably the treatment. The term *passive* hæmorrhage, like *passive* inflammation, has, I believe, little or no foundation.

There is, however, a variety of hæmorrhage, the pathology of which is very obscure. I mean that which takes place in *sea-scurvy*, and in cases of what are called *putrid* or *malignant fevers;* and also in that very peculiar state of disease that has been called *purpura hæmorrhagica*, and *petechiæ sine febre.* In these cases, blood, commonly of a dark colour, escapes into the substance of various parts, producing purple spots of various sizes, and attended often with a profuse discharge of black blood from the different outlets of the body; as the mouth, the intestinal canal, the urinary passages, and others. In the brain also, and other internal organs, extravasations of blood are often found in such cases after death.

This state of hæmorrhage has been sometimes referred to general weakness of system, under the name of *debility*, but certainly without reason. In many of these cases, the general weakness is much less than exists on many other occasions where no such effect is observed. Nor does the treatment warrant such a supposition; for it is seldom that *tonics* or *strengthening* remedies, as they are called, do good. The dark colour of the blood deposited in the skin, and discharged from the different passages, as well as the dark hue and loose texture of the blood when drawn, lead to the belief that the blood altogether is in a preternatural state. But this is probably the effect of some prior cause; what this cause is, or how it acts, we know very little, if any thing; and I shall not take up your time with vague conjectures. I wish I could point out to you a certain or rational mode of cure, for such states; but I cannot even say with certainty, what plan ought to be pursued in the treatment; for although *tonics*, such as the *cinchona*, and wine and the like, appear at times to have been serviceable, they are far from being always so; and I am well acquainted with instances, where even blood-letting has, to all appearance, done great service.

Putting aside, therefore, this sort of hæmorrhage, as a subject upon which little that is satisfactory can be said, we direct our attention to the treatment of hæmorrhages under ordinary circumstances of the disease.

The treatment of hæmorrhage must be undertaken with the same precaution that I mentioned in regard to inflammation, that is, we are not to attempt to pu a stop to every hæmorrhage without consideration; for it may be unnecessary and even improper, to do so. When, for example, there is an inflammatory state of action in the vessels of the part; or when the bleeding is likely to prove a remedy for some other more formidable disease; or when it has become habitual —in all these cases, it may be both unnecessary and improper to endeavour to suppress the bleeding at once, or without resorting to other means of relief. If the hæmorrhage should not go to an alarming extent, and is taking place from a part in which it is not likely to prove dangerous, it is generally better to leave it for a time to itself.

But supposing that it is proper to suppress the bleeding, it is not always a matter of indifference what remedies are applied; for the means we employ may perhaps increase the disease upon which the hæmorrhage depended. Thus in hæmorrhage from the lungs arising from inflammation, if we apply *cold* to check it, we shall be likely to increase the inflammation, and thereby do mischief. Our object in such cases should rather be, to diminish the general vascular action of the system; which is best done by venesection, unless the patient be previously very weak.

The *causes* must, of course, as far as possible be removed, as their presence necessarily tends to keep up or to aggravate the disease. All the causes, *general* as well as *local*, before enumerated, such as *cold*, *heat*, *constriction* of vessels elsewhere, as by tight lacing, &c. should be removed, or avoided. Obstacles to the return of blood from the part, must if possible be removed: if, for example, hæmorrhoids should arise from some visceral disease, we should attempt the removal of this, by such means as are in our power. In short, we act upon the same general principles as in the treatment of inflammation, to which that of hæmorrhage is nearly allied.

The treatment of hæmorrhage may be divided into the *general* and the *local*. The *general* treatment will be regulated by the state of system at the time; for the same treatment is not applicable to every case. If the hæmorrhage be accompanied with *pyrexia*, and if the habit of the patient is at the same time strong, *bloodletting* and the usual antiphlogistic treatment will be indispensable. If, on the contrary, the hæmorrhage occur in a patient of weakly habit, though with febrile symptoms, we should be cautious in using bloodletting; nevertheless the other parts of the antiphlogistic practice may be required. In such cases, digitalis and the dilute acids will be found of advantage. Preparations of lead are also well adapted to this state; but it is a strong objection to their use, that when employed for any length of time, they are apt to produce cholic and subsequently paralysis.

In some cases of hæmorrhage, the system is not only weak, but there is great laxity of the solids altogether: the pulse is soft and unresisting, the flesh every where loose and flabby, and the extremities cold. In such cases, bloodletting would be highly injurious. Powerful *astringents*, and even the most active *stimulants*, are then required. Ammonia, the oil of turpentine, and the like, may then be freely used, and that with the most decided benefit; as I have often done in pulmonary hæmorrhage occurring under such circumstances. Indeed I am convinced that bloodletting is often carried to an injurious extent in *hæmoptysis*, even where the disease is not of the precise character I have just mentioned. If the pulse, by large and repeated bleeding, has lost its hardness and much of its strength and fulness, not only *astringents* but *stimulants* may be used with perfect safety and advantage.

A very unnecessary degree of restraint is often put upon the patient, in regard to diet and regimen in these cases, and which in the end is rather injurious than beneficial. Thus we often see every particle of food withheld for days together, and nothing allowed the patient but cold water, and that in the smallest quantities; as if a spoonful or two of warm liquid would cause the patient to bleed to death. This treatment, as well as excessive bloodletting, induces that laxity of the solids that is most unfavourable to the suppression of bleeding, as it renders the extreme vessels incapable of contracting in the necessary degree. In many of these cases also, the patient is improperly kept in a shivering state for hours and even days together; with the effect, doubtless, of constricting the vessels on the surface of the body, but at the same time with the disadvantage of impelling the blood on the lungs or other internal parts, so as, like the cold bath, to produce a greater degree of action there, from the stimulus of over-distension.

Counter irritation forms another part of the general treatment of hæmorrhage. *Vomiting*, although it may at first increase the hæmorrhage, yet ultimately may be found of great service. *Purging* and *blistering* also, are among the means of *counter-irritation* that may be required.

I need hardly remark, that *rest* of body should be enjoined. So also *fainting*, if it should occur, is rather to be encouraged; at least we ought not immediately to endeavour to rouse the patient by stimulants of any kind.

The *local treatment* of hæmorrhage, consists in producing constriction of the vessels of the part; this may be attempted by *cold*, by *astringents*, and even by active stimulants, as alcohol and oil of turpentine; in extreme cases, the actual cautery is admissible; but this belongs rather to surgery. Pressure upon the part, if practicable, will be of advantage. The ligature also, if necessary and practicable, may be resorted to.

You will perceive, Gentlemen, that I have said very little of particular remedies or forms of medicine, whether *astringents* or any other. My object has been to explain to you the principles upon which you ought to act; for when you understand these, you will have little difficulty in finding means to accomplish your purpose, as far as this is attainable.

Our next subject will be *Dropsy*, which, like inflammation and hæmorrhage, is to be considered among *general* diseases; and in the same sense that they are, that is, as being liable to take place in different situations; while in all, the disease is of the same general nature, and admits of the same general doctrine being applied to it.

REVIEW.

Medical and Surgical Cases; selected during a practice of thirty nine years.—By Edward Sutleffe, Queen Street. 8vo. pp. 464. Vol. II. London. 1825. Printed for the Author, and sold by Hamilton and Co. Paternoster Row.

The first volume of these intellectual reminiscences was published about two years ago, and duly noticed in this journal.* A second has at length appeared, and forms, with its predecessor, as handsome a pair as ever issued from the press of Bensley, or Spottiswoode. The contents, however, are as worthless as the letter-press is excellent. Quotations from scripture, and from fanatical and vulgar writers, with now and then something of the smutty, are mingled together with a confusion far beyond anything that old Chaos ever dreamed of. It is truly laughable to observe how christian humility, sectarian rancour, and gross and stupid vulgarity are blended in the volumes before us. But for a moment attend, gentle reader.

Speaking of resuscitation, the author says:—

"On Monday evening, April 11, 1825, a young lady of the name of H———, *elegantly attired, decorated with trinkets*, (what is this to the purpose?) *and with money in her purse*, threw herself off the bridge near the City Road, into the Regent's Canal! Although the body was *taken out of the water* within four minutes *after the submersion*, and conveyed to the Macclesfield Arms, and subjected for an hour and a half to the usual means to restore animation, under the superintendance of four medical gentlemen, no manifestation of life could be elicited."

"This statement," he continues, "taken from the public prints, is deficient, as it does not inform us what were the means resorted to"—(Although he has just said, that the usual means were employed for an hour and a half.) "I do not say" he adds, "that had the lungs been fully inflated, this young woman would have been *rescued from fatal self destruction;*" (fatal death!) but this I can affirm, that recovery has been effected by inflation alone, after the patients had been immersed full fifteen minutes."—p. 3.

Page 2. He says "A few recent instances have occurred in which the means employed must have been *anatomically destructive to life, had the vital spark been latent.*"

Again, "The *suicide* or *victim* is saved, *provided the immortal spirit has not taken its flight!*"

We have all heard of an M.P., who brought in a bill to make *suicide* a *capital* offence, and must vote him, at least, the merit of being ingenious, reserving, however, the first place for Mr. Sutleffe.

The following case, which comes next, is not a bad specimen of his general manner:—

"*Phthisis Pulmonalis.*—Miss C——, ætatis 28, a very pious character, residing in Houndsditch, called upon me, labouring under emaciation, short breathing, hectic flushes, and a pulse at 160 (of Fahrenheit's thermometer, we suppose); any expectation of relief in this case was quite out of the question. I exceedingly regretted that her medical confidant had detained her in a town atmosphere; but I deemed her removal under such circumstances totally useless. As I could not, however, hold out the slightest hope of relief from the use of medicine, the party resolved to remove into the country; by this measure the severity of the symptoms was lessened, and the patient lived four months; three months certainly longer than I had anticipated.

The concluding scene of her life exemplified that 'peace which passeth understanding,' the last moments of her existence being employed, even to the ultimate expiration, in the repetition of the sentence, 'Him that cometh unto me, I will in no wise cast out.'

'A word of thy supporting breath
Drives all my fears away.' Watts."

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* Vol. IV. p. 391.

At page 5, he relates something about a young man, who, he says, was at that time, "*a gay frequenter of Vauxhall*, the visitation recited, (pleurisy,) however, led him to retirement, and induced him to cultivate sober and serious habits. That the satisfactions accruing from the latter abundantly exceed those derived from the former, he is fully prepared to testify; *and his testimony has been corroborated* by the experience of *the wise and good in every age, climate, and country*," which means, that the wise and good of every age, climate, &c. have been "gay frequenters of Vauxhall"!

The Blue Pill a maker of Misanthropes.

"Miss ——, ætatis 7, in consequence of an accident, became dull, perverse, and incoherent. From the advice of ——, some relief was sought for. The cause of the disease was referred to a critical period of life, and patience was recommended. The circumstance of a blow having been received on the head was mentioned, but —— replied, that that circumstance had no connection with the symptoms. To these symptoms, however, the parties were accustomed to attach much importance, inasmuch as prior to the infliction of the blow, not a shade of the distressing malady had appeared. At the expiration of four years, my opinion was taken on the subject.

With considerable surprize, I was introduced to a *misanthrope*, wholly unoccupied; refusing to read, sew, or converse. Upon inquiry, I heard the afflicting narration:—'Well,' said I, 'you applied to a star of the first magnitude;' but if this be the result, thought I, of *hepatic labours*, woe to applicants whose diseases are within the skull. I could give no hope of success from any treatment, and took my my leave.

The *blue pill* will cure tens of thousands of stomach derangements, but it must not be substituted for blood-letting."

"*Aneurism.*—The Rev. Mr. D——, an apostolic labourer in his Master's vineyard, was attacked, ten years ago, by aneurism about the larger vessels; retirement from the public services of the sanctuary became necessary. The bulletin was unanimously signed by the medical conclave,—the patient could not live many months. The disciplined sufferer waited in peace for a divine dismissal, with the accompanying benediction, 'Well done, good and faithful servant, enter thou into the joy of thy Lord.' Under these advantageous circumstances, he continued in tolerable comfort, until, very recently, he was suddenly transplanted to bloom in paradise above:—

'Where on a green and flowery mount
Our wearied souls shall sit,
And with transporting joys recount
The labours of our feet.' WATTS."

Asthmatic paroxysms relieved by Anodynes.

Mr. H———, ætatis 63, having long been unable to respire in a dusty or a narcotic atmosphere without considerable inconvenience, was suddenly arrested at bed-time by a paroxysm of spasmodic asthma; he was compelled to maintain a sitting posture for three or four hours; after which period exhausted nature relieved herself; for my patient slept soundly in a semi-recumbent position until breakfast time. The paroxysm threatened the extinction of life. Several nights were thus passed before I was summoned; the terrific symptoms, although varying in the degree of violence, recurring regularly.

Upon witnessing this case, I conceived that the symptoms acquired strength, in proportion to the humid deposition absorbed under the heat of the preceding day. As usual, the paroxysm left him free from complaint. Heated air appeared indispensably necessary for the moderation of the symptoms. I prescribed ipecacuanha, gum ammoniac, and laudanum; one dose to be taken an hour previous to the expected paroxysm. The first trial gave us palpable proof of the manageable nature of the malady. My worthy friend promises himself a tolerable degree of exemption from the afflicting visitation. He is rigidly enjoined to avoid the night air, and *imitating the domestic manners of the polite and gallant chanticleer, to be early on his roost.* The *females* of the establishment already derive advantages from *these regular and retired habits!*"

"*Priapism.*—Recently a case occurred of permanent erection in an uxorious character, which bade defiance to all the congregated talents of the day. My sympathising solicitude was stirred up to a high pitch, whilst the patient underwent repeated bleedings ad deliquium, cold applications, mercurial ptyalism, incisions and tobacco clysters; all which strong measures excited alarm in a medical circle; the learned members, however, of medicine and surgery, conjoined with nature, cured the patient."*

"*Aneurism of the Aorta.*—Mr. ——, an attorney, a *man of the most decided piety*, (a rare association,) laboured under commencing pains and uneasiness about the region of the præcordia, with a pulse of such a character as to evince some serious heart affection beyond all medical controul, in which opinion all the surrounding practitioners concurred, each enjoining a state of absolute rest, as far as could be compatible with his convenience. Thus, under the wise and negative discipline proposed, *nem. con.*, the diseases made less advances than usual; but the month of October induced an attempt at a day's *sport; having winged a pheasant, which endeavoured to elude his grasp*, forgetful of medical *laws*, (not of divine of course!) however peremptorily enforced, he ran in pursuit of the wounded prize: the undue exertion protruded the self-formed coagulum, and the sportsman consequently fell to rise no more until the resurrection 'morning, when the upright shall have dominion'!"

We hope this case will be an instructive lesson to those hypocrites who, pretending humanity only to curtail the amusements of the people, are themselves engaged in the most cruel of sports; and if perchance, pious men that they are, they fall in the fray, it is only "until the resurrection morning, when the upright shall have dominion." It seems, however, that a wounded pheasant is equally anxious "to elude the grasp" of *saint* as sinner.†

"*Permanent* inconvenience" does not yield to "medical controul." p. 98.

"Blows inflicted upon the skull *will* occasionally be attended with permanent inconvenience, which does not yield to medical controul. Mr. Strong was thrown from a pony and pitched upon his head; the laceration of the scalp was, as usual, soon healed. My patient was a bon-vivant. 'Ah, Dick,' I observed, 'this visitation will make you as sober as a *Nazarite*:' and so it has fallen out, for when he ventures upon the second glass of wine he is painfully but salutarily reminded of his fall, which seems to say, 'Sin no more, lest a worse thing come unto thee.'

At other times matter will be secreted and deposited between the inner layer of the skull and the dura mater; and in this case we occasionally witness the almost incredible powers of nature in penetrating the two lamina of the bony skull, instead of corroding the membrane underneath, as if aware of the instantaneous fatal effects of the last kind of outlet. I recollect one instance where a surgeon sawing out a circular piece of bone, actually included in the trepan a pointed spiculum of bone, resembling a cock's spur, by which circumstance the patient was instantly cured of the brain affection, under which he had long laboured. I presume an incipient state of exfoliation had served as a correct guide for the application of the useful instrument; so remarkably does God sometimes honour the 'gifts of healing,' which, let it not be forgotten, stood classed high in value in the apostles' days, being ranked immediately under '*working of miracles*' and before 'interpretation of tongues'."

"*Concussion of the Brain.*—Moll ——, contending in the streets, received a blow which levelled her to the ground, and she, 'who increaseth transgression among men,' resorted to a glass of gin. After three weeks had expired, this female laboured under symptoms of cerebral compression, and died. Post-mortem examination exhibited pus situated beneath the dura mater."

"*Buboes.*—A 'simple youth, void of understanding,' associated with one 'set apart for pollution,' who 'increaseth transgression among men' (according to Colquhoun there are 50,000 in London and its environs,) and contracted a bubo without the customary chancrous division of the skin of the penis, or the slightest gonorrhœal flow. He had been under the care of Mr. D——, my fellow student in 1790-1-and-2, who had prudently introduced a small quantity of mercury into his system, and employed leeches, blistering, and poultices to prevent the formation of pus. Thus situated, the parties paid me a visit: I refused to take him under my management, he was doing as well as could possibly be desired, and I transferred him into the hands of my quondam friend and colleague. We meet occasionally with a suppurating bubo in a virgin; I have laid open such a one with the bistoury."

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* "Twelve years prior to the abovementioned case, 'a young man married a virgin;' priapism supervened; no medical aid was called in; the unsubdued member was bound round with tape and ribbon, which were gradually tightened until the turgescence of the corpus spongiosum and corpora cavernosa subsided."

† "The *Saints* are the best subjects in an empire, as the tribes of Israel were within the walls of Babylon."
Vol. I., 532.

In another case, a young man, who had been "tampering with 'the cocatrice den' had a swelling in the axilla." Solomon says, "A whore is a deep ditch."

Vol. I., 366.

"*The Venereal Disease.*—'A young man void of understanding' contracted syphilis. The subtle poison lay hidden on each side of the frenum, producing a disease of a chancrous appearance. The professors in the healing art have taught us that the application of the lunar caustic will prevent the transmission of the poison to the inguen, and with perfect truth, except in this solitary instance, as far as my experience extends; for on this occasion, although the hydrargyrum was not sparingly introduced, either internally or externally, yet a bubo on one side, gradually and irresistibly, formed and maturated, requiring the lancet and the bistoury.

'By the word of thy lips I have kept me from the paths of the destroyer.

'Wherewithal shall a young man cleanse his way? By taking heed thereto according to thy word.'—PSALMS.

'Whoso pleaseth God shall escape from her, but the sinner shall be taken by her.

'Better is the sight of the eyes, (in the possession of a chosen companion,) than the wandering of the desire.'—ECCLES."

He is a great advocate for the use of the hedera terrestris, or ground ivy, (glecoma hederacea, Lin. 807,) which was much extolled by Pitcairn in consumptions, in such cases as the following:

"*Hysteria entrenching upon the boundaries of Aberration.*—Miss Mary ——— paid me a visit to whisper on subjects of great importance. Her mind had been for six months agitated by the possibility of fickleness in one of the 'lords of the creation.' My advice was not unduly to press the subject, (for some mulish bipeds are more tractable by silence than by goads,) and to exhibit no mutability on her part. Her sleepless nights, and dishevelled countenance rendered it necessary to furnish her with ext. glecom. heder. in the form of pills. At the expiration of a few weeks, on a Monday, she renewed her visit, with an improved aspect: she could now sleep, and awake refreshed. She assured me, that without religion she should have committed suicide; but that she told the arch fiend he had 'sifted her like wheat;' but Christ had prayed for her, and her 'faith could not fail.' 'Why, Mary,' I smilingly observed, 'we were singing at church yesterday—

While Satan rages at his loss,
And hates the doctrine of the cross.'
WATTS.

She is now one of the happiest wives in his Majesty's empire."

The following anecdote immediately succeeds a quotation from the Lamentations of Jeremiah!

"*An imaginary Disease.*—Dr. Haighton used to say, that when visited by females, we are obliged to talk much nonsense. Mr. A———, a star of the first magnitude, possessed a vein of humorous pleasantry which rendered his company exceedingly attractive, (but over whose infatuated infidelity I have shed many a secret tear,) was relating the incidental occurrence of a circumstance which moved my risibility in an unusual degree. His statement was, that a young bride requested his opinion on a delicate subject, namely that of the emission by her husband, during the hours of sleep, of so much wind from the bowels, as to render the situation of his bed-fellow quite disagreeable. 'Oh! Ma'am,' (great men, Dr. Parr-like, are never at a loss,) he quickly replied, 'we have no remedy for such a complaint; you must submit with patience, for the skin of his body is too short, so that when his eyes are shut, his —— opens!' Confounded with such a reply, the blushing bride dared not elevate her eyes, and made her retreat as speedily as possible. It is indeed thought by some, that her majesty herself would not have been received more courteously by the scientific Mr. A———."

He sometimes repeats a tale, an instance of which occurs in the case of Mrs. B———, of Watling Street, "a mother in Israel," who had been long yoked with "a son of Nabal," and endured privations "suited rather to a daughter of Job than Abigail;" page 207, which is again told at p. 408. The same scriptural and other quotations are repeated ad centesimam vicem; but, with all due deference to Mr. Sutleffe, we must decline to admit it as any proof of his piety. The devil, we are told, has scripture at his fingers' ends, but he is not, *therefore*, (at least in the *scriptural* meaning,) a saint.* But we digress.

"In every work regard the writer's end" is the author's motto, and at p. 41, are the following words, "Mr. T. had inspected a volume of medical cases, (the first of these we presume,) in which his family is mentioned in honourable terms," by which we can partly guess why his work is written in the village-doctor style, and so loaded with compliments and texts from the Bible. He "must not publish an *uncertain* sound."—p. 200.

The following is a specimen of his liberality. Speaking of a woman dying of phthisis, he says,

"Dr. ——, a Socinian, paid her a visit during the height of the symptoms, entering the *consecrated* room while she was whispering, 'To him that is athirst will I give,' &c., the Doctor, catching at the word athirst, asked, 'are you thirsty, Miss H——?' 'Yes,' (she replied, with a joyful 'peace which passeth all understanding,') 'the blood of Christ will quench it too.' The Doctor asked no more questions, and I fear is capable of repeating this event as a proof and specimen of methodistical mania, in the circle of learned Socinians over which he presides; for I have mostly observed that those unbelievers in revelation are alike destitute of candour as of piety, though privileged with an abode within 'the full-orbed blaze of gospel light'!"

And now we have done, at least we shall merely point out a few of the author's elegancies of expression,* and conclude by a quotation from the Appendix to his second volume, for which, as he informs us, he is indebted to "Dr. Morrison, the apostle (he might have said first Oriental scholar) of the age."

"The Chinese, whom I venture to pronounce the most unique, and the most original people at this day on the face of the earth, look at medicine in two points of view, a favourable one and an unfavourable.

1. The sincere, diligent, candid, and benevolent practitioner who toils for the health of his neighbours and fellow-countrymen, they regard as holding a place equal in importance to that of a virtuous minister of a powerful monarch, who is a blessing to the empire. On the other hand, he who has no higher motive than his own emolument, and who, from his ignorance or his foolhardiness, as often kills as he cures, they regard with sovereign contempt, and feel ashamed that such men should be called by the same name as the sincere votaries of the healing art, which, by a very appropriate and honourable distinction, they call Jin-shuk, 'the benevolent art.' The ideas I have thus put into English, are taken from the preface of a work in forty volumes, compiled by the united efforts of about a hundred persons connected with the Imperial College of Physicians at Pekin during the reign of the late decided and prosperous monarch, known by the name, or rather title, of Këen Lung, which being interpreted, mean "*Celestial Glory.*" This book, which is the latest national work in China on the subject to which this paper has a reference, was published about the year A.D. 1740.

2. There is an individual and private work in eleven volumes, printed not more

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* "All are not Israel who are of Israel."—Paul. (See Vol. I. p. 557.)

* "A vermi*form* motion," p. 13; "A rube*facient* suffusion," p. 14; "*Exhausted* nature *relieved* herself," p. 31; "The situation of a suicide was perfectly hopeless," p. 33; "An emaciated *vultus*;" "Arteritis," *passim*; "Uterine hæmorrhage *quasi amnis*," p. 74; "Non-necessity," p. 108; "A *vultus* expressive of distress," p. 197; "The general *vultus*," p. 237; "Better to marry than burn," p. 384, &c. &c. &c. Had we but one penny in the world, Sutleffe, thou shouldst have it to buy gingerbread.

than fourteen years ago, entitled E-Shoo-Hwuy-Tsan, '*A Comparative Compendium of Medical Books.*" This is the latest publication which has any pretensions to particular notice that I have seen. In the year 1819, being desirous of procuring information on the Chinese notions of diseases, and their cure, I bought all the books on medicine which were to be found in the populous and opulent city of Canton: they amounted to 892 volumes. I need scarcely add, as my other avocations are well known to you, that I have not yet been able to examine the contents of these books to that extent which I could have wished, or rather did and still do wish to effect.

3. I shall this day furnish you with a few general notices on the history of Chinese medical practice, and at the same time would observe, that I by no means anticipate very important and useful discoveries from the Chinese in this department of human knowledge; for since the genius of Bacon threw open the gate of experimental science, the European mind has outstripped all that ever preceded it in the accuracy and extent of its knowledge. However, you are not unacquainted with my maxim, which, with reverence, I adopt from an inspired and a divine author, that '*it is more blessed to give than to receive.*' I know it is a much more ungracious task to teach than to *learn;* for the assumption of superior knowledge, however justly it may be claimed, commonly offends one's pride, whereas he who becomes a scholar, flatters our vanity: this is a difficulty in our way; but I would ask, what honourable and benevolent course is not attended with difficulties? Let us therefore resolve to go onward.

4. In the case of men too remotely situated, and of such a different speech and discordant manners and habits of thinking as Englishmen and Chinese, a most discouraging difficulty in limine is, how to understand each other on physical and medical facts and theories; therefore, as I have before hinted to this society, great patience is necessary in our pursuits, and one must learn a great deal of nonsense in order to be able to refute it.

5. The imperial work above referred to, is entitled E-tsung-kin-këen, "*A Golden Mirror of the most approved Medical Practice.*" All books in China referring to medicine, that could be procured by purchase or by loan, were collected, and traditional popular MSS. were sought by the order of government. In four years it was completed. In this work it is maintained, that in the remote ages of antiquity, medicine and the affinities and correspondencies in nature were better understood than at any subsequent period.

Chinese writers attribute the ascertainment of the properties of herbs to Yente, the illustrious monarch, an antediluvian personage in their annals, placed about 3000 years before our era. This illustrious king, Yente, is otherwise called Shinmuy, which appellation means 'Divine Husbandman.' About the same time lived another king, Hëen-yuen, and a statesman named Ke-pih, who, with the monarch just now named, formed, by their personal efforts, a sort of royal society for physical and medical research in China, and in allusion to them, medicine is sometimes called "*the art of Ke-heen.*" To Ke-pih the origin of Tsze-chih, i. e. "*impuncture,*" is attributed. There are two fragments yet extant attributed to Ke-pih, and which (according to the imperial editors and other writers (are the most ancient notices in China concerning the cause and cure of diseases.

6. The first of these fragments is called Ling-choo, "*the intellectual hinge,*" perhaps meaning that turning point, that crisis which determines the connexion, or the final separation of soul and body. The other fragment is entitled Soo-wan, "*plain questions,*" and refers to or contains the result of certain consultations between Hëen-yuen, and Ke-pih on Splanchnology.

7. Both these medical fragments are given in the work published fourteen years ago by a private hand, to which I referred in the beginning of this paper. They are considered more ancient than the classical books collected and edited by Confucius; but how their authenticity and genuineness are traced, I know not. The style of these, like that of several other ancient medical writings is obscure and abstruse to modern Chinese students. In these fragments the circulation of the blood is recognised, whether in the form of a note or not, I am not prepared to say; however, there is little doubt, that as early as the days of Galen, the Chinese believed, and taught and acted on the belief, that the blood and a certain animal spirit, or subtile aura, circulated or went round and round the human body without intermission day or night, as long as life continued. But up to the present time I believe they are ignorant of the manner in which it does perform its circuit, and of the structure of those canals, the veins and arteries, which convey it.

Just as Choo-foo-tsze, an eminent Chinese philosopher, (considered second only to Confucius,) taught six hundred years ago that there belonged to plants the distinction of sex; and any poor Chinese gardener will tell you that this is a male plant because it bears no seed, and that is a female because it does bear children (as their root for *seed* is,) yet neither the philosophers nor the gardeners of China seem to have followed up these hints with an experimental scrutiny to ascertain in what that sexual distinction consisted.

So neither their genius nor their doing have prompted them to dissect carefully the bodies of the dead for the benefit of the living, and they remain satisfied with the *fact* of the blood's circulation, without endeavouring to explain it.

The Shoo-king compiled by Confucius, mentions Woo-hĕen as skilled in the cure of diseases about 3000 years ago. The next names of eminence in this department are Tsang-kung and his pupil Pĕen-tsoo, otherwise called (Looe) Doctor of Loo, who lived about 2100 years ago. During the civil wars of China, the state of society, however afflictive to humanity, was probably favourable to discovery in the art of medicine, and one in which practitioners are of unusual importance, a circumstance that has gained a medical man in China the appellation of Kwo-show, '*the nation's arm*,' meaning that by his art he saves persons from death.

Tsaou-tsaou, who is by some Europeans called the Buonaparte of that age in China, ordered the doctor to be decapitated (the books say) because he refused to attend on the general's wife; but popular tradition says, because he proposed to trepan the general's skull and cure him of some affection of the brain.

In consequence of Hwa-to's murder, his wife burnt all his manuscripts, and one that he offered to the jailor (called) 'The green bag recipe able to bring the dead to life,' containing many important secrets, being from fear refused, he burnt it before his death.

Shun-yue, a doctor of some note, lived about this time.

In the fourth century Wang-shuh-ho was chiefly famous for his work on the pulse, an epitome of which is given in Du Halde's China.

In the sixth century Chin-kwei lived, who is said to have cut into the abdomen, removed diseased viscera, stitched up the part again, and healed the patient in a month's time. He gave an opiate to the patient, which rendered him insensible, before he began the operation. The opiate is called Ma-fuh-san, which seems to express that it was in the form of a powder.

There was one man of eminence called Heuyin-sung, who rather undervalued the doctrine of the pulse, and said he could do without it. It was he who, being advised to write a book, said, 'Words cannot communicate my art.'

The above-mentioned are a few of the desultory names of eminence connected with medicine in China; there are four persons still more eminent as writers, and who are well known by the epithet Sze-ta-kea, 'the four great masters,' or leaders of separate schools, and authors of distinct systems. From the first of them to the last embraced a period of twelve centuries.

The first is King-chung-chang. He lived during the How-han, A.D. 220., and was a native of Nan-yang.

The next is Lew-chow-chin. He lived under the Sung dynasty, A.D. 1200.

The third is Le-tung-hwan, who lived under the first Tartar dynasty, A.D. 1300; and the last is

Choo-tan-ke, a native of Che-keang province, who lived during the late China dynasty, Ming, A.D. 1500.

The first name is considered '*The father of Physic:*' he left numerous writings, which are still much read."

"*Chinese Theory of Medicine.*—A due reciprocal action of these* on each other preserves the harmony of the system, which is *health;* excessive or defective action in either power causes disorder or *disease;* and high degrees of excess or defect cause *death.*

The object, therefore, of Chinese physic is to preserve in due strength and exercise the *vis inertiæ* and the *vis mobilis*; that the first may offer a competent resistance, and the latter may not destroy by acting with undue force, or (according to the phraseology of the celebrated but unfortunate and unhappy Brown,) 'that the *fire* of human life may not go out for want of fuel, nor the combustion be too vehement, and too soon terminated by having an excessive supply.' Such is an outline, I believe tolerably accurate, of the fundamental principles of Chinese medicine, which system, they say, was taught in the antediluvian age, and has maintained its ground in this most singular country ever since.

Rule of Medical Practice.—A view of the different systems of the four great masters of Chinese medicine.—Their differences are thus briefly stated in the first volume of a work entitled, E-tsung-peih-tuh, '*The best Authorities in Medicine, very necessary to be read.*'

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* The original characters do not furnish an adequate reference.

The first writer, Chang-chung-king, in whose great and original work on fever, the Imperial College of Physicians say, not a single sentence is found taken from any more ancient authority antecedent to his own time (which was sixteen centuries ago, was remarkably decided in his practice; and all who take him as their model 'err in giving immoderately large doses of medicine.' He was the first publisher of prescriptions in China; but his prescriptions direct *taels* weight, or ten ounces, of different ingredients to be taken, where the men of our day can only bear *tseen*, or single ounces. From this circumstance, one writer infers that the human constitution is much weakened in China since the time of Chang-chung-king, who is, I think, from the little I have read, considered their first and greatest physician.

About a thousand years elapsed before their *second* great master appeared, viz. Lew-show-chin, and all who followed his system '*erred in an immoderate use of bitter and refrigerating remedies.*'

In the thirteenth century, Le-tung-hwan, the third great leader of the Chinese school of medicine, directed the fashion to an extreme degree of stimulating, or, as the Chinese express it, 'elevating and strengthening remedies.'

This system, two centuries afterwards, Chootan-ke opposed, and went to an extreme in *cleansing*, or 'attenuating and lowering the powers of nature.'

I have seen a brief memoir of the third-named writer, Le-tung-hwan, which states that he was thoroughly versed in all the learning of his age and country, and was remarkable for a retentive memory. He attached himself to an eminent practitioner, and procured from him all that his long experience had amassed

Like many eminent men, he seems to have grown proud and morose; for, unless in difficult and dangerous cases, he showed great displeasure when called on for his assistance.

I once before noticed to you incidentally, that the Chinese *rule* given to physicians to ascertain a patient's complaint is expressed in *four* words:—

Wang,	Look.
Wan,	Listen.
Wan,	Ask.
Tsëe,	Feel.

In the work entitled Sze-tsae-san-shoo, from which I have taken the above precept, it is laid down as the only regular practice, to proceed thus: to inquire of the patient the probable cause of his complaint; whether from affections of the mind; from irregular conduct, &c., before proceeding to feel his pulse. The order, however, is that of the precept given above: first *look* at the patient's countenance; next mark the *tone* of his *voice*: then ask him all about his Ping-yuen, the probable *source* or *origin* of his malady; and, finally, feel his pulse."

"*Medicines.*—Hydrargyrum, *i. e.* mercury, 'water' and 'silver,' is exactly the etymology of the Shwuy-yin, 'water or fluid silver' of the Chinese.

The elaborate author of the Pun-tsaou-kang-muh states, that he does not know when it first began to be taken inwardly. However, it is now he says, a thousand and seventy-five years ago since it became famous in China. There was a prince of the Tang dynasty, who lived about A. D. 745, and who desired to procure the elixir of immortality. He conceived the vain wish that man should not die! and he had a statesman who aided his folly, and who expected, from preparations of mercury, to obtain Puh-sze-che-yoh 'the medicine of immortality.' This man took mercury not to cure disease but to ward off death, but in four years from commencing the experiment he died!

The cases in which mercury is recommended in medical Chinese writings are few, the details of its mischievous effects are many. Its application to the head is above all other uses of it most deprecated, as it is judged most injurious to the brain and to the bones. And it is confidently believed that it finally destroys the generative power both in men and women.

One of its most legitimate uses is as a vermifuge or anthelminthic, and in diseases of the skin which arise from animalculæ.

The quacks of Canton employ a most powerful but dangerous remedy for the venereal disease, which is well known by the name San-sëen-tan '*the triad angel elixir.*' It is composed of Shwuy-yin, mercury, King-fun, a sublimate of mercury in powder, or, as it is otherwise called, the Sin-shih, which is arsenic; these three are thrown together and sublimed, which result constitutes the elixir of the three angels.*

In Canton the Te-tow-kih, barbers, learn surgery to cure the venereal disease, and with these barber-surgeons the above named elixir is a favourite remedy."

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* Two only are mentioned in the original.

COLLECTANEA.

Case of Malignant Cancer, in which Iodine was administered with powerful effects.

By George Nesse Hill, Surgeon, Chester.

Extensive as are the objects of medical and surgical daily concern, none rank higher in importance than the treatment of scirrhus and cancer. Zeal in the cause of suffering humanity never appears more solicitous to obtain practical success, than in these truly melancholy destroyers of all ease of body and quietude of mind. Ages have rolled on witnessing the fruitless attempts to remove the first, and cure the last, so that the practitioner of any denomination who has but a proposal to make, which carries with it even a mere probability of success, in ameliorating the condition of the sufferers by these cruel maladies, is almost as much entitled to attention as he who, in less stubborn evils, has met with a new remedy decidedly successful in establishing a cure. Perhaps it may with truth be said, that no disease has produced such a number of pretenders to cure as cancer, while in no department has there been less actual success.

The subsequent detail has no higher claims on the public attention, than that of affording another proof of the powerful effects of Iodine on the human glandular system, and that it is a new remedy from the poisonous class meriting farther and closer attention than it appears yet to have received. Three or four notices have appeared in the periodical publications from respectable writers on the subject, of the very powerful effects of iodine on the female breast. By a free and constant use of the remedy, complete absorption of the whole organ has ensued, so as to leave scarcely the vestige even of a nipple. The last account I have seen of this kind, will be found in the Med. and Phys. Journal for May last, p. 437, by Hufeland. Subsequently one of the foreign Journals reports, that Dr. Edward Graafe prescribed an ungt. containing ʒi. of the hydroid. potass. to ℥ij. of pure lard, from which the like effects followed.

December 20, 1822.—I was requested to examine the right breast of a widow, aged 62, of a shattered constitution, having led a laborious life, and been the mother of ten children, exclusive of abortions. The breast presented a large, hollow, fetid ulcer, with ragged thickened hard edges; the subjacent ribs bare, but not denuded of their *periosteum*. Her general health was deranged, appetite bad, with frequent cough; her situation in life in every respect unfavourable. I directed a carrot poultice to be applied, and renewed every five or six hours. Medicines to be taken to regulate the bowels; and when the evacuations assumed a tolerably healthy appearance, the Fowlerian solution was commenced; and happening to agree with the stomach (by which expression I mean to be understood that this organ admitted of its use being pushed to 15 drops twice and thrice per diem,) in two months amendment was visible. Her general health was improved. The ulcer became less offensive. A weak mixture of the solution and pure water was applied with lint, and over that the carrot cataplasm. In short, at the end of eight months, the general health was so improved, and the appearance of the ulcer such as to justify the trial of Mr. Young's mode of cure by compression. Just at this juncture, an accidental visitor from London was at my house, who had been successfully treated by this method. She spoke highly of it, said her breast had been condemned to be removed by some eminent surgeon; but as she was unwilling to suffer the operation, she applied to Mr. Y., and was now free from every vestige of the disease. Having procured the apparatus recommended by Mr. Y., it was applied conformably to the rules laid down by that gentleman, with steady diligence, and borne with equal patience, until, in the course of three months, the edges of the sore assumed the appearance of cicatrization; but the whole surrounding parts, and particularly the axillary glands, became so painful, and a provoking discolouration in the centre of the ulcer (from which spot she described the pain as all emanating,) compelled us to lay aside the pressure apparatus as incompatible in this case. The unhealthy spot at the fundus of the ulcer now rapidly enlarged, and threw out a large tubercle of a livid appearance. This diminished and looked better under the use of the *sulphas cupri*. The surrounding parts were dressed with the *pulv. cretæ ppt.* according to Mr. Kentish's mode; the cinchona and opium were administered; and, at the close of the first year of my attendance, the ulcer had assumed a favourable aspect. Spots of new cicatrization were once more visible, but their next door neighbours were the hard ill-looking tubercles, soon accompanied by incurvated edges, and a general tendency to bleed from small nipple-like eminences of the fungoid kind. Dry lint imbued with flour and *sp. tereb.* generally succeeded in stopping the blood. The bolar earth with alum never failed. The longest diameter of the ulcer now measured six inches; the general health still good, a little cough excepted. Thus we went on to the end of a second year, without gaining or losing much ground, except that the insulated spots of cicatrization which had appeared under the use of the chalk were no longer visible; the discharge from the whole corroded surface was copious and gleety.

At this juncture, having put to the test every local application and internal remedy I could think of, the powerful effects of iodine were suggested to me by a very ingenious friend and chemical artist of this city, as worthy of trial in all desperate cases of tumour and vitiated ulcer; I gladly caught at the hint, and applied an unguent consisting of ℈i. of the hydroidate to ℥i. of the purest *axung. porcin.*; this was the dressing twice a-day; it not only gave no pain, but, as my patient observed, "felt comfortable." In a few days, the quantity of discharge was diminished, and its quality improved, the whole surface of the sore assuming a kindlier aspect; the ill-coloured tubercles softened and gradually sloughed away, recalling to mind the applications of our forefathers, designated detergents. In a few weeks, the whole surface wore the most flattering appearance possible. Any surgeon whose eye had then been directed to this poor sufferer's breast, would have said, "Here we have a state of fine healthy granulation;" in truth nothing could look better, or afford a more healthy discharge; all the surrounding hardness was softened and ultimately removed, as though there never had existed any breast. The left breast underwent a similar process; there is not the vestige of a nipple even to be found (more than a minute brown spot) on the closest inspection.

Soon after commencing the use of the *ungt. hydroid.* the solution was administered in the proportion of 36 grains to the ounce of *aq. distil.* Her stomach bore thirty drops easily, but beyond this she could not advance without nausea; the lancinating pains and occasional bleedings of the breast entirely ceased; the evening dose of opium was dismissed. After pursuing this plan for four months, all the inferior portion of the ulcer was completely cicatrized. This process taking place from below upwards, in the course of another month a patch of lint the size of a sixpence would cover the uncicatrized part. Above this, at the top, there remained a hard ridge, not half an inch long, resembling the edge of a child's little finger, quite dry, painless, and of a bright red colour. I directed this to be rubbed with the *ungt. hydroid.* twice daily, the solution to be continued; and so sanguine were my hopes now become that my poor patient would ultimately attain a perfect cure! (*cure of cancer!*) that I cannot find language to express my feelings; but these feelings will be well comprehended by all who are enthusiasts in their profession, by all who love their species, and by all who are daily witness of the sufferings of human nature under all the varied forms of cancer.

I now saw Mrs. S. only once a week, and expected to find the remaining hard edge of the old ulcer becoming softer, and yielding to the fate of all its predecessors, viz. to soften, to ulcerate, to slough away, and, like them, leave a smooth shining surface adherent to the costæ; but this was anticipated happiness destined to share the common fate. The little stubborn ridge did not yield to the rubbing with the ointment, now increased threefold in strength, but enlarged; became of a purple hue, divided into tubercles, contaminated a gland or two in the axilla; fretted edges, incurvation, gleety discharge and re-opening of the fixed cicatrix soon followed, so that in two little months the size and general appearance of the ulcer had resumed its original greatest dimensions, the emaciation recommenced its career, the countenance betrayed the existence of cancerous diathesis, and in short, nothing now can be expected but that termination to dreadful suffering which so many thousands have experienced. This narration, so calculated to exercise the reader's patience, is given with a view to exhibit the effects of iodine in a case hopeless, when it was first employed. What it is capable of effecting when called into service in the earliest stages of foul, malignant, or cancerous ulcer, remains to be proved by successive trials. That it is an agent of great power and manageable qualities, I think cannot be doubted.

Chester, October 15, 1825.

A Case of irregular Origin and Course of the Right Subclavian Artery and Right Inferior Laryngeal Nerve; with Remarks. By JOHN HART, Member of the Royal College of Surgeons in Ireland, Demonstrator of Anatomy at the Medico-Chirurgical School, Park-street, Dublin, &c. &c.

Early in the present winter, an old female subject was brought into the dissecting rooms of the New School, Park-street, in which I discovered that the right subclavian artery arose from the aorta direct. It came off from the extreme left part of the arch, after the origin of the left subclavian, at the left side of the body of the second dorsal vertebra. It then crossed the spine obliquely, behind the thoracic duct and œsophagus, and, coming out on the right side in front of the first dorsal vertebra, ran across the apex of the pleura, and reached the place it is usually found to occupy on the upper surface of the first rib, between the *scaleni* muscles.

The situation of the *innominata* was occupied by the right carotid, which, coming immediately from the aorta, ascended directly in front of the trachea, nearly as high as the lower border of the thyroid gland, before it took up its usual lateral position in the neck, being thus in danger of the edge of the knife in tracheotomy.

The *nervus vagus* of the right side, in entering the thorax, crossed the subclavian artery without giving off the recurrent nerve in the usual manner. The office of this nerve, however, was performed by several branches arising from the inner side of the trunk of the *nervus vagus*, the highest of which, being the largest, separated from the trunk opposite the cricoid cartilage, crossed inwards behind the carotid artery imbedded in its sheath, and, getting under the edge of the inferior constrictor of the pharynx, became, by its distribution, the inferior laryngeal nerve. The branches below this were much smaller, and supplied the thyroid gland, trachea, and œsophagus. These also crossed behind the carotid; but the branches which go to join the cardiac nerves were given off together at the lower part of the neck, and got in front of the arch of the aorta, in their course to the cardiac plexus.

As gestation advances, the head becomes more distinct, and the neck begins to be formed after the second month, which, as it lengthens, has the effect of removing the brain upwards to a greater distance, and of drawing out the larynx from the chest, in accommodation to which, the nerves of the *par vagum* and their recurrents become elongated, and hence the circuitous route the latter are found to take afterwards, forming loops in which the aorta and right subclavian artery are, as it were, suspended.

Somewhat analogous to this elongation, is that which the spermatic vessels undergo, which, having been derived from the source most convenient to the original situation of the testicle below the kidney, are drawn out and lengthened in proportion as this organ descends through the abdominal rings to occupy its place in the scrotum.

Had not the great bloodvessels been originally thus interposed between the brain and larynx, the inferior laryngeal nerves would not have been entangled by them, and we should find them in the adult taking the nearest route to their destination. Such in fact was found to be the case, on the right side, in the present instance, as well as in the case of Dr. Stedman, in both of which the right subclavian artery had lain behind the trachea and œsophagus; and I will venture to assert, that every case in which this vessel is so circumstanced, will present an example of the same kind of accompanying deviation from its ordinary course, in the inferior laryngeal nerve of the same side.

A knowledge of this occasional variety should teach the surgeon to beware in exposing the right carotid for the purpose of tying it, above the crossing of the omohyoid muscle, lest, in drawing the *nervus vagus* outwards with the internal jugular vein, as usually directed, and separating the artery from the back part of its sheath, the inferior laryngeal nerve, having taken the irregular course above described, should happen to be cut across.

Such an occurrence, we are led to infer, from the experiments of M. Magendie, would affect the functions of the larynx to a serious extent.

Stephen's Green, *Dec.* 7th, 1825.

[*Ed. Med. and Surg. Journ. April.*]

FOREIGN DEPARTMENT.

ACADEMIE ROYALE DE MEDECINE (TRANSACTIONS.)

Vaccination and Small-pox.

A letter was read from M. Dutrouilh of Bordeaux, in which he stated that not one of more than six thousand individuals whom he had vaccinated within the last twenty years, had been attacked with small-pox, although this disease had frequently prevailed as an epidemic in Bordeaux. This communication gave rise to a variety of remarks from different members of the Academy. M. Girardin said, he had what he conceived to be a case of small-pox after vaccination at present under his care; the patient is the son of a physician, and was vaccinated when a child with every care, by his father. He caught the small-pox in one of the hospitals of Paris, and is now in the seventh day of the disease. M. Baron, in opposition to M. Girardin, remarked that the patient had not yet reached such a stage of his malady as to permit of definite conclusions being formed in regard to its nature. Up to the sixth day varicellar and varioloid diseases often bear the greatest resemblance to small-pox; the sudden desquamation that happens about the tenth day, is what especially distinguishes these lesser affections from the graver one of small-pox. M. L. Villermé cited a case confirmatory of M. Baron's observation. The disease was presumed, up to the seventh day, to be true small-pox; but at this time it declined so rapidly that even the attendants, who were unacquainted with medicine, perceived the mistake that had been made. M. Devilliers gave as the distinguishing sign of varioloid eruption from small-pox the absence of any peculiar redness of the skin after the desquamation of the former, but only the continuance of a tubercular appearance, depending on the skin remaining swollen for some time after the scabs have fallen off.

M. Devilliers, in continuing his communication upon the mortality occasioned by small-pox, in the 12th district of Paris, informed the Academy that of 215 deaths which happened in this district during the month of October, 91 were the consequence of small-pox. None of the victims of this disease had been vaccinated. Those who had been vaccinated, lived with impunity, surrounded by the sufferers from variola; and in none of the establishments into which the vaccinated are alone admitted had small pox been observed. M. Devilliers added some reflections on the characters which distinguish small-pox from varioloid and varicellar eruptions. In the two latter complaints, the pustules are simple or distinct, and their exterior pellicle is easily removed; in the varioloid variety, the pustules are only more numerous, larger, and endure longer, than in the varicellar. In true variola, on the contrary, the pustules are, to a certain extent, cellular internally, and umbilical or pitted in the centre. M. Marc held that there were more remarkable differences between the varioloid complaint and varicella than those M. Devilliers had pointed out. In the former of these maladies the eruption appears all at once, in the second, on the contrary, it only comes out by degrees; in it the pustules are also rounder, and more of a pearl-shape than in the former. M. Merat said, that he was then attending a lady attacked with small-pox who had been vaccinated twenty-two years before. In this case there is neither any reason to doubt the reality of the variola, for the disease is now in its seventeenth day, nor to question the primitive genuineness of the vaccination. The sister of this patient, who was vaccinated at the same time, waited upon her without receiving the infection. M. Merat lately attempted to vaccinate an individual on whom the operation had been done twenty-four years before, but it was in vain, there was no pustule produced.

M. Villermé read a report upon the number of deaths by small-pox from the 1st of January to the 1st of October, 1825, in each of the twelve districts of Paris. The total amount of deaths was 1264. The first is the district in which the smallest number happened, viz. eleven; and the 12th that in which the maximum occurred, viz. 399. It is in the poorest quarters, therefore, or those whose inhabitants particularly oppose the practice of vaccination, that the small-pox makes the greatest havoc. Of the 1264 victims, 764 were males, 500 females. This difference is owing to girls being more frequently vaccinated than boys; without doubt the hope of preserving personal charms unimpaired, is the motive which leads to the more frequent vaccination of girls than of boys.

M. Villermé has ascertained that in the 4th district the unvaccinated boys are in the proportion of one to four, whilst the girls are only in that of one to ten.

M. Baron read a letter from M. Berlau, physician at Ceret, (Pyrenées Orientales), in which this gentleman states, that during an epidemic small-pox which raged around him in 1821, he observed many eruptions, either anomalous, or varicellous, or truly variolous, attacking those who had been vaccinated; and he thinks he has observed that individuals recently vaccinated, were principally attacked with eruptions of the first description, whilst the true small-pox only assailed those who had undergone the operation of vaccination at very distant dates. Suspecting that the cow-pox lost its preservative virtues, in proportion as the epoch of vaccination was remote, M. Berlau, to assure himself of the fact, revaccinated many individuals, of different ages, and his suspicions seemed to be confirmed, when he found that these second vaccinations produced vaccine pustules, which were regular and perfect in proportion as the parties had been vaccinated for the first time at more remote periods, and which, on the other hand, were badly characterized, as the individuals had more recently undergone the first vaccination. M. Moreau called the attention of the academy to the opinion of another practitioner, according to which, individuals recently vaccinated are those who are least secure against small-pox, a circumstance which he conceived to arise from their having been inoculated with a vaccine virus which had lost its powers.

Crural Hernia.

Messrs. Gimelle, Hedelhofer, and Lisfranc, in reporting on the *essai sur la hernie crurale* of Dr. Manche, protested against his advice to divide the integuments parallel with the fold of the groin, instead of making the first incision parallel with the hernial sac; they, however, approved of his sentiments, in regard to the methods of freeing the incarcerated intestine. The incision, for this purpose, is to be made, not at the superior part of the ring as is recommended by Gimbernat, not at the inferior part of this opening, according to the precept of Scarpa, but upwardly upon Poupart's ligament, by one or two slight cuts. One of the committee had operated twice in this way successfully, and with much greater ease than by any of the other procedures in use. This part of the report gave rise to a discussion, which went to show, that of all the methods of operating for crural hernia, the best is that in which the ligament of Gimbernat is the part divided, seeing that it is attended with no other risk than that of wounding the obturator artery, when this vessel happens to run immediately behind the ligament, and this is a case which is extremely uncommon.

Operation for Phymosis.

M. J. Cloquet communicated his new method of operating for phymosis, which, whilst it is as speedy as any other, has the advantage of causing no subsequent deformity. This method consists in slitting the back or under surface of the prepuce upon a director, perpendicularly to, or parallel with, the frenum. If the frenum be very short, it should be divided with the scissors. The longitudinal wound that results from this method, becomes transverse when the prepuce is pulled back upon the glans; it leaves a transverse linear cicatrix scarcely perceptible; the prepuce gains in width what it loses in length. M. Cloquet has performed this operation several times; his patients all recovered perfectly; the cicatrix was hardly to be detected; the prepuce appeared to possess its natural comformation.

Amputation of the Neck of the Uterus.

M. Lisfranc mentioned a case in which he had lately taken away the neck of the uterus; this part was much enlarged, and in a well-marked carcinomatous condition. A slight hæmorrhage, that required no extraordinary measures for its suppression, persisted during several days. The woman was speedily convalescent, and at a later period was in the enjoyment of perfect health.—*Archives Generales de Medecine.*

New method of operating for the Stone, modified from the plans of Sanson *and* Vacca, Beclard *and* Dupuytren.—By — Ruy, M.D.

M. Ruy divides his method into three stages—the external incision, the incision of the bladder, and the extraction of the stone.

External incision.—M. Ruy introduces the fore-finger of his left hand into the anus along with the bistoury, with which he divides that portion of the anterior paries of the intestine which is embraced or surrounded by the sphincter ani, and he carries forward his incision an inch, or more, if it be necessary, along the raphe of the perinæum. The finger remains in the wound and guides the operator in laying bare the membranous part of the urethra.

Incision of the Bladder.—Directed by the staff, the surgeon incises the membranous portion of the urethra, through an extent of several lines on to the anterior edge of the prostate, when he guides one of the blades of a pair of curved scissors upon the finger into the groove of the staff, and divides the prostate obliquely upwards and outwards on one side; this done, the other blade of the scissors is passed along the staff, and the other side of the prostate divided in the same manner, so that there now results a triangular flap, whose apex points downwards, and which includes a larger or smaller portion of the prostate gland.

Extraction of the Stone.—This stage of the operation presents nothing remarkable, unless it be the extreme facility with which the stone is reached, and the extraction effected.

M. Ruy has already been completely successful in several cases, in which he has put his plan of operation into practice. There are many arguments in favour of this modified manner of operating; and of these we shall give a brief abstract.

It is generally allowed that M. Sanson makes his incision (of the rectum) too long. M. Vacca's is less extensive, but still of such a length as to give grounds of apprehension for the formation of a fistula. M. Dupuytren does not touch the rectum; but if in this way he secures the patient from a fistula, he makes him run the greater risk of hæmorrhagy, and may cause him to suffer severer pain during the extraction of the calculus. Could M. Dupuytren's incision be kept exactly transverse in front of the anus, bleeding would be less to be apprehended, but a transverse incision would not afford ready access to the bladder, and would not permit the extraction of a voluminous stone. The incision, has, therefore, to be made of a semilunar shape, has to be carried round by the sides of the fundament to such an extent as the size of the calculus may require. In this incision, many branches of the transversa perinæi and pudica externa must needs be divided. An incision in the middle line of the body, however, cannot possibly be followed by hæmorrhage.

M. Sanson, by his mode of incising the bladder incurs the risk of having the urine escaping into the intestine, and the fœcal matters passing into the bladder; in short, of a fistula. M. Vacca does not cut so deeply; he preserves a membranous apron, formed by the anterior paries of the intestine, which prevents any communication between the two cavities; but does this procedure give perfect security against fistulæ? M. Dupuytren thinks it does not, and to guard against these he leaves the intestine untouched, opening the bladder in the same way as M. Ruy, but with an instrument which is apt to produce hemorrhage of a much more serious nature than that which M. Ruy has pointed out as likely to happen during the first stage of the operation; the question here is, of wounding the internal pudic artery. It is the dread of implicating this vessel which induces M. Ruy to make use of curved scissors. M. Dupuytren's instrument is even more likely to wound the internal pudic than that of frere Côme. The instrument of the latter acts in the direction of the pudic, where it is still more or less protected by the ascending ramus of the ischium. That of M. Dupuytren acts upon parts higher up, acts upon a point where the artery tends towards the mesial line of the body. M. Dupuytren's instrument opens into the form of a triangle, with cutting sides, its bases being turned inwards. If this peculiarity be considered, it will be evident that a pudic artery, which would be protected from the lithotome cachée of frere Côme by the ascending branch of the ischium, will be very little, or not at all, sheltered if M. Dupuytren's instrument be used. If the instrument of frere. Côme interests the artery in question, (and it is allowed to be capable of this,) it does not so but by acting in the manner and in the direction which is the least favourable to such an accident. M. Dupuytren's instrument, on the contrary, as it only acts by distending the bladder and forcing it towards the artery, is calculated to fall perpendicularly upon it, and, in the ascending branch of the ischium, even to find a point d'appui, which, by preventing the vessel from receding, will expose it to the full action of the cutting edge.

In making the incision with curved scissors, the artery cannot, by any means, be included between the blades. To render such an accident possible, the bladder would require to be enormously distended with urine, and to be forced down upon the urethra; now the urine always escapes when the membranous portion of the urethra is cut, and then the bladder contracting, recedes from the urethra.

For the extraction of the calculus, the plan pursued by M. Sanson is unquestionably the best; that of M. Vacca is nearly as good; that of M. Dupuytren is much less to be praised; in fact, Messrs. Sanson and Vacca, and M. Ruy, along with them, pull the stone downwards through parts that are very elastic, and where the pubian arches are the farthest apart. M. Dupuytren is compelled to draw the calculus forwards, through parts less extensible and nearer to the summit of the arch of the pubis.

M. Sanson's method exposes the patient most to the passage of fecal matters into the bladder; that of M. Vacca appears to guard against such an accident; the operative plan of M. Dupuytren precludes the possibility of its ever happening. Such also is the advantage of the procedure proposed by M. Ruy. The incision of the intestine is not extensive enough to leave any cause for alarm on this account; moreover, experience comes in aid of this anatomical reason and shows that it never happens.

By M. Sanson's method we run the greatest danger of fistulæ. The thin edges of the recto-vesical partition, deprived of all support, must necessarily unite with difficulty. The plans proposed by Messrs. Dupuytren and Ruy are exempt from this disagreeable risk. On the whole the plan and remarks of Dr. Ruy deserve every attention from those interested in the advancement of operative medicine.—*Gazette de Santé.*

THE LANCET.

London, Saturday, April 22, 1826.

Much misapprehension appears to prevail on the subject of the late Meetings at the *Freemasons'* and *Crown and Anchor Taverns.* Letters are incessantly pouring in upon us from all parts of the country, requiring an explanation of the views of those who convened the Meeting of "General Practitioners," the names of the parties, and some account of their earlier proceedings. Many intelligent correspondents fear that a division of the surgical reformers into two bodies will tend materially to impede the progress of that reformation in our College which is so ardently desired by all scientific English Surgeons. We confess that we participate in those fears, and deeply lament that the "Associated Apothecaries of England and Wales" (this is their proper title) should have held their Meetings so immediately after those at the Freemasons' Tavern, and we no less regret that they entitled them "Meetings of General Practitioners," inasmuch as this appellation appears to have been designedly used in contradistinction to that of "Meeting of Surgeons;" thus many entertain an opinion, that the matters contemplated at the assemblies over which Mr. Lawrence presided related only to *pure* Surgeons, and that the affairs of those over which Mr. Hayes presided, belonged exclusively to the "Surgeon-Apothecaries," or "General Practitioners." These impressions are equally erroneous and injurious; they are calculated either to prevent co-operation or to throw whatever assistance might be proffered, into an improper channel. It is of the utmost importance that the whole profession should fully comprehend the intentions of both parties, so as to prevent the presentation of *two* medical petitions to the House of Commons. Such an occurrence, we are convinced, would be productive of very unfavourable consequences, if it did not entirely frustrate the just expectations of all.

The "Associated Apothecaries," (now styled "General Practitiers,") published, in 1823, a volume of Transactions, in the introductory essay of which we find an elaborate history of the proceedings of the association up to that period; their objects are there clearly developed, and the means by which they have endeavoured and are still endeavouring to attain them; from this Essay, therefore, we shall make some copious extracts as a preliminary to the discussion of the important question—whether it be sound policy that this association should prosecute its intention of presenting a petition to Parliament.

In our present Number we shall insert that part of the Essay which describes the progress of the Society, up to the introduction of their Bill into the House of Commons, and in our next we will devote a considerable portion of our pages to many, if not the whole of the clauses of this intended Act. It is a curious instrument, and as it is the parent of the Apothecaries' Act of 1815, we certainly ought to place it in THE LANCET, in company with its beloved offspring. At page seven of the Introductory Essay, the formation and progress of the Society are thus detailed:

"The first general meeting of apothecaries was held on July 3, 1812, in consequence of a requisition signed by a number of gentlemen who had been previously drawn together by a legislative enactment, which had raised the price of glass "excessively." A Committee of twenty gentlemen was formed, and they were directed to draw up a report.

This report was presented at a general meeting held on November 6th. It enumerates "the grievances and difficulties with which the apothecary has to contend;" and professes to "unfold the causes" which have "within the last thirty years" caused "the condition of the apothecary gradually to decline."

These causes refer to the degradation of the apothecary from a gentleman to a tradesmen by the mode in which he is remunerated, &c.; to the inadequacy of that remuneration; to the remuneration remaining stationary for a century, though the expenses of the apothecary have increased one hundred per cent. glass indeed even from eight shillings to forty-five shillings; to the encroachments of the druggists; to the practising of improper persons; and lastly, to the necessity which exists for placing the apothecary, the surgeon-apothecary, and the practitioner in midwifery, under the direction of a proper controlling body.

From this period, however, the deliberations of the Association were almost entirely confined to considering the best mode of placing the profession under a proper superintendence. Thus on November 13, 1812, -

" *It was Resolved,*

"That a large body of pretenders have assumed the character and functions of the regularly-educated apothecaries, to the great detriment of the public health.

That these evils have arisen from the want of a proper superintending body.

That the executives of the Royal Colleges of Physicians and Surgeons, and Society of Apothecaries be requested to concur and unite in an application to Parliament for an Act for the improvement and better regulation and practice of the apothecary throughout England and Wales.

That circular printed letters be addressed and sent to the members of the Royal College of Surgeons practising pharmacy, and to the members of the Apothecaries' Society residing in or within seven miles of London, requesting their attendance at the general Meeting, Friday, Nov. 20, 1812.

Resolved, *nem. con.* That country practitioners be requested to form District Committees to co-operate and correspond with the London Committee on the means best adapted to promote the general and and local interests of the profession."

On November 27, a sub-committee of nine gentlemen were formed by ballot, to consider the propositions made by different persons with respect to the plan to be submitted to the corporate bodies for adoption.

On December 1, the Committee applied to the House of Commons. On December 5, they transmitted the following letter to the Colleges of Physicians and Surgeons, and to the Society of Apothecaries:—

"GENTLEMEN,

"The Committee appointed by a General Meeting of the Apothecaries of England and Wales, held at the Crown and

Anchor Tavern, on Friday, the 20th of November, 1812, to carry into effect certain resolutions then agreed to, beg leave to transmit to you a copy of their report, with the resolutions subjoined, as approved by that meeting.

The Committee are of opinion, that the management of the sick should be as much as possible under the superintendence of the physician; but as, in a very great majority of cases, the assistance and skill of the apothecary must be relied upon, no one should be allowed to practise as an apothecary, without having previously submitted to a suitable examination.

The Committee suggest that there be a distinct privileged body established by the authority of Parliament for such examination, and to superintend the general professional interests of apothecaries and surgeon-apothecaries throughout England and Wales, securing by this means the better preservation of the public health. By the authority to be vested in the proposed superintending body, the apothecary will be required to be universally well qualified, and be thus rendered more worthy of public confidence. The Committee, therefore, submit, that he should possess a legal claim to moderate remuneration for his attendance and professional skill, under such modifications as may hereafter be judged proper.

The Committee are satisfied that any measures which may be considered as calculated to promote their views, must be confirmed by an act of the legislature, which will unavoidably be attended with considerable expense. They have consequently made it a primary object to provide such a fund as will, in their estimation, be adequate to that purpose.

The Committee are desirous to obtain the sanction and concurrence of the legally constituted bodies of the profession, and they wish it to be distinctly understood that they are extremely anxious that the regulations to be proposed shall in no degree interfere with their established privileges.

They have, therefore, determined to address the Royal College of Surgeons and the Society of Apothecaries at the same time with yourselves, and trust that they shall receive your countenance and support in a petition to Parliament for the protection and regulation of the practice of the apothecary.

[Note.—The latter paragraph was omitted in the Letter to the Society of Apothecaries, and the following substituted.]

They have, therefore, determined to address the Royal Colleges of Physicians and Surgeons at the same time with yourselves.

But as the major part of the members of your Society have the same general interests as other apothecaries, and can appreciate more correctly the extent of their grievances, the Committee trust their application to you will be favourably received and countenanced. With such approbation, they will be enabled more confidently to call upon the Royal Colleges of Physicians and Surgeons to unite in a petition to Parliament for the protection and regulation of the practice of the apothecary.

Signed by desire of the Committee,

G. M. Burrows, Chairman.

Bloomsbury-square,
Dec. 11, 1812."

Sir Joseph Banks was also applied to; and on December 29, a circular letter was addressed to the profession at large, explaining the objects and intentions of the Association.

On January 12, 1813, after great deliberation, and an immense correspondence had been digested, the provisions of the projected Act of Parliament were placed in the hands of the solicitor to the Association for final arrangement. The Chancellor of the Exchequer was also waited on. The Chancellor received the deputation favourably, "entered into the subject as a measure of public interest, and allowed the privilege of sending packets of letters to large towns free of postage. The following petition was also presented to the House of Commons; the three constituted bodies having, after much unnecessary and evasive correspondence, declined joining in the application. Ultimately these bodies opposed the Bill by petition to Parliament.

PETITION.

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The humble petition of the apothecaries, surgeon-apothecaries, and practitioners in midwifery, whose names are hereunto subscribed, on behalf of themselves, and the other apothecaries, surgeon-apothecaries, and practitioners in midwifery of England and Wales,

Showeth, That your petitioners form the great majority of the medical practitioners of England and Wales, and are, therefore, necessarily intrusted with the medical and surgical care of the great mass of the population of the kingdom.

That neither of the above branches of the profession can be practised with safety, much less with benefit to the community, unless the practitioners acquire competent knowledge by some regular medical education.

That there is no existing law to prevent persons practising in either or both the above branches without any proper medical education; and great numbers of persons, therefore, in every part of the kingdom assume the character and exercise the functions of the apothecary, surgeon-apothecary, and practitioner in midwifery, who are wholly ignorant, and utterly incompetent to the exercise of the duties of the profession; the safety and the health of the community are thereby greatly endangered; the general character of the profession disgraced and brought into disrepute, and the interests of your petitioners greatly injured.

That in consequence of this degradation of the character, and serious injury to the interest of the professions of apothecary, surgeon-apothecary, and practitioner in midwifery, few apprentices are now obtained, and the general state of the profession is progressively becoming worse.

That the medical departments attached to His Majesty's army and navy, which have been principally supplied with practitioners brought up under those members of the profession, have already suffered, and are likely still more to suffer.

That it is essential to the preservation of the character of the profession, and to the interest of the community at large, that provision should be made for remedying the above evils.

That your petitioners could not apply to this Honourable House upon a subject of such extensive influence upon the interests of the profession and public, without communicating with every part of the kingdom, and also particularly with the College of Physicians, and the public bodies in any manner connected with the superintendance of the education of persons intended for the medical profession, and have, from the nature, and extent, and unforeseen delays of such intercourse, been unable to apply to this Honourable House within the period prescribed for presenting petitions.

Your petitioners, therefore, most humbly pray that leave may be given to present a petition for leave to bring in a Bill for the regulation of the practice of apothecaries and surgeon-apothecaries, and practitioners in midwifery, under such regulations and restrictions, and in such manner, as to this Honourable House may seem meet."

ABSTRACT
OF
BICHAT'S THEORY OF LIFE.

EVERY thing around living beings, according to M. Bichat, tends constantly to their destruction, and to this influence they would necessary yield, were they not gifted with some permanent principle of reaction. This principle is their life, and a living system is necessarily always engaged in the performance of functions, whose object it is to resist death. Life, according to Bichat, is the state of being produced by the possession and exercise of what he calls the vital properties; yet he does not always adhere with logical strictness to this definition, but rather uses the term sometimes to designate the vital properties collectively, and this is perhaps the best and most convenient sense. His essential doctrine however is, that there is no one single individual presiding principle of vitality, that animates the body, but that it is a collection of matter gifted for a time, with certain powers of action, combined into organs, which are thus enabled to act, and the result is a series of functions, the connected performance of which constitute a living being.

This is his view of life, considered in the most simple and general way. But in carrying the examination farther, he points out two remarkable modifications of life, as viewed in different relations, one, common both to animals and vegetables, the other peculiar to animals.

The vegetable exists entirely within itself, and for itself, depending upon other substances only for the materials of nutrition; the animal, on the contrary, in addition to this internal life, has another, by which he connects himself with the objects about him, and maintains relations with them by the ties of mutual dependence. This affords a principle upon which to found a distinct classification of our functions. Those which we have in common with the vegetable, which are necessary only to our individual bodily existence, are called *the functions of organic life*, because they are common to all organized matter; those, on the other hand, which are peculiar to animals, which in them are superadded to the organic functions, are called *the functions of animal life*.

Physiologically speaking then, we have two lives, the concurrence of which enables us to live and move, and have our being; both equally necessary to the relations we maintain as human beings; but not both equally necessary to the existence of a living thing. By our organic life, food proper for our nutrition is first submitted to the operation of digestion, is then thrown into the circulation, undergoes in the lungs the changes which respiration is intended to effect, is then distributed to the organs to be applied to their nutrition; from thence, after a certain period, it is taken away by absorption, thrown again into the circulation, and discharged at length from the system by means of the several exhalations and secretions. This is the life by which all the parts of the body are kept in repair, it is the life of waste and supply, necessarily subservient to the performance of those functions, which are the distinguishing characteristics of our nature, but not at all engaged in their performance itself. By our animal life, on the contrary, we become related to the world about us; the senses convey to us a knowledge of the existence of other things, besides ourselves; a knowledge of their capacities and quantities for producing pleasure or pain; we feel, we reflect, we judge, we will, and react upon external things by means of the organs of loco-motion and voice; according to the result of these mental operations, we become capable of communicating and receiving pleasure and pain, happiness and misery. In fact, by organic life we merely exist negatively; and by animal life, that existence becomes a blessing or a curse, a source of enjoyment or of suffering. It is not at all pretended that this idea was original with Bichat. Most physiologists have had some faint glimmer of it, and others have more distinctly recognized it under different modifications, and with a different title. But he has made it peculiarly his own, by the ingenious and novel manner in which he has stated, explained, and illustrated it, the detailed application he has made of it to the various phenomena of the living system, and the beautiful and almost poetical air which he has, by means of it, thrown around many of these phenomena.

In the first place, as he teaches us, the two lives differ, in some important respects, as to the organs by which their functions are performed. Those of the animal life present a symmetry of external form, strongly contrasted with the irregularity, which is a striking characteristic of those of organic life. In the animal life every function is either performed by a pair of organs perfectly similar in size and structure, situated one upon each side of the median line of the body, or else by a single organ divided into two perfectly symmetrical and similar halves by that line. Thus the organs of sight and hearing, and of locomotion, are double and similar; the nerves of the brain go off in corresponding pairs; the organs of smell and taste, and the hair, are situated with a perfect regard to this law. The organs of the organic life, on the contrary, present a picture perfectly different, they are irregularly formed and irregularly arranged; the stomach is placed without any regard to the median line, and one half of it bears no resemblance to the other; the same is true of the liver, the spleen, and all the organic viscera. The heart, though a double organ, has its parts of irregular size and strength, the rest of the circulating system presents a thousand irregularities, and the lungs a dissimilarity in the two sides of the thorax, in the division of their lobes, and the quantity they contain. This symmetry of form is accompanied by a corresponding harmony in the functions of the organs of the animal life. The exactness and perfection of vision depend upon the similarity of the impression transmitted by the two eyes to the brain; if these impressions are dissimilar, vision will be imperfect in proportion; hence we shut one eye when the power of the other is increased by the interposition of a lens, and hence we squint when one eye is weaker than the other. The same is true of all the senses, of the muscles of locomotion, of the voice, and of the brain itself, if there is between the corresponding organs of the two sides, or the corresponding halves of the organ any inequality or dissimilarity, that is, if there be any defect of symmetry, the consequence is an imperfection in the function. Upon this principle Bichat explains the difference between different individuals in their capacities for distinguishing accurately the harmony of sounds. A good ear for music, as we express ourselves in common language, is only the result of the possession of two perfectly symmetrical organs of hearing, which transmit to the brain similar impressions ; a bad ear, on the contrary, is produced by any inequality in the organs which transmit dissimilar and unequal impressions. Thus, when one, either of our eyes or ears, is deprived of its usual degree of sensibility, we can hear or see much better by making use of that alone which is uninjured, than by making use of both. The same remark is extended to the organs of smelling, tasting, and touching, and to the functions of the brain and muscles. But nothing like this is true of the organic life, to the regularity of whose operations, harmony and regularity of action is not a necessary condition.

The functions of organic life are constantly going on ; they admit of no interruption, no repose ; whatever cause suspends the circulation or the respiration, destroys life. They form a necessary and connected series which must be always moving on in continued progression, from the beginning to the end of existence. But in those of the animal life the case is widely different. They have intervals of entire repose. The organs of this life are incapable of constant activity ; they become fatigued by exercise and require rest. This rest, with regard to any particular organ, is the sleep of that organ ; and in proportion to the extent of the previous exercise and number of the organs fatigued, the state of repose will be partial or general. Upon this principle Bichat founds his theory of sleep. General sleep is the combination of the sleep of the particular organs. Sleep then is not any definite state, but is a more or less complete rest of the whole system, in proportion to the number of organs which require repose. The most perfect sleep is that where all the functions of animal life,—the sensations, the perceptions, the imagination, the memory, the judgment, locomotion, and voice are suspended ; and the various forms of imperfect sleep, exhibited in dreaming, somnambulism, &c., are all produced by the wakefulnes of some particular organ.

The two lives differ also in regard to habit, the animal being much under its control, the organic but slightly. In the animal life, habit renders our feelings and sensations less intense, whilst it elevates and perfects the power of judging. The eye is no longer sensible of the presence of objects to which it has become familiarized ; the ear takes no notice of sounds which are constantly repeated ; the other senses become hardened against the operation of agents which have often excited them, but at the same time a capacity for forming an accurate judgment with regard to their qualities, has been growing more perfect. Thus a piece of music gives us at first a feeling, a pleasure, and nothing more ; and if it be often repeated, this feeling vanishes, but we become capable of estimating the merits of its arrangement and harmony. In the organic life it is not so, respiration, circulation, secretion, &c. are totally without the influence of habit, and though some of the functions of this life most intimately connected with those of the animal, are in some measure under its influence, yet, in a general way, a freedom from this influence is a distinguishing characteristic of organic life.

Every thing relating to the understanding is the attribute of animal life, whilst the passions, on the contrary, belong to organic life, have their seat in its organs, influence them when excited, and are influenced by the state of the organs. The relation which the passions have so remarkable with the animal life, is intermediate, and not direct ; all the primary phenomena produced by their excitement, are exhibited in the internal organs. The heart is violently excited in anger, more moderately in joy ; fear, sadness, grief, &c. produce an opposite effect. The lungs are equally affected, the respiration is quickened or impeded, a sense of oppression or suffocation is brought on according to the nature and degree of the passion excited. In various emotions we experience peculiar sensations in the epigastrium ; a sharp pain, a sense of fulness, or sinking ; in other cases more decided effects are produced, a spasmodic vomiting, a copious secretion from the liver, or mucous membrane of the intestines, or from the kidneys. All the different gestures by which we attempt to express the intellectual and moral affections, are so many proofs of the correctness of these views. If you wish to indicate any of the phenomena of the intellect, relating, for instance, to memory, perception, or judgment, we carry the hand spontaneously to the head ; but if we would express love, joy, sadness, hatred, &c., we involuntarily place it on the heart or stomach. We say a strong head, a well-organized head, to express the perfection of the understanding ; a good heart, a feeling heart, to denote moral perfection. Many of the phenomena of disease indicate the same relations between the organic viscera and the moral affections. In the disease of some organs, the mind is cheerful and happy, taking a favourable view of things, and this even when the disease lies at the very root of existence, and, on the contrary, when some other organs are affected, it is invariably gloomy and apprehensive, anticipating the most fearful results, and, even in trivial complaints, looking forwards to fatal consequences. The two lives differ also in the mode and epoch of their origin. The organic is in activity from the very first moment of conception; the animal enters into exercise only at birth, when external objects offer to the new individual means of connexion and relation. In the fœtal state, the economy is solely occupied in the formation and nutrition of the organs; this is the preparatory state of existence. The organs which are to perform the functions of animal life, are created and perfected, but they are not exercised. They are not accessible to the operations of the agents whose excitement is necessary to bring them into action, and of course they remain in a state of profound repose, until the stimulus of air, and afterwards of food, light, and sound, is applied to the appropriated organs. At birth, then, a great change takes place in the physiological state of man. His animal life is first brought into existence, and his organic life becomes more fully developed and complicated, in order to accommodate itself to the increased demands which the change necessarily brings upon it. But from this moment there is no change or improvement in the functions of organic life. They are as perfect in the infant as in the adult; they are not susceptible of education. But in those of the animal life every thing depends upon the education they receive, at first feeble, imperfect, and indistinct, they gradually become developed, and the direction given to this development, and the character they ultimately possess, depend in a great measure upon the influence exercised upon them by extrinsic circumstances. Differing thus in their origin and modes of development, the two lives differ also in the modes of their termination in death, when this takes place naturally, that is, at the extremity of old age. The animal is becoming gradually extinguished before the organ has begun to fail. One after another, its functions cease to be performed; the eye becomes obscured, and ceases to feel, and to transmit the impression of light; the ear becomes insensible to the impression of sound; the skin, shrivelled, hardened, deprived in part of its vessels, is capable but of an indistinct and obscure sensation; the parts dependent upon it lose their vitality, that is, the beard and hair grow white and fall off. The intellectual functions follow in the train of the sensations; the perception is blunted, the memory fails, the judgment becomes infantile, and, at the same time, the muscles under the influence of the brain, viz. those of locomotion and of the voice, partake of the same decrepitude. The old man moves with pain and difficulty, and speaks with a trembling voice. Seated near the fire, which warms him, he passes his days concentrated within himself, estranged from every thing around him, deprived of ideas, of passions, and of sensations, speaking little, because induced by no motive to break silence, happy in the feeling that he still exists, when almost every other one has quitted him. In a certain sense, then, the animal life dies first, and leaves the organic still going on in the discharge of its functions; the separation is more or less complete, and lasts for a greater or less length of time in different cases. The old man may continue to breathe and digest for some time after he has to all intents and purposes ceased to feel and to think; he continues to exist as a vegetable who no longer lives as an animal. Death, however, at length seizes on the organic life. Gradually, and step by step, the vital forces desert the different organs, digestion, secretion, &c. languish; the circulation and respiration are successively impeded, and finally stop.

In considering the vital properties, in all his inquiries Bichat had constant regard to this grand division into the two lives, and he recognizes, in the functions of each life, the exhibition of properties peculiar to itself; or at least properties modified by the nature and relations of that life, to whose functions they are subservient. In the organic life, the organs have, in the first place, a sort of sensibility or perception, by which they become acquainted with the presence and qualities of the substances applied to them; this is the organic sensibility. They have then a property by which to re-act upon these substances, and excite in them motion; this is the organic contractility. It has two modifications, 1st. Where the contraction is insensible, as in the exhalents, capillaries, and secreting vessels; 2d. Where the contraction is sensible, as in the heart, stomach, and intestines, and these are called respectively the insensible and sensible organic contractility. In the organs of the animal life, there is also a sensibility by which they are not only made capable of receiving the impressions of an object and its qualities, but of transmitting that impression to the sensorium; and a contractility which not only renders a part capable of contracting, but is, in the exercise of its powers, under the entire control and direction of the brain. These properties are called the animal sensibility, and the animal contractility.

With Bichat, the properties of life were all in all. The phenomena of the system, whether in health or disease, were all ascribed to their operation. X

SMALL-POX AFTER VACCINATION.

In No. 128, we presented the Annual Report of the Physician of the Small-pox Hospital. It appeared from this Report, that twelve cases of small-pox after vaccination proved fatal. This statement proved so alarming to the Right hon. Secretary of State for the Home Department, that he referred the Report to the National Vaccine Board, who examined Dr. Gregory on these cases; and from the subjoined statement of Dr. G.'s evidence, it will appear that all of them were, in the Doctor's opinion, vaccinated "unskilfully, carelessly, and imperfectly."

"Sir,—In obedience to the orders of Mr. Secretary Peel, the Board of the National Vaccine Establishment proceeded without delay to consider the Report of the Physician of the Small-pox Hospital. The only part of that Report which seemed important was that which stated that twelve persons had died of small-pox in the Small-pox Hospital, after vaccination

To authenticate this fact, if it were a fact, the Board requested the attendance of Doctor Gregory, the Physician of the Small-pox Hospital, and author of the Report; and they believe that they cannot meet the wishes of the Right honourable Secretary for information on the subject, and for a refutation of the statement, if it could be refuted, better than by subjoining the questions put to Doctor Gregory, and the answers given by him. They were as follows:—

Q. When a person has been vaccinated successfully and effectually, do you not expect to find a cicatrix indication of this in the arm?
A. Most certainly.

Q. Will you describe the character of the cicatrix which marks a perfect vaccination?
A. It should be very distinctly defined, perfectly circular, with indentations, and of a size not larger than that of a small wafer, or a sixpence.

Q. Did this characteristic mark of a perfect vaccination appear in the arm of John Richardson?
A. Certainly not; and with regard to all the rest of the twelve, excepting William Johnson, the characteristic mark was wanting.

Q. Then you would have been justified in concluding that their vaccination had been imperfect and ineffectual, such as could not protect them against small-pox at any subsequent period of their lives?
A. Such marks ought not to have been received as evidence of the peculiar protection of vaccination.

Q. In fact they might as well not have been vaccinated at all.
A. I believe as well not vaccinated at all.

Q. Have you any other proofs to state of their having been vaccinated previously to their taking the small-pox, of which they died?
A. No other distinct proofs. They all, meaning the twelve persons, had the persuasion that they had been vaccinated.

I am, &c.

Henry Halford,

President of the Board of the National Vaccine Establishment.

Henry Hobhouse, Esq.
Under Secretary of State, &c. &c."

ANATOMICAL SUBJECTS.

To the Editor of The Lancet.

Edinburgh, April 10, 1826.

Sir,—I observed in a former number of your very valuable publication, two letters, under the signatures of Veritas and J. T., in which they endeavoured to prove, that an assertion made by Mr. Lawrence at a meeting in the Freemasons' Hall, with regard to the Glasgow and Aberdeen Schools of Medicine affording no opportunities of dissection, was unfounded. I paid no attention to this, as it did not immediately concern our school, but when in a subsequent number I perceived a letter from the very eminent and much respected Mr. Lawrence, in which he included the Edinburgh among those schools which did not afford opportunities for dissection, I thought that it was high time to step forward in defence of my *alma mater*.

I have now studied medicine in Edinburgh almost four years, and consequently should be well acquainted with the state of matters here. I have dissected every winter since I came to Scotland, and I must say that I have enjoyed most ample opportunities of doing so. Veritas states that the lowest price which you can procure a subject in Edinburgh for, is 19*l*. That this price and even larger ones were given by a young lecturer here, I shall not attempt to deny, (it arose entirely from his want of experience in procuring them,) but that it was a general price I will by no means allow. That gentleman must have been much misinformed on this subject, for I can assure him that Dr. Aitkin, Mr. Lizars, and Mr. Marshall, have had a most plentiful supply during the whole winter, at from six to ten pounds, and towards the termination of this winter, they became so very abundant that I understand from a friend of mine who is a pupil of Mr. Lizars', that that gentleman could not get the subjects which came into his rooms disposed of by any means in his power at 7*l*., and that he was obliged to refuse many from the resurrection men at the same price.

From this statement then, it will appear that although our subjects are more expensive in Edinburgh than in Glasgow, that the supply is quite as good if not better than at the latter place. And with regard to the fact of subjects being dearer here than in Glasgow, I may state on the authority of a gentleman who has studied at the latter city this winter, that it is customary among the students there (in order to get subjects cheaper) to go out with the men employed in procuring them at the risk of their lives, and much to the detriment of their morals, whereas the students of Edinburgh to avoid these, invariably trust to the lecturers procuring them a sufficient supply, and the consequence is that for this exemption they are obliged to pay rather a higher price for them.

But every one must admit that this system of the Edinburgh school in this particular at least, is much superior to the Glasgow; that it is much better to pay a guinea or two more for a subject and avoid the risque and danger, not to speak of the moral contamination which the young men must necessarily be exposed to by an intercourse with resurrection-men. Is there a father who would not with pleasure pay a few guineas additional to preserve his son from such an exposure?

But having proved that *Veritas* was wrong with regard to his assertion, as to the price of subjects at Edinburgh, and having shown the reason why subjects are always a little dearer in the capital than in Glasgow, it remains for me only to take notice of a single passage in his letter. He states that Mr. Pattison of Glasgow almost entirely supplied Dr. Barclay with subjects in 1816 and 17. I do not doubt the assertion in the least, for the Doctor's assistant at that time, was a Glasgow gentleman, and to save himself the trouble of trafficking with resurrection men, he was in the habit of getting the few bodies he required for his small number of dissectors from that quarter. Subjects indeed, were very abundant in all parts of Scotland at that time, and in proof of this I may mention, that Messrs. Allan and Lizars used frequently to have ten subjects on their tables at one time, and it was no uncommon occurrence for them to receive half-a-dozen fresh ones in a morning.

As it is not my intention to institute a comparison between the Glasgow and Edinburgh schools of medicine; the merits of the latter being so well known, and as my intention in writing this letter, was simply to point out the mistake under which Veritas laboured, I shall conclude by subscribing myself

A Constant Reader.

[We will say something on the subject of the above letter in our next number. Our correspondent certainly labours under some mistake, at least with respect to Mr. Lizars.—Ed.]

MR. JUSTICE BURROUGH AND THE RESURRECTION-MEN.

To the Editor of THE LANCET.

SIR,—In the last Examiner Newspaper it is stated, that Mr. Justice Burrough expressed his disgust at the defence set up by a poor uneducated fellow who was tried for removing dead bodies from Walcot Church-yard, Bath. I must confess, Mr. Editor, that I was much more disgusted at the senseless observations which fell from the learned Judge on the occasion.

I am far from wishing either pain or misfortune to my fellow creatures, but I do not think it would much grieve me to hear that the learned Judge was under the necessity of submitting to the operation for the stone, and that his living body was to be *cut* by a *feeling* gentleman who had never dissected a dead one; he would thence probably learn, not only the value and importance of anatomical investigations, but also the necessity of protecting and encouraging them.

The learned Judge's feelings forsooth are in accordance with the law upon this subject; but is not the law upon this as well as upon many other occasions a national disgrace, and subversive of every principle of equity? In the eye of the law, the receiver of stolen goods is more criminal than the thief, but how happens it, in the present instance, that the LECTURERS, the notorious *receivers* of stolen goods, are suffered to escape with impunity, while their humble instruments, the resurrection-men, are visited with fine, imprisonment, and even transportation? Why should some men be allowed to wear, nay, even to glory, in their blood-stained laurels, (and more glorious indeed are they than the blood-stained laurels gathered on the plains of Waterloo,) while those who act only a subordinate part, are marked out by the law for vengeance, and held up to public execration? Surely this is not even-handed justice? Is a law so partial in its operation, to be tolerated in this land of liberty and toleration? There ought not to be upon this any more than upon other occasions, one law for the rich and another for the poor.

But leaving out the learned Judges' drivellings who are often to be pitied for being compelled to carry into execution our miserable laws, let us turn an eye upon our sapient law-makers. These wiseacres, some years ago, became themselves the purchasers of stolen goods, to the tune of fifteen or twenty thousand pounds! when they purchased Mr. Hunter's museum; and afterwards passed laws to punish all dealers in similar wares: in other words they held out encouragements to the scientific pursuit of anatomy; and then, very cunningly and consistently, devised means for putting a stop to it; in which, to their disgrace, they have been but too successful.

How long will things be suffered to remain in this state? Why do not the profession come forward; protest against such wretched measures; and claim that protection to which their eminent services so justly entitles them?

I remain, Mr. Editor,
Your constant Reader, and
AN ENEMY TO CANT AND HUMBUG.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Compound Fracture of the Cranium.

P. R., ætat. 25, a poor Irishman, was brought to the Hospital on Saturday, April 8th, about midnight, having received severe injury to the head. He was placed in Cornelius' Ward, under the care of Mr. Key.

The friends who accompanied the poor man to the Hospital could not give a precise account of the circumstances under which the accident occurred; but we were enabled to glean the following particulars. It seems that he was employed at one of the wharfs in raising goods by means of machinery; that he by some means became implicated therein; his head was exposed to the blows from a wheel which was passing round, and in addition to this, his head was crushed between the wheel and a board.

On examining the head, there was found to be an incised wound of about half an inch in length over the upper part of the left parietal bone, and around this to a considerable extent, a depression of bone was very perceptible. The scalp was much contused, and there appeared to have been much bleeding from the wound. It appears that he was stunned from the injury, but speedily recovered his senses, for when visited shortly afterwards by a neighbouring surgeon (Mr. Clark,) he was able to reply to any questions.

Notwithstanding a very large portion of bone was depressed considerably below the level of the surrounding bone, the patient did not manifest any symptoms of compression of the brain. He was able to answer distinctly questions which were put to him; the breathing was free from stertor, and the pupils obedient to light; the pulse was about 64, and the motions of the body perfect.

On the arrival of Mr. Key, he deemed it necessary to operate for the removal of the depressed portions of bone, and with that view he first enlarged the wound of the scalp by means of a crucial incision, and then proceeded to elevate the bone. This was readily effected, inasmuch as the greater portion, consisting of a large quadrangular piece, was almost entirely separated from the surrounding bone. At one angle, however, it was so much driven in, that considerable force was required to remove it, and it was feared that it had entered the dura mater, but this opinion was subsequently found to be incorrect; two smaller portions of bone were removed by means of Hey's saw. The wound of the scalp was dressed in the usual manner, and nothing further was done for the patient; it is right to mention that he became sick shortly after the operation.

Sunday, noon. Pulse 76, increased on exertion; respiration free from stertor; he lies apparently sleeping; inattentive to surrounding objects; he answers questions when roused in an indistinct manner. He has vomited several times after taking drink this morning; a dose of colocynth and calomel was given to him about an hour since. Cloths made wet with cold water are applied over the head.

In the evening, his pulse was reduced to 50, and was oppressed; he was bled from the arm at 2 p. m., by the direction of Mr. Key, to the amount of 12 ounces; the blood is not buffed.

10. The pulse is of the same character as last evening. Sir A. Cooper, who visited the patient to-day, thought it indicated the necessity of further abstraction of blood. Sir Astley remarked, that the symptoms present were referrible to concussion of the brain, namely, the apparent sleeping state in which the patient laid, the quickening of his pulse, and his manner when roused; whilst, on the other hand, the absence of stertor, the state of the pupils, (which were obedient to light,) the freedom of motion in the limbs, and the sensibility to impressions, such as pinching, &c., indicated that the brain was not suffering from compression. He is, however, less distinct and rational in his answers than yesterday; the bowels have only been once acted upon since the exhibition of the aperient.

11. Pulse 76, and irregular, as regards force, increased in number on exertion; the skin is hot, and tongue dry. He lies on his back with his mouth open, and moans greatly when roused; the pupils are small, but contract still further on the application of a strong light. He was bled from the arm last night, and his pulse rose after the venesection; the blood is buffed and cupped. *The bowels were not open yesterday, nor have they been moved this mornin!* Mr. Callaway directed a saline aperient mixture last night. A colocynth enema was ordered to be given immediately, and two pills of colocynth. There is great tumefaction of the scalp, and of the left eye-lid, and there is much ecchymosis and swelling on the right side of the neck. The dressings were removed from the wound this morning, and a bread-poultice applied; a bloody purulent discharge issued from the wound.

12. He passed a bad night, being very restless, moaning much, and occasionally raising himself up in bed; the pulse is 68, and small in volume; the bowels freely open; he put out his tongue when desired. He was bled from the arm last night to the amount of fourteen ounces; the blood is buffed and slightly cupped The wound is discharging freely a purulent fluid, tinged with blood; the poultices are continued. The tumefaction of the scalp and left eye-lid is not lessened.

13. The patient became exceedingly restless yesterday afternoon, and continued so throughout the remainder of the day, swearing and talking incoherently. We learn from the nurse, that during the night he had several convulsive fits, of an epileptic character, and becoming gradually worse, he sank about eleven o'clock this morning, being the fifth day from the receipt of the accident.

Post-mortem Examination.

The body was examined about four hours after death. On cutting through the scalp, a large quantity of ill-conditioned pus, mixed with blood, flowed out; the cellular membrane, under the occipito-frontalis tendon, being gorged with fluids. Having removed the scalp from the bone, it was found that the whole of the frontal bone was depressed; it was separated from its junction with the parietal bones at the coronal suture, and driven in under the parietal bones. The calvaria was next removed; there was great extravasation of blood on the dura mater, more especially on the right side, and this blood was firmly adherent to its surface. There were two large irregular lacerated wounds of the dura mater on the right side, occasioned by the serrated edge of the depressed os frontis; one of these wounds extended through the membranes into the substance of the brain. An effusion of serum was observed between the tunica arachnoides and pia mater, and blood was extravasated under the latter membrane, the vessels of which were turgid. The substance of the brain, when sliced, presented more bloody points than natural. The wound was at the back part of the right anterior lobe of the cerebrum; it was about a quarter of an inch in depth, and at its base were observed large dark-bloody points. Throughout the remainder of the dissection no other morbid appearance was observed.

There is one feature in the history of this case, which although by no means unusual, we consider as well worthy of attention, namely, that notwithstanding there was a considerable depression of a large portion of bone, both prior and subsequent to the operation, yet the patient was free from any symptoms of compression of the brain. This fact tends still further to prove the important opinion—that the violence of the symptoms is not always in proportion to the extent of the compression. And hence it leads to that practical rule in the treatment of *simple* fracture with depression, which has been so ably laid down by Sir A. Cooper, that it is the symptoms of compression (and not the extent of depression) that alone warrant the operation of trephining.

Case of Hæmatocele.

Amongst the accidents admitted last week, was a case of injury to the testicle from a blow, which led to the extravasation of a large quantity of blood into the cavity of the tunica-vaginalis. The patient applied for admission into the Hospital on Friday April 7, the accident occurred on the previous day, by his slipping up and then falling against a small post, which struck the right testicle. There was great swelling of the scrotum, but it was confined to the right side; the integuments were much discoloured. Twelve leeches were applied shortly after his admission, and eight on the following day; cloths made wet with a cold discutient lotion were also applied. On Monday the swelling was not much reduced, and on grasping the tumour so as to keep the testicle at the back part, an indistinct fluctuation was perceptible. Mr. Key thrust a lancet into the tumour and immediately a gush of blood followed, which was soon staid by the presence of a clot, this being removed, and pressure made, a quantity of dark-coloured blood, amounting to upwards of four ounces was evacuated; the greater part of the blood was fluid.

The cold lotion was directed to be continued, subsequently poultices have been applied, and the parts have now, at the period of this report (April 17,) nearly regained their natural appearance.

It appears from the statement of the patient, that for some time previous to the accident he had a swelling on the right side of the scrotum, and which, from his description, appears to have been hydrocele. If such were the case, Mr. Key thinks it readily accounts for the large quantity of blood being contained between the tunica-vaginalis propria and the tunica reflexa; these membranes being separated and a bag already formed by the effusion of serum.

ST. THOMAS'S HOSPITAL.

Disease of the Knee Joint.—Amputation.

On Friday last, Mr. Travers amputated a leg, in consequence of disease of the knee-joint. The patient is a man about 30 years of age; the disease was of two years standing, and had gradually reduced his constitutional powers. There were numerous sinuous openings which communicated with the joint, and from which a constant purulent discharge was kept up.

On examining the joint, the disease was found to be principally on the outer side; the cavity of the joint was filled with pus. The synovial membrane was very much thickened, of a brownish colour, with numerous bloody points on its surface. The cartilage on the outer condyle of the femur was absorbed, and also that on the corresponding articulating surface of the tibia, together with the semilunar cartilage. The ends of the bones were soft to a small depth, and presented a porous appearance; all the ligaments of the joint were completely altered in texture.

ST. BARTHOLOMEW'S HOSPITAL

A singular case of Erysipelatous inflammation of the lower Eyelid, terminating in gangrene in the short space of thirty-six hours.

John Barker, a stout robust man, by trade a currier, 52 years of age, applied at the Ophthalmic Institution, in Moorfields, on Saturday, Feb. 18, in consequence of an injury received to the right eye, on the preceding Thursday. From the condition of the parts, Mr. Lawrence advised the man to come into the hospital, which he did. On inquiring of him the particulars of the case, he stated, that while pursuing his daily avocation, he struck his eye with a skin of leather, which at the time occasioned him great pain and uneasiness. At this time there is an erysipelatous inflammation, extending around the organ, but more especially on the lower lid and adjacent portion of the cheek; in the centre of which there is a hard and indurated lump, more prominent than the rest, feeling like carbuncle. It has a very livid hue, and may be said to have gone into a state of gangrene. Since his admission into the hospital, he has not complained of any particular pain in the part, nor is the constitution apparently much affected, the tongue is but slightly loaded, and the pulse is feeble. Mr. Lawrence made an incision through this hard and indurated portion, when a little dark blood escaped. The globe of the eye is not in the least affected. Let him have two grains of the sulphate of quinine every six hours, with six ounces of port wine, daily.

22. The pulse was quickened last night, and the wine has been in consequence discontinued; a dose of house medicine has been given him this morning. The tumefaction about the lids still continues, and there is now a distinct line of demarkation around the gangrenous spot before alluded to. The whole of the inflamed skin, has a peculiar, hard brawny feel, very similar to carbuncular inflammation. Mr. Lawrence stated that when the man came to the Infirmary there was no unusul vascularity of the eye, a slight serous effusion only had taken place beneath the conjunctiva palpebræ. A slight puffiness is observable about the under lid of the corresponding eye, but there is no redness. Pulse soft and compressible, bowels open, and tongue moist. Let the wine be repeated, and omitted at night if necessary; continue the quinine.

25. Has passed a comfortable night, and the condition of the parts is improved. The wine and bark being too stimulating are both discontinued. A more scarlet, or what may be termed phlegmonous inflammation now surrounds the dark gangrenous portion of skin, which is about the size of a half-crown in extent; and the contiguous parts have a less brawny feel. Pulse 90 and soft, and the patient is free from any particular pain. He is at present taking the saline mixture, and has a poultice applied to the part.

March 1. But little constitutional derangement is manifest. The eye examined to-day, presented no unnatural appearance. Neither of the tarsi are implicated, although the swelling commences immediately below the lower one. Mr. Lawrence observed that Beer only mentions two cases wherein such a sudden change had taken place, and those resulted from the sting of bees; whereas in the present instance, the mere contact of the leather had produced it, he also remarked that the only author who has mentioned any cases like the present, was M. Delpech, of Montpelier. That gentleman has described two or three cases as occurring in butchers and tanners, where the parts went into a state of mortification in the space of a day or two after the occurrence of the accident, although there was no severe contusion of the parts. He ascribes it to some peculiarity in the skin with which they were struck. Continue as before.

7. The process of separation goes on favourably. That portion of the slough which is nearest the eye-lid, has become detached, and it is found to extend to some depth. The bowels are kept open by medicine, and a poultice is applied to the part.

10. To-day a portion of the slough was removed. For the last two days he has been allowed 6 ounces of wine, daily, as he complained of great weakness, and had a feeble pulse.

13. The whole of the slough has now been detached, and as was suspected, the tarsus is quite undermined along its central part. This has produced a dropping of the tarsus, and, as a consequence, a degree of ectropium. The surface of the sore discharges pretty freely, but it has an healthy aspect. Continue as before.

16. Going on favourably. Omit every thing but the wine.

19. The edges of the sore have already considerably aproximated and the granulations have nearly rendered it a mere superficial ulceration. Mr. Lawrence said he should be obliged to remove the everted portion of the conjunctiva palpebræ, at a future period. Continue the wine.

23. The ectropium is lessened, and the cicatrization of the sore only now remains to complete the cure. The man was permitted to leave the hospital, and to continue his visits to the Eye Infirmary if he found it necessary.

THE LANCET.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXIV.

I AM now, Gentlemen, to lay before you the general doctrine of *Dropsy*, a disease which, like inflammation and hæmorrhage, may have its seat in various parts, but which is of the same general nature wherever situated.

Definition.—Dropsy may be defined, " a preternatural accumulation of serous or aqueous fluid, in any of the cavities or interstices of the body." The signs of it, when obvious, are either swelling with fluctuation, as when the fluid is collected in a single cavity; or swelling, with pitting upon pressure, as when it is lodged in the cellular texture. Thus, there are two species of dropsy, which may be termed the *circumscribed* or *encysted*, and the *diffused, cellular*, or *interstitial* dropsy. The two, however, are often found conjoined in the same subject.

In addition to the signs I have just mentioned, there is, sometimes, a disturbance or interruption of the functions of the parts concerned, arising from the pressure which the fluid is making mechanically. Not unfrequently, also, there are present, signs of inflammation in the part, and these, perhaps, accompanied with *pyrexia*, or general febrile symptoms. The urine is often scanty and high coloured; and sometimes it contains much albuminous matter, coagulable by heat or other agents: at other times the urine is altogether natural. These different signs are more or less applicable, under different circumstances; as will appear in noticing more particularly the varieties of the disease.

In the *first* species of dropsy, the *circumscribed* or *encysted*, the fluid is contained in some one or more of the close or shut-up cavities of the body, and the disease is then denominated according to its seat; as—

1. *Cranial dropsy*, commonly called *hydrocephalus*, or dropsy of the brain.
2. *Spinal*, where the fluid is lodged in the spinal canal—*hydro-rachitis*.
3. *Pleural*, or dropsy of the chest—*hydrothorax*.
4. *Pericardial*, where the fluid is lodged in the pericardium—*hydrops pericardii*.
5. *Abdominal*, or peritonæal dropsy—*ascites*.
6. *Ovarial*, or dropsy of the ovarium.
7. *Vaginal*, or dropsy of the *tunica vaginalis testis*—*hydrocele*.
8. *Capsular*, or dropsy of the capsular ligaments of joints—*hydarthrus*.
9. *Ocular*, or an excess of the aqueous humour of the eye—*hydrophthalmia*.

In some of these, the swelling and fluctuation are wanting, or at least are not obvious; as in the skull, when the disease comes on after ossification is completed: also, in the spinal canal; and generally in the thorax and pericardium. In these cases, the existence of the disease is known chiefly by the interruption or disorder of functions, together with (occasionally) scanty urine, with thirst; and sometimes from the combination of the cellular species of the disease, to be next mentioned.

In the *second* species of dropsy, the *diffused*, *cellular*, or *interstitial*, the fluid is lodged in the cellular membrane, or connecting medium. In this case, the disease is termed *anasarca*, *œdema*, or *leucophlegmasia*. The signs of this, are swelling, pitting upon pressure, coldness of parts, and impeded functions. This species of dropsy, like the former, may exist without being obvious; as when seated in the cellular texture which connects the arachnoid membrane of the brain to the *pia mater*. It may exist also in the cellular texture of the lungs, in the mediastinum, or in any other part of the cellular membrane, and is then conjectured to be present by the impeded or disturbed state of functions, in the parts concerned.

The *nature of the effused fluid* differs according to the part affected, and the combination of the disease with inflammation. If the membrane where the fluid is collected, be of a very delicate texture, as the arachnoid membrane of the brain, the fluid will, in general, be found limpid like water, or contains at most, but a very minute portion of albuminous matter. If the membrane be of a more coarse description, as the pleura, or peritoneum, the fluid will in general be found to contain a large portion of albumen; and in some cases, the whole fluid may be coagulated by heat. In some instances, the fluid is of a gelatinous consistence; and occasionally it is opaque, and nearly of the colour of chocolate.

Appearances after death.—I need scarcely observe, that dropsies frequently prove fatal; and in such cases there are often found thickening of the membranes, and other consequences of inflammation. In general, the absorbents coming from the part are observed to be much enlarged; so much so, that dropsical subjects are commonly chosen for the purpose of demonstrating the absorbent system. Tumours pressing upon the veins or lymphatics of the parts, or disease of the neighbouring viscera, are also occasionally found after death.

The *remote* or *occasional causes* of dropsy, usually assigned, are numerous and various: as the drinking cold liquids when the body is in a heated state; acute diseases of various kinds, as fevers, dysentery, &c.; diseased viscera; jaundice, intermitting fevers, phthisis, gout, excessive loss of blood, and other profuse evacuations; the abuse of strong liquors; melancholia; scurvy, &c. The mode of operation of these various causes can only be made intelligible, by previous inquiry into the intrinsic nature of the disease; this inquiry constitutes the *theory* of the subject, which I shall next endeavour to explain to you.

In order to your understanding the nature of dropsy, it will be necessary that I should direct your attention to two functions that appear to be constantly going on in the body, namely, *exhalation* and *absorption*, and the structure and action of the parts by which these processes are performed.

While a great portion of the extreme branches of the arterial system terminates in veins, other extremities open every where on the surfaces, both internal and external, and in every interstice of the body. These are termed the *exhalants*, or exhaling extremities of arteries, and are continually throwing off moisture, one purpose of which appears to be that of keeping the surfaces moist and flexible. This continual exhalation of moisture in the cavities and interstices of the body, would soon be followed by accumulation, where there not some provision for its removal; and this purpose is effected by the extreme branches of the absorbent system, which exist every where in the body, ready to take up or absorb the fluid which the exhalants are constantly throwing out. In a healthy condition of parts, exhalation and absorption are equally balanced, and there is consequently no accumulation. But if the balance between those two functions be lost or destroyed, so that exhalation exceeds absorption, accumulation, or dropsy, is the necessary consequence.

Dropsy may take place either from a fault on the side of the *exhalants*, or on that of the *absorbents;* that is, it may be owing to *increased exhalation*, or to *diminished absorption*, and as the disease differs, according as it proceeds from the one or the other of these, we are to endeavour to discriminate between them. In general, dropsy has been considered to be owing to defective absorption merely, and the sole aim of the practitioner has been to promote absorption, and that often by means of the most stimulant nature. In a majority of cases, however, it will be found that the disease is owing to increased action of the exhalants, and this frequently arising from inflammation; which calls, of course, for remedies of a very different kind, and in which stimulants, are not only unavailing, but positively injurious.

In order to discover whether the disease, in any particular instance, is owing to *increased exhalation* or to *diminished absorption*, it will be necessary to inquire into the causes of each of these, and which we shall find are very various.

Of the causes of increased exhalation, the following may be given as the principal:

1. *Inflammation.* When either the cellular membrane, or the membrane lining cavities, is actively inflamed, there will be an increase of exhalation, as a necessary consequence of the increased arterial action that is taking place. But absorption being in proportion to this, there is no accumulation for a time. But in the more advanced stages of the disease, and when the inflammation is on the decline

or when the inflammation, from the first, is in a slight degree; exhalation exceeds absorption, and accumulation is the consequence. It is difficult to say in these cases, what part of the effect is owing to increased exhalation, and what to diminished absorption; but the connexion of the disease with, and its dependence upon, inflammation, are sufficiently obvious. In most cases of dropsy in the chest, we discover signs of inflammation in this cavity, not only preceding, but accompanying the disease. Thus in addition to the ordinary symptoms of hydrothorax, there is frequently pain in the chest, heat of skin, quick though often irregular pulse, and furred tongue. The same combination of symptoms is observed in a great number of cases of dropsy in the brain; and often likewise in the abdomen, where marks of peritoneal, or of visceral inflammation, are easily discoverable by the usual signs. In some cases of *anasarca*, also, particularly as occurring after *scarlatina*, inflammation in the cellular membrane is found, and attended with the ordinary febrile symptoms. In numerous instances of anasarca of the lower extremities, the origin of the disease is thoracic inflammation, impeding, by pressure or otherwise, the passage of lymph into the veins.

In dropsies that are thus connected with inflammation, it is obvious that the use of *stimulating* remedies can seldom be proper, and that, on the contrary, *antiphlogistic* remedies, and even bloodletting, may be required. This kind of dropsy has been much overlooked; and it is too common to treat all alike by *stimulants* and *tonics*, as if the disease were founded in weakness merely, which is very seldom the case.

A *second* cause of *increased exhalation*, is long-continued violent action in the general vascular system, not amounting to actual inflammation. It is a common occurrence to find anasarca succeeding to long protracted fever, whether of the continued or intermitting kind. Towards the end of the hectic fever also, it is not an unfrequent occurrence. Again, dropsy may arise from an artificial fever, as it might be called, induced by long habits of debauchery. In these cases, medicine is seldom successful. If we give *stimulants* in order to increase the action of the absorbing vessels, we shall be likely to reproduce the febrile state, and thus increase the original cause of the disease: for we cannot act upon the absorbents exclusively; or if we could, it is not probable that any thing would be gained; for the *absorbents*, as well as the *exhalants*, have been in a state of increased action, and are become debilitated in consequence. In such cases, it is better to do little, except to palliate symptoms, and diminish vascular action when in excess; avoiding the original causes, and allowing time to the system gradually to recover itself by temperance, and other circumstances favourable to the general health. Patients are daily precipitated to an untimely grave, by the use of violent remedies in dropsy.

A *third* cause of *increased exhalation*, is great weakness suddenly induced; as by hæmorrhages, or other large evacuations. It has often been observed, that an anasarcous state has followed loss of blood; and this has caused an unnecessary dread to be attached to venesection. Practitioners are often deterred from bleeding, from the fear that it would cause dropsy. But if we find inflammation going on in any important part, so as to threaten danger, we are not to be deterred from bloodletting by this consideration merely. When anasarca arises from such a cause, it is generally of a trivial kind, and spontaneously disappears, as the system recovers its strength; which can only be accomplished by time, and a sufficiency of nourishing food. *Tonics* are only of use in such cases, by exciting appetite, and perhaps improving digestion; but if these functions are already well performed, *tonics* can do no good, but rather the reverse.

A *fourth* cause of *increased exhalation* is pressure on veins. This necessarily interrupts the return of blood from the part, and *secondarily*, stimulates the arteries to greater action, in order to overcome the resistance; but not being able to effect this, more fluid is thrown out laterally by the exhalants. In this way, diseased viscera, and the pregnant uterus, or other tumours, in the abdomen, by pressing on the *vena cava*, give rise to anasarca. It has been supposed that *ascites* was occasioned by the tumid or obstructed liver not readily receiving the blood from the *vena portæ*; but I think this is rather ascribable to the effects of inflammation.

A *fifth* cause of dropsy has been mentioned, namely, *thinness of the blood*. It has been supposed that at times the blood is too watery, and that it oozed through the sides of the vessels in consequence; but this opinion is very improbable. In the first place, we have no proof of the existence of such a watery state of the blood; we cannot deprive the blood of its viscidity. It is found that after large and repeated loss of blood, the quantity of crassamentum becomes smaller and smaller. But even in th case, the serum is not watery, but contains the ordinary quantity of albuminous matter, as may be proved by its coagulating when heated. Neither can we make the blood watery, by administering water in large quantity; this, instead of producing dropsy, has on many occasions been the means of curing it.

Causes of diminished absorption.—Diminished absorption, contrary to the common opinion, is rarely a cause of dropsy. This is proved by the enlargement of the lymphatics and thoracic duct in a number of dropsical subjects; the latter being sometimes found as large as the little finger in some cases. This enlargement of them shows that they have been exerting themselves more than usual, in order to remove the accumulations, but have failed in the effort.

Another proof that dropsy is owing in general to a disordered action of the exhalants is, that the fluid thrown out is not like that of health; Mr. Hewson found, that the fluid moistening the cavities, and also the lymph in the lymphatic vessels themselves, coagulates spontaneously in part, upon exposure to the air; that is, it contains *fibrine.* But this is not the case with hydropic fluids; these coagulate only by heat, or by nitric acid; proving that they contain albumen, and not fibrine: so that the secreting vessels must have been acting in an unusual, and often in an inflammatory way. The more active the inflammation present, the greater is the quantity of albumen contained in the effused fluid.

Thus then, if it be true that dropsy, in a number of instances, arises from *increased exhalation*, and not from *diminished absorption*, the indication commonly taken up by practitioners, in order to cure dropsy, namely, to increase the action of the absorbents, must be often wrong, and the practice ineffectual. For it is not likely we should be able to make them act with much more energy, nor to keep up, if we could excite it, so violent and unnatural a degree of action.

There are, however, some cases of dropsy, that are evidently produced by *deficient absorption;* or, which comes to the same thing, impeded transmission. One cause of this is, pressure on the lymphatics. It must be very evident, that if the absorbents be pressed upon, so as to impede the passage of lymph, accumulation must necessarily take place. It is in this way that swellings in the groin, enlarged viscera, &c., produce dropsy.

We can easily conceive other morbid states of the lymphatic vessels themselves, which may impede absorption: such as thickening of their coats from inflammation; and this seems to be actually the case in what has been called *phlegmasia dolens.* In parturient women, inflammation often arises about the uterus, and extends itself to the glands of the groin. This swelling impedes the transmission of lymph; and the consequence is accumulation in the cellular texture below the obstruction. That this peculiar swelling of the lower limb depends upon inflammation about the groin, we may easily satisfy ourselves by making pressure upon the part, which is productive of pain.

The absorbents, again, are no doubt liable to paralysis, and this may give rise to dropsy; and thus we often see anasarca accompanying *hemiplegia.* In addition to these causes of obstruction, there may be others, such as stricture, or rupture of the lymphatics in particular parts; these, if they should occur, might give rise to dropsy. It is highly probable, that all these states do actually occur at times; but the subject has been little investigated: they furnish us with additional reasons why dropsy should be so often incurable as is found to be the case. Such states can neither be known, in general, during life, nor remedied if known.

When, from any cause, there is considerable accumulation of serous fluid any where, the kidneys commonly secrete very sparingly. In some (not in all) cases, the urine coagulates in part by heat and nitric acid; in other words, it contains albumen, probably from the dropsical fluid being absorbed, and again carried off by the kidneys. But then it may be asked, why do not the kidneys always secrete albumen, which is almost always present in dropsical fluids, as well as in the blood altogether? This is not understood. Scantiness of urine in dropsical subjects, does not arise from pressure merely, for this is always acting; but from inactivity of vessels; and this may tend to keep up the disease. It may be questioned, however, whether dropsy be ever owing solely to deficient secretion, either in the kidneys, or on the surface.

The *prognosis* of dropsy will of course be various. It depends principally upon the cause inducing the disease. When it arises from inflammation or hæmorrhage, the prognosis may be favourable; but when it is owing to organic disease of any kind, such especially as diseased viscera, a perfect cure is hardly to be expected.

In my next lecture I shall speak—*of the treatment* of dropsy.

REVIEW.

Transactions of the Medical and Physical Society of Calcutta. Volume the First. 8vo. pp. 406. Thacker, Calcutta, and Parbury and Co. London, 1825.

We should ill become the station which, as Medical Journalists, we have the honour to occupy, did we not seize the earliest opportunity of congratulating our professional brethren on the formation, under such happy auspicies, of a medical society in the metropolis of British India. The benefits that may result from this measure are incalculable. Well conducted associations of this kind have done more, perhaps, to advance and aggrandize the sciences, than the patronage of the rich and the powerful—of kings and emperors. It would be idle to descant on the many discoveries and improvements which immediately followed the institution of the Royal Society of this country, and others of a similar nature abroad. A host of memorable names, not inferior to the most illustrious of the ancients, will occur to every one—men whose genius will be better appreciated, and shine with increasing and more resplendent lustre, as the world grows old.

Seeing the impulse which well organized societies have communicated to the sciences, we cannot withhold our thanks from the very meritorious individuals with whom the present association originated, and under whose liberal and enlightened policy it promises to grow so great, and prove so extensively useful. That system of exclusion, those principles of faction and division, the elements of dissolution, which are mixed in the very composition of many of our modern medical societies, happily for our oriental friends, form no part of their government.* We do not doubt, therefore, that their exertions will prove of great and lasting service, not only to medicine, but to every branch of literature and science that may be deemed collateral to it. It is probable that the imperfect science of the *Baids* or *Hakeems* of India cannot furnish much instruction to the practitioners of Europe, but liberal and cultivated minds will welcome the light that may be thrown upon the past and present state of oriental medicine, by the labours of the industrious and the learned; whether their information be derived from authentic sources or actual observation. The history of Mohamedan medicine, comprising the most flourishing periods of the schools of Bagdad and Cordova, has been pretty fully elucidated, but fails with the decline of the power of the Caliphs; a long subsequent period in this branch of inquiry is therefore involved in obscurity, and the medical history of the Hindus is an utter blank. In these respects, therefore, there is ample scope for investigation, which may be prosecuted with every advantage in the country in which the society is with so much judgment established. To the oriental nations we owe the introduction of many simples into medicine, which were unknown to the Greeks and Romans, such as manna, senna, tamarinds, and rhubarb, besides musk, nutmegs, cloves, &c.; and in modern times, the madàr, croton oil, &c. Hence it is not improbable, that many valuable remedies may yet be culled from the Materia Medica of the East; but if no accessions of value be derivable from that source, a vast store of knowledge, important equally to physiology and pathology, may be collected and rendered subservient to the healing art. That much may be done, is proved by the present volume of transactions, which, although the Society has been so recently established, contains many papers of sterling value, of these we shall now proceed to give some account. The first is an elaborate dissertation on "*Kushta*, or Leprosy, as known to the Hindus," by H. H. Wilson, Esq. This formidable and loathsome disease, as it occurs in India, is well adapted for medical research, as its nature is uncertain, and its treatment undefined. The talent of Europe has been baffled by the want of experience, which nothing but actual observation can convey. There is an ample field, therefore, for the Indian observer, who has numerous opportunities of examining the disease under all its forms, and in all its stages. Under these circumstances, we trust that this Society will remove the reproach to medical science, and indeed it is a reproach, that so little is known of the subject.

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* Medical men of every denomination and country, who can produce certificates of a regular education, shall be eligible as members of this Society; and all regular professors and practitioners of the veterinary art.—*Laws of the Society.* Only think, Gentlemen, of the Decad, of " the strong antipathy of good to bad " !

The author of the present paper first takes a general view of the Hindu notions of leprosy, rightly judging that they might form a serviceable and interesting introduction to future and more scientific inquiries. "The advanced state of medical knowledge in Europe," he remarks, "is a sufficient security that the errors of these guides, imperfect as they undoubtedly are, will not lead us astray, whilst, from their long experience and accumulated observation, it is possible that some hints may be derived, which may lead us to an improved knowledge and classification, if not to a more successful treatment of the disease." From the systems of Hindu medicine*, therefore, (and it appears they are never satisfied with less than a system,) the author proceeds to specify the causes, symptoms, prognosis, and diagnosis, classification, and treatment of leprosy, a disease (according to these authorities) of the constitution, first disorganizing the integuments, but proceeding to destroy the solid parts and dismember the body.

According to Hindu writers, the causes of leprosy are disorders of the primæ viæ, however induced; hereditary disposition; contagion, and "political or popular superstition." Under the first head they reckon the taking of things which do not assimilate, as milk and fish, and viscous and indigestible foods. Exposure to fatigue or heat, after a full meal. Drinking water or walking while heated. Excessive bodily exertion or mental excitement. The use of new rice, curds, fish, and of salt and acid viands; of pulse, radishes, sesamum, milk, and treacle. Also sexual intercourse, and sleeping under a loaded stomach.

They assert that the blood and serum are affected by the disease, and that it may be thus communicated to the fœtus in utero. They declare that it may be communicated by contact, by breathing the same air, by eating together, by sitting on the same seat, or by wearing the clothes and ornaments, or using the perfumes of an affected person.

Lastly, to abuse Brahmins, or to hold in contempt spiritual preceptors, with many similar offences are superstitiously supposed to generate this loathsome affection.

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* The authorities which the author consulted, are the following:—The *Chikitsá*, or practical chapter of Charaka, which includes the *Nidan*, or pathology; the practical chapter of Susruta; the *Chikitsa* and Nidan of Bagrhatta; the Chikitsá of Chakradatta and Banga Sena; the *Nidan* of Madhava; the practical section of the *Rasa Ratnákar*, and the chapter of the *Bháva Praxás*, which comprehends all the branches of the subject. The classification of Charaka and Susruta is uniformly adhered to.

It is probable that in warm countries rancid foods, or proper ones if devoured in excessive quantities, may be causes of this disease. Dr. Henderson makes the former, one of the causes of elephantiasis in Norway, and Good, unwholesome diet of the Spanish and Italian varieties of that disease. Dr. T. Heberden also states that in Madeira, fish, melons, cucumbers, young garden beans, or mulberries, taken at the same meal with butter, cheese, or any preparation of milk, are supposed to produce it, and are therefore religiously avoided. Upon the whole, there is not much of novelty in the first set of Hindu causes.

Aretæus, and others of the ancients assert, that the elephantiasis is contagious. He says, "that it is no less dangerous to converse and live with persons affected with it, than with those infected with the plague, because the contagion is communicated by the inspired air." (De causis diuturnorum morborum, Lib. ii. cap. xii.) Dr. Bateman thinks it not contagious, but "in opposition to this," says the author, "we have the universal belief of the people of India, as expressed by their medical authorities, and their legislative enactments; there are also some well known instances of the transmission of the disease from one person to another. On the other hand, there are also some well-known instances to the contrary." Sonnini in Egypt, and Pallas in Tartary, notice the intercourse of diseased persons with healthy ones, without communicating it, and the Rabbin Doctors argue, that a leprosy communicable by clothes and houses never occurred but in Judæa. It is probable that the disease is sometimes, though not uniformly contagious, but under what particular circumstances remains to be elucidated by future observations. To be brief on the last cause, Alibert and Willan say that the leprosy is hereditary.

"*Symptoms.*—The symptoms indicative of the first accession of this disease, generally, are a glossy or oily appearance of the skin, which at the same time is rough, rigid, and wrinkled. The perspiration is irregular, and occurs unseasonably; the skin loses its sensibility, but is affected with sensation of heat, itching, and pricking; wounds occur upon very slight injuries, and are attended with great pain, are difficult of cure, and unless taken great care of, spread very extensively. There is a great rigidity of the surface. The hair of the body is harsh and erect, the veins become turgid and contorted. The blood becomes of a dark or black hue; and blotches, pimples, or tubercles appear. The appetite is impaired, and the system is generally relaxed.

Leprosy affects the seven essential parts of the body, besides the three humours, wind, phlegm and bile.* According to the seat of it, and the number of humours affected, the disease should be distinguishable; but as it rarely occurs in a solitary form, and various parts are affected at the same time, another classification has been adopted from the appearance and discoloration of the skin, analogous to the principles of our own writers, which discriminate *Lepra* as a scaly, and *Elephantiasis* as a tuberculous disease, or which distinguish the former into squamous, crustaceous, and tuberculous, making the varieties depend upon the colour and character of the scales, crusts, or tubercles. Besides these, the incidental modifications arising out of the humour or part affected, eighteen sorts of leprosy are enumerated. Seven great or principal, and eleven small, or of inferior importance; they are thus described.

Kapala.—The skin spotted with black and purplish specks, or of the colour of broken pieces of earthen pots; the blotches are irregular, hard, and dry, with pricking and pain; the wind is the humour chiefly affected. The disease, if not incurable, is very difficult of cure.

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* According to J. Ernestus Grundlerus, a Danish Missionary, who went to Malabar in 1708, the Brahmins believe that every person has three principal diseases born with him. The first of these is called *Wodum*, that is wind or flatulence; the second, *Bittum*, which seems to signify bile; the third, *Tschestum*, that is impurities of the humours; and these diseases are prevalent according to the particular state and condition of the patient, and either excite or suppress others.—ED.

Audumbara.—The blotches are red, or livid, of the shape of the *Udumbara*, or fruit of the Ficus Glomerata. The pain is very great, and there is a sensation of burning heat on the skin. The hair of the body becomes carroty or tawny. The morbid humour is bile.

Mandala.—Circular tubercles, or raised blotches, white and red, but yellow on the edges, confluent, or running into each other, and emitting a thin ichor. The skin of a glassy or oily appearance, with fissures. The disease is obstinate. The humour affected is phlegm.

Rishyajihwá.—Tubercles, shaped like the tongue of a bear, hard, horny, red on the edges, and black or smoke-coloured in the centre; much pain. This is the first *Dwandwaja*, or connected with the vitiation of two humours, wind and bile.

Pundaríka.—Raised blotches or tubercles, white or pale red in the centre, whilst the edges are of a dark dull red, like the leaves of the lotus, when exposed to the sun. A thick ichor and blood are discharged. Phlegm and bile are the humours affected.

Sidhma.—Blotches, white and coppery; or livid; shaped like the flower of the gourd. The skin is mealy, and rubs off every where in thin dust, especially on the breast. The diseased humours are phlegm and wind. This species is at least one form of the Leprosy of the Greeks, or scaly leprosy of the moderns. The first species of Good, possibly, or Lepra Albida; and the Lepra Vulgaris of Bateman; Lepra Alphos, or Leuce, of Alibert.

Kákana.—The blotches resemble the seeds of the Abrus Precatorious, having a black spot in the centre, surrounded by bright red, or a red centre, with black edges. The blotches are exceedingly painful, and terminate in suppuration. The three humours are all affected, and this form of the disease is incurable.

The above seven are the *Mahakushthas.* The other eleven are the Kshudra, or small; but some variations of classification occur in different writers, and the greater and minor modifications occasionally change places: as indeed, the distinction does not seem to be indicated by any fixed principle, and certainly does not depend upon any notion of the greater or lesser intensity of the specific varieties.

Ekakushtham.—In this, perspiration is defective, and the disease is seated in the flesh. The skin is in scales, like those of a fish. This morbid condition is also compared to the plates of talc, the roughness of the cuticle resembling that of an elephant's hide. This variety is also called *Gajacharma*, elephant's skin; but some writers, as the compiler of the *Bhava Prakas*, make the latter a distinct species, apparently with reason. The vitiated humours are wind and phlegm. This complaint agrees in external character with our Ichthyasis Simplex, or fish skin, which is uniformly separated, both from Lepra and Elephantiasis, and occurs no doubt independent of any connexion with Leprosy. At the same time, the form here specified may still be correctly classed, as similar appearances accompany Leprosy in various states; and, perhaps, as observed by Bateman, influenced the Grecian writers to affix to a species of Leprosy the name of Elephantiasis. So also Good observes: "The Greeks denominated the disease Elephas, or Elephantiasis, because the skin of persons affected with it resembles that of the elephant, in thickness, ruggedness, insensibility, and dark hue."

Kitibha.—Black blotches or scars, like the cicatrices of healed ulcers. The skin hard and rough. The same humours deranged as in the preceding.

Vaipádiká.—Small tubercles, black or red, seated especially in the hands and feet, which are much swollen and chapped. There is little itching, but much pain. This and the variety called *Vicherchika*, are considered by some, as Bhoja, for instance, as differing only in their site; but others regard them as distinct. The humours affected are the same as in the last.

The enlargement of the lower limbs, as one symptom or subvariety of leprosy, may be with great propriety admitted in the classification of the complaint. It has been usually considered as characterizing the disease, known by the name Elephantiasis to the Greeks; but this latter is now regarded as properly distinguishable by the formation of large tubercles, apparently agreeing with the next variety specified by the Hindus. Under this view of the case, Good excludes the swelled leg altogether from the symptoms of Elephantiasis, referring it to a new genus, Bucnemia Tropica. There can be no hesitation, however, in preferring to his arrangement that of Mons. Alibert, who calls this variety of the complaint *Lepra Tuberculosa Elephantiasis*, and includes the swelling of the lower extremities amongst the characteristic symptoms; in fact, the swelling is very different from that to which the name *Bucnemia*, or Tropical leg, may with propriety be assigned; and in its fissures, eruptions, pains, ulceration, and ultimate result, sufficiently displays its proper character. The swelled leg on the contrary, is entirely a chronic complaint, attended with no pain nor ulceration, and interfering in no degree with the functions of life. It is very common in India, particularly to the eastward, in the provinces abounding with water and vegetation, and is known by the name *Godh*, or in Sanscrit *Slipada*, *Kalmashapada*, &c. It is attended by the same indications which occur in the West Indies, enlargement of the inguinal glands and of the scrotum. The Hindu writers have not thought it necessary to advert to this, whilst describing the *Vaipadika*, although they are not unacquainted with the subject of Diagnosis, as we shall presently see. In this case, however, the two swellings are so perfectly distinct that there is little risk of their being confounded by those who have an opportunity of observing them.

Alasaka is described as particularized by large tubercles, occurring mostly on the upper parts of the body; wind and phlegm are in this also the humours affected. As observed above, this bears an analogy to lepra tuberculosa, or elephantiasis.

Dadru.—Tubercles, black, like the flower of the atasi or linum, described by Bhagbhatta as spreading like *durva* (or doob) grass, but called elevated and circular, in the *Bhava Pracas*. Much itching, burning, and pain, and many sores. The phlegm and bile are chiefly affected.

Chermadala.—The blotches are red, with itching and pain. The skin chaps, and cannot bear to be touched. Humours as in the last.

Pama.—The eruptions or pimples are minute, numerous, and diffusive, of black and purplish hue; painful, itching, and hot, and discharging copiously a thin ichor. Humours as in the last.

Kachchhu is often considered as only a sub-species of the preceding. The appearances are much the same, but the pimples or tubercles are larger, and the hands and buttocks are particularly affected.

Visphota.—The skin dry and thin, covered with black and purple tubercles.

Satarush.—The blotches are red and black, thick at the base, excessively painful and hot: ulceration is extensive.

Vicharchika.—Small tubercles, or rather pimples, black: skin hot, itching, and painful; rugose, chapped, and discharging much ichor. This is considered as essentially the same with *Vaipadika*, affecting more particularly the upper, whilst the latter attacks the lower extremities.

In all these last six species the same humours are said to be affected, the phlegm and bile.

Besides these specific varieties, other modifications are described, not forming, however, distinct varieties, but influencing the condition and character of those already detailed. Such are the distinctions already adverted to under each head, or the connexion of one or more of the vitiated humours with the peculiar forms of the disease. Under this view it is also said generally, that when the skin is hard and rough, and the blotches are of a dark hue, the wind is chiefly concerned; when the surface looks as if it had been boiled, when the discoloration is extensive, when there is a sensation of burning heat, and a copious discharge of ichor, this is supposed to indicate the morbid state of the bile; and when the prevailing colour is white, when the sense of itching predominates, and the skin looks moist and unctuous, these indications are considered to denote the diseased condition of the phlegmatic humour.

Further distinctions are made from the supposed seats of the disease, as they are denoted by peculiar indications. The *dhatus*, or essential parts of the body in the Hindu system, are seven. *Rasa*, lymph; *racta*, blood; *mansa*, flesh; *medas*, adeps; *asthi*, bone; *majja*, marrow; and *sukra*, semen; and leprosy, it is considered, affects at different periods, or in varying stages, these several parts.

When affecting *rasa, or lymph*, it shows itself in the discoloration and rigidity of the skin, paralysis, horripilation, and excessive perspiration.

When in the blood, it produces itching, fetor, hardness of the skin, swelling of the extremities, pain in the joints, and dryness of the mouth. When it attacks the flesh, it is attended with pain, the sensation of pricking and swelling, and induration. When the adeps is its seat, there is stiffness and immoveability of the joints, spontaneous separation of the extremities, and giving way of the bones. When it attacks the bones and marrow, in addition to all the preceding symptoms, it occasions redness of the eyes; the cartilages of the nose fall off, the voice becomes particularly harsh, or is lost, and worms breed in the ulcers. The presence of the disease in the seminal fluid is only shown by its transmission to the offspring of the affected individual.

The local distribution of the disease is not unknown to modern writers in Europe; and Good has referred *elephantiasis* to the hæmatica, or disorders seated in the blood; whilst he assigns *lepra* to those seated in the *rasa* or lymph, or, in his language, to the eccritica, or disorders of the excernent function."

We hastily pass over the prognosis, because, in the absence of any rational pathology, the Hindu physicians are not likely to form a very just one, and if they do, it is only when death is remote or inevitable. For instance, what can be learned from such sentences as the following:

> "Leprosy is considered to be curable as long as it is confined to the skin, flesh, and blood, and as long as the humour affected is phlegm or wind.
> When the marrow is its seat, provided the three humours be not vitiated, the disease admits of relief, if not of cure."—p. 19.

Thus, if the "disease is seated in the skin, flesh, and blood," it may be cured, but,

> "When seated in the adeps, (!) in the marrow, or in the bones, and when two or three humours are vitiated, one of them being the bile, it is regarded as incurable."—p. 19.

The author is now and then confused by his subject, which, indeed, is no wonder. He says,

> "The symptoms of its fatal termination are settled indigestion, irregular or obstructed secretion, pains in the head, redness of the eyes, loss of voice, generation of worms, and extensive ulceration, with discharge of blood and fœtid matter."—p. 19.

Now we should like to know what we are to understand by "settled indigestion," or irregular and "obstructed secretion." Then he says, that pains of the head, redness of the eyes, and loss of voice, indicate a fatal result, forgetting that these symptoms should inculcate the propriety of abstracting blood, as recommended by the best of the ancient writers, and often practised with success by the moderns*.

Notwithstanding the confusion which nosologists have created, there can be no doubt that the elephantiasis and the Eastern leprosy are very similar to each other, if they be not the same disease; for Galen observes that one often runs into the other.* Modern writers, however, have separated them. Dr. Bateman calls the latter a scaly, and the former a tubercular disease, and Good does more, for he considers one to be of the blood, and the other of lymph. In this respect he has followed Celsus, who observes of *vitiligo*, (Lib. V. cap. xxviii.) that "if on the skin being pricked blood issues, a remedy may be found; if a white humour, it admits not of cure." We think we have seen scales deposited on the skin, by the lymphatic vessels, and in some cases apparently by transpiration alone. We sometimes find the lymph as Celsus describes, exude through the skin, and become inspissated, but never met with a case of the kind that did not yield to the usual internal and topical remedies.

We now come to the diagnosis.

> "A disease liable to be confounded with leprosy, is discriminated by Hindu writers from that complaint. It is called *Switra*, implying properly whiteness, and intending such a discoloration of the skin. It is also termed *Kilasa*, or blotch; *Daruna*, or the formidable disease; and *Varuna*, perhaps from *Varuna*, the deity of the waters, who is of a white com-

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* Cælius Aurelianus, who though probably for the most part a compiler, being of Africa, may be supposed to have seen something of elephantiasis, says, "Themison, ad Dimantem scribens, phlebotomari jubet, (and he continues) quod est æstimabile, atque ut ita dixerim *dogmaticum*," &c. Lib. IV. cap. i, and Celsus, Lib. III. cap. xxvi. It will always be matter of regret, that the beginning of the former author's chapter on this disease is wanting, for, to say the least, some of our modern writers have strangely confounded the elephantiasis of the Greeks, with the tumid leg of the West Indies.

* Prorrhetic, Lib. II. sub finem.

plexion. The change, however, is not confined to whiteness, and the dicoloration is also of a coppery or purplish tinge; those modifications being supposed to depend upon the humours chiefly affected; white indicating a morbid state of phlegm, purplish that of the wind, and a coppery red that of the bile. The complaint is of two kinds; one originating from morbid humours, the other from external injuries. It is attended with itching, heat, and loss of hair, but no discharge nor ulceration. The blood, the flesh, and the adeps, are the parts to which its seat is conceived to be restricted. The treatment is in general the same as that of leprosy. When not of long standing, nor very extensive, nor produced by burns, and when the whiteness does not reach the hair of the body, the complaint is curable. It is incurable, in proportion to the absence of these requisites, and when seated in the palms of the hands, in the lips, or in the privities, although it be not of any long anterior date.

Most of the cutaneous complaints which have been classed under the head of *Lepra* by European writers, would properly perhaps be found to resemble the *Switra* of the Hindus; and there can be little doubt that this is the *Vitiligo* of *Celsus*, the very first sentence of whose description identifies it with *Swìtra*, and discriminates it from *Kushtha;* "Vitiligo, quoque, *quamvis per se nullem periculum adfert*, tamen et fœda est." It is also the same, no doubt, with the *Behek*, and probably with the *Beres* of the Arabic writers. It agrees with these in the absence apparently of pimples or tubercles, or even, with one exception, of scales; the discoloration being quite superficial, and in like manner unattended by ulceration. The nature of this discoloration is rendered quite clear by the Hindu writers, who state that a similar appearance is sometimes occasioned by external injuries. The cuticle and the rete mucosum are absorbed, and the cutis exposed. The consequences of this on the white races of mankind are little obvious; but in those of a black complexion, we know how striking it is, and how offensive to the sight. In its utmost violence, however, and with the changed complexion of the whole surface from head to foot, it has been known to produce no change nor irregularity in the natural functions, and to have continued for a length of time, without appearing to induce any alteration unfavourable to life. The more thorough investigation of this complaint, and its comparison with leprous affections, are the means which will enable us in this country to form a correct classification of the several complaints, now obviously confounded, by men of the greatest talents and experience."

Treatment.—In the treatment of leprosy "the Hindu writers are essentially deficient;" they multiply ingredients, and disfigure their works with the most preposterous and ridiculous compounds. They administer them, too, without much discrimination, and with little regard to the dose. The subject is, therefore, of little interest, and it will be sufficient to hear the author enumerate the articles upon which they mostly rely.

"The oldest writers," he tells us, "as Charaka and Susruta, trust chiefly to vegetable substances, of which the *nimb*, *patola* (trichosanthes diœca,) the myrobalans, and *teori*, are the principal favourites with the former: the *khadira* (catechu*,) *aragbadha* (cassia fistula,) *bhallataka* (semacarpus anacardium,) and *salasara* (doubtful,) with the latter. Both these writers also recommend the spirituous mixtures, and the latter makes great use of iron filings, and chalybeate preparations†. As we advance, the substances multiply; and to the preceding are added, or at least more extensively united, the plants that yield acrid milky juices, as the species of asclepias and euphorbium, the wrightea antidysenterica, the anthelmintic plant virenga, the dhatura, the serratula anthelmintica, gentiana cherayta, and other vegetables of very various properties; also resinous substances, as *bdellium*, and the resins of the sal, *sisu*, and deodar; alkalescent preparations, as the lixiviated ashes of the palas and other plants. Almost all the mineral substances indigenous in India are also put in request; and as we have seen, the sulphuretted ores of arsenic, quicksilver, and other metals, treated according to the alchemical notions of the Hindus, are more abundantly than scientifically employed. Amidst this confusion, therefore, there is no want of variety; and the chaos may admit of being reduced to order, by exercising a judicious selection in the first place, and subsequently bringing each candidate for efficacy to the only test on which dependence can be placed, that of experience. If any one of the substances thus proved, should furnish even but a palliative of the disease, the result of the inquiry will be its own sufficient reward*.

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* *Susruta* gives an account of the manner in which the extract of the *khadira* is to be collected. A trench is dug round the root of a well-grown and healthy tree; a hole is then made into the heart of the main root of the tree, and an iron vessel introduced; a fire of dry cow-dung mixed with clay is then made round the trunk, and as the extract thus rendered liquid runs down, it is collected in the vessel.

† The Ayaskriti of the Sausruta is thus described. Take thin plates or leaves of iron, smear well with salt, &c. and calcine in a fire of dried cow-dung; wash the produce repeatedly with a strong decoction of the three myrobalans and other vegetable substances; then burn with hot coals and catechu extract, reduce to a fine powder, and sift through a cloth. This powder is mixed with honey and ghee, and may be taken in quantities of from five rettis to four mashas, according to circumstances.

On a future occasion we shall return to this volume of Transactions. It contains many valuable papers, to notice which, however, we cannot at present find room.

FOREIGN DEPARTMENT.

Paris, April 13th, 1826.

Inspiration the principal agent in the Venous Circulation.

The circulation of the blood in vertebrated animals may be adduced as one of those functions on which our information is the most precise. The direction which the venous blood takes towards the heart was noticed by Servetus more than fifty years before Harvey discovered the true mechanism of the circulation, but the power by which the circulation is positively effected remained to him unknown.

Harvey attributed to the heart the power of propelling the blood throughout its whole course, and modern physiologists have done little toward the confirmation or the refutation of this opinion. According to Bichat, the absorbent power of the capillary venous system is sufficient to commence the circulation in the veins, and that the actions of the coats of the vessels are of themselves sufficient to continue it. Others have ascribed the venous circulation to a variety of accessary powers—as, the motions of the large arterial trunks, placed most frequently between two veins; the pressure exercised without and within all organs by the skin and muscles; to the viscera becoming relaxed after having been distended; and to the pressure of the muscles, voluntary and involuntary.

The *respiration* has been especially observed to influence considerably the mechanical return of the venous blood to the heart; the coincidence of these actions was particularly noticed by Haller, in the second volume of his invaluable "Elementa Physiologiæ Corporis Humani;" he has spoken of the elevation and depression of the brain observed in living animals under certain circumstances during respiration, "Ergo," says he, "si vivo animali non nimis debilitato cranium aperueris, aut trepano aut unco, duramque membranam detexeris, et digito a cranio depresseris, videbis ad singulas inspirationes subsidere cerebrum aut solum, aut cum suis involucris. Vicissim in expiratione idem cerebrum surgere, cranio se admovere, digitum impositum repellere."—Tom II. Lib. 4. "Therefore if, in an animal not too much weakened, you open the cranium either with a trephine or with an uncus (an old instrument now banished from the armentarium chirurgicum) expose the dura mater, and depress it with the finger from the cranium, you will see that the brain subsides at each *inspiration* either alone or with its enveloping membranes. On the other hand, you will see that in *expiration* the same brain rises, approximates the cranium, and repels the finger laid upon it." Haller ascribed these phenomena to the greater facility with which the blood entered the lungs during the one state than during the other. He repeated the experiments of Valsalva and Morgagni, of laying bare the trunks of the large veins, as the superior and inferior cava, jugular and subclavian, and he found that, at the moment when the animal made a deep inspiration, the blood passed onward to the heart, that the veins became empty, pale and flattened; whilst, during expiration, the veins became tumid, blue, and cylindrical; and that the more these two acts of respiration were noticed, the more were these changes in the condition of the veins apparent.

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* The use of arsenic pills in India has been made known to European readers by Sir W. Jones, through the medium of the Asiatic Researches, (vol. ii. p. 149.) The following is the formula communicated to him:—'White arsenic, one tola (105 grains,) black pepper, six times the quantity; beat well together for several days, make them into a paste with water, and divide into pills, as large as tares or small pulse. One to be taken morning and evening.'"

Magendie, in particular, has lately examined the same subject, and in his *Physiologie*, see the second edition, page 418, where he has recorded a variety of ingenious and new experiments, which have confirmed the constant existence of this phenomenon, but he regards the respiration only as an *accessory* to the return of the venous blood. In short, although the greatest number of physiologists have ascribed the return of the venous blood to the power of the vacuum formed on the right side of the part, aided by the power of the coats of the blood vessels and the pressure of the surrounding muscles and organs, it is clear that the authorities we have now quoted thought otherwise, and satisfied themselves, by direct experiment, that the respiration is at least an important assistant in that process.

We have thought right to premise thus much, in order to set the value of Dr. Barry's recent experiments in their proper light, and to give them their proper merits. Although, as we have shown, the fact of the influence of the respiration, and of inspiration in particular, has been already perceived, no such application has been made of it, as that very ingeniously proposed by Dr. Barry, an application which appears justified by the experiments he has made, namely, that the return of venous blood to the heart is principally produced by the atmospheric pressure acting upon the vacuum formed in the chest, *during the act of inspiration.*[*]

The memoir, containing an account of the experiments made by Dr. Barry, was first read to the Academy of Sciences in the month of June of the last year, where it excited considerable attention. A commission, composed of several members of the Academy, was appointed to repeat the experiments and deliver a report, which was done in the August following, and that in a manner very flattering to the character of Dr. Barry, who, we understand, is an Irishman now residing at Paris. The experiments, first read to the Academy, were performed by Dr. B. before the members of the commission at the Faculté de Medecine, at the Jardin des Plantes, at the Veterinary School at Alfort and Mont-Faucon, in the presence of several persons, who invariably observed the same results to attend the experiments. From these experiments we select the following:—

Experiment 1.—The jugular vein of a horse was laid bare on the left side, and tied a little below the middle of its course; at the distance of an inch from the ligature a flexible gum catheter was introduced, in the direction toward the heart, adapted to the extremity of which was a spiral glass tube. When the horse was thrown down, the respiration was almost entirely thoracic, the elevation and depression of the sides of the chest could be distinctly counted, and the respiration as distinctly heard. The catheter was now introduced into the vein until it met with some opposition, and then the vein was secured around it. The finger was kept upon the end of the spiral tube whilst the vein was bound round the other extremity, and then plunged into a basin containing water, coloured with the common blue used by the laundress. Immediately on removing the finger, the fluid ascended in the tube, during inspiration passing very distinctly into the vein, and during expiration remained either quite stationary or retrograded a little toward the cup. Not one drop of blood entered the tube, but sometimes, during expiration, some bubbles of air arose on the surface of the fluid in the cup. The respiration of the animal being as distinctly heard as seen, afforded the most satisfactory evidence of the ascent of the fluid in the tube only during inspiration. Some bubbles of air were admitted into the spiral tube by raising it above the surface of the fluid in the cup, to observe their progress through it at the time of inspiration; they traversed the tube with great rapidity, and were succeeded by the coloured water as before; this was repeated several times. It was observed, that when the animal was standing up, the atmospheric pressure did not appear so forcibly marked as when thrown down, because the respiration, in the first position, is more regular, and therefore not so easily observed. It was remarked further, that when the respiration became quickened and irregular, or when it was disturbed by disease, that there was always a regurgitation of the blood into the jugular veins, but that this regurgitation never happened but during expiration.

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[*] See a small brochure lately published at Paris, entitled, " Recherches experimentales sur les causes du mouvement du sang dans les veines, &c. par Dr. David Barry.

Exp. 2.—In this experiment a tube was introduced into the thorax of a dog, at the side of the posterior extremity of the sternum; the tube was of metal, and about the size of a common pin; to the end of this tube was affixed a little sac of elastic gum, filled with a mixture of adeps and wax, and pierced in the bottom with a little hole; through this tube a second was introduced, having at its extremity a little valvular apparatus to prevent the admission of the atmospheric air; to the end of this the glass spiral tube was fastened, and the extremity of it put into coloured water. The liquid, during inspiration, was drawn rapidly through the tubes, and remained at rest during expiration. The motions of the fluid were so regular that the respirations could be counted by them.

Exp. 3.—In the third experiment, it was attempted to introduce a tube into the pericardium of a dog, but in all these attempts the heart was wounded. The experiment was afterwards made on the horse, the anatomical structure of which allows of getting at the pericardium more easily. After having raised the point of the xiphoid cartilage, it is easy to pass a tube, furnished with a point like a pen, along its upper surface across the upper margin of the diaphragm, and thus enter the pericardium at its posterior angle, without penetrating the peritoneum. A tube was introduced, furnished at the external extremity with a little bag, containing a similar composition to that used in the former case, and through this tube a flexible catheter, furnished with a stop-cock at the end, was gradually glided, so that it was not possible for any air to get into the pericardium. As soon as this was done, the cock was turned, and at each inspiration the fluid was seen to mount in the spiral tube as rapidly as in the preceding cases. Several other experiments were made, but as they were attended with the same results it is not necessary to repeat them.

From these experiments it is fair to conclude, that as the blood does not move in the veins toward the heart but during inspiration, and as it is always moving in the arteries, there must be, somewhere, an accumulation and some other power than that of the heart. That accumulation of blood takes place in the venous trunks, and the force most active in returning the blood to the heart is the *atmospheric pressure* propelling the blood into the vacuum formed in the large venous trunks in the thorax at each inspiration.

THE LANCET.

London, Saturday, April 29, 1826.

In the last Lancet we presented our readers with a brief history of the transactions of the "Associated Apothecaries and Surgeon-Apothecaries" to *January* 1813, and we promised to devote a considerable portion of our pages to the intended Act for which they subsequently endeavoured to obtain the sanction of the Legislature. Of this instrument we shall here insert an accurate copy; it certainly is of great length, but as it may with propriety be presumed, that it represents the opinions of a considerable body of Practitioners on the important subject of medical reform, and as it is our intention to comment on several of its clauses, we think it best to insert the whole without mutilation. It will appear from the following paragraph, that the drawing up of the bill was a work of much deliberation, and that the interest which it excited was widely diffused:—

"On March 23d, a general meeting was held, numerously attended by a deputation from almost every county in England.

The provisions of the Bill were discussed seriatim, and at great length; for the meeting sat for at least twelve hours. One of the resolutions passed at this meeting is so excellent, and so characteristic of the philanthropic intentions of the Association, that it deserves to be quoted:

'Resolved, That the monies arising from the granting of licences be appropriated to the use of the widows and orphans of medical men.'

'The following Bill was consequently introduced to the House by Messrs. Wilberforce, Calcraft, Whitbread, and Rose.

'A Bill for regulating the Practice of Apothecaries, Surgeon-Apothecaries, and Practitioners in Midwifery, and Compounders and Dispensers of Medicine throughout England and Wales.

'Whereas much mischief and inconvenience have arisen from great numbers of persons in many parts of this kingdom assuming the character and exercising the functions of the apothecary, surgeon-apothecary, and midwife, who are wholly ignorant, and utterly incompetent to the exercise of the duties of the medical profession, whereby the health and lives of the community are greatly endangered, the general character of the regular practitioner degraded and brought into dispute, and his interests materially injured: And whereas, in consequence of this degradation and injury to the interests of the above described practitioners, few apprentices are obtained, and the general state of their branches of the profession is necessarily becoming worse; and the medical departments attached to His Majesty's army, navy, and colonies, and the merchants' service, which have been principally supplied with practitioners brought up under apothecaries and surgeon-apothecaries, have suffered, and are likely still more to suffer from the increasing difficulty of procuring practitioners properly educated for such departments, whereby it is become necessary, for the benefit of the community at large, and for the preservation of the character and interest of the said branch of the profession, that provision should be made for remedying the said evils:

May it therefore please Your Majesty, That it may be enacted, and be it enacted by the King's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, That the President and Censors of the Royal College of Physicians for the time being, the Master and the Governors of the Royal College of Surgeons for the time being, the Master and Wardens of the Worshipful Society of Apothecaries for the time being, and apothecaries or surgeon-apothecaries, or men-midwives, who have been in practice as such for the space of years, and are actually in practice in London or within miles therefrom, of whom the following shall be the first:

and their successors to be elected as hereinafter directed, shall be and the same are hereby appointed and constituted a committee for the purposes of this and for ever to superintend the execution of the provisions of this and to enforce the regulations thereof in relation to the several persons practising the mystery or profession of apothecary, surgeon-apothecary, and midwife, and compounder and dispenser of medicine throughout England and Wales.

And be it further enacted, That of the said persons hereinbefore constituted members of the said committee, and their successors to be elected as herein mentioned, shall yearly and every year go out in rotation and cease to be members of the said committee, so that no person (except the said President and Censors of the Royal College of Physicians, and the Master and Governors of the Royal College of Surgeons, and the Master and Wardens of the Society of Apothecaries) shall remain a member of the said committee for any term exceeding years; and other persons, who shall have practised and exercised the mystery or profession of an apothecary, or surgeon-apothecary, or man-midwife, for the space of years, and are then actually in practice as such in London aforesaid, or within miles thereof, shall be chosen members of the said committee in the place of, and shall have the same powers and authorities as the persons so going out; and as it is intended that members shall go out and quit the said committee in the first and other succeeding years after the establishment thereof, the persons hereinbefore named as the first members of the said committee shall, during the first years, at the meeting to be held for the election of the new members yearly, decide by ballot or the drawing of lots which of them are to quit their situations as members of the said committee.

And be it further enacted, That the election of the said new members of the said committee shall annually take place and be on the day of at a meeting to be holden for that purpose, whereof days' notice shall be given by the clerk to the said committee in or more of the public newspapers circulating in London and within miles thereof; and such election shall be decided, and the names of the new members be declared, before the hour of in the evening; and no person shall have a right to vote or be allowed to vote for the election of any member of the said committee, unless such person shall have practised the mystery or profession of an apothecary or surgeon apothecary, or man-midwife, for the space of years, and shall be at the time of such election actually in practice as such apothecary or surgeon-apothecary, or man-midwife, in London or within miles thereof; and it shall and may be lawful for the committee for the time being assembled at such meeting to decide upon the qualification of any person or persons tendering their vote or votes at such election, and to allow or disallow the same according to the proofs of qualification exhibited or shown to them.

And be it further enacted, That if any of the said persons hereinbefore appointed members of the said committee, or any of their successors to be elected as aforesaid, shall, before the expiration of the time appointed for their continuing members of the said committee, die, or resign, or refuse to act, or become incapable of acting as members of the said committee, that then and in every such case it shall and may be lawful for the committee for the time being, and they are hereby authorized and required, within after such death, resignation, or refusal or incapacity to act, to summon a meeting of the said committee, of which meeting and the purpose thereof days' notice shall be given by the clerk of the said committee in or more of the public papers circulating in London and within miles thereof, and shall proceed to the election of some other person or persons properly qualified to be a member or members of the said committee in the room of the person or persons so dying, resigning, or refusing or becoming incapable to act; and the person or persons elected shall have the same powers, authorities, and privileges as the person or persons in whose room he or they shall be elected as a member or members of the said committee.

And be it further enacted, That the first meeting of the said committee after the passing of this shall be on the day of at and the second and subsequent meetings of the said committee shall be holden at such times, and, until a proper and convenient hall shall have been provided for that purpose, at such place as the said committee or any or more of them shall at their first and subsequent meetings appoint; and any of the said committee present at any such meeting may make, execute, and carry into effect any of the powers and authorities vested in the said committee by this ; and all rules, orders, and regulations which shall be made, and all and every act and thing done at any such meeting, at which of the said committee shall be present, shall be as valid and effectual as if all the members of the said committee had been present at the making or doing of the same.

Provided always, and be it further enacted, That the said committee shall in each and every year hold quarterly general meetings of the said committee, at which said general meetings every member of the said committee, unless prevented by illness or other sufficient cause to be allowed by the members of the said committee assembled at such general meetings, shall attend, and of which meetings days' notice at the least shall be given by the clerk to the said committee in or more of the public newspapers, to hear and determine all appeals made to them by any person or persons desirous of qualifying himself or themselves, under the regulations of this to practise as an apothecary, surgeon apothecary, or midwife, or to act as a compounder and dispenser of medicines, who shall have been refused a certificate or licence by the examiners of the said committee or by the committee of any district hereinafter established, and to allow or disallow such certificate or licence or the person appealing as they shall see occasion; and the said committee shall, and they are hereby required at such general meetings to examine the abstracts or accounts of the proceedings of the committees of each district to be transmitted to them, and shall also at such general meetings examine into, audit, and settle the accounts of their treasurer or treasurers, clerk or clerks, and other officers, who are hereby required to lay before the said committee assembled at such general meetings their books of accounts, and to give a true and faithful account of all monies received or expended by them under the authority of this or by the orders of the said committee.

And be it further enacted, That it shall and may be lawful for the said committee, or any or more of them, and they are hereby authorized at any meeting to be held by them, to nominate and appoint, by writing under the hands of any or more of them, a treasurer, or treasurers, clerk or clerks, and such other officers as the said committee shall adjudge to be necessary, taking such security for the due execution of their respective offices as the said committee shall judge proper: And in all actions, suits, bills, plaints, indictments, prosecutions, trials, or proceeding at law, to be had, brought, or prosecuted in pursuance of this , it shall and may be lawful for the said committee to sue and be sued in the name of the said treasurer or clerk; and no such action shall abate or be discontinued by the death or removal of such treasurer or clerk, nor by the act of the same, without the consent of the said committee; but no such treasurer or clerk, or either of them, shall be subject to any costs and expenses on account thereof, but all such costs and expenses shall be defrayed out of the monies arising by virtue of this

And be it further enacted, That it shall and may be lawful for the said committee, and they are hereby authorised and required to examine previously to their being bound, and afterwards to bind by proper indentures, all apprentices to any apothecary, surgeon-apothecary, or practitioner in midwifery, in the district of London, except such apprentices as are bound at the Royal College of Surgeons, or at Apothecaries' Hall, in the city of London, and shall examine all persons applying for certificates to practise as an apothecary, surgeon-apothecary, or midwife, except as hereinbefore is provided, or to act as a compounder and dispenser of medicines, and shall grant certificates and the annual licences hereinafter mentioned to the persons applying for the same.

And be it further enacted, That it shall and may be lawful for the said committee to make, ordain, confirm, or annul such bye-laws, ordinances, rules, and constitutions as from time to time shall seem to them requisite and convenient for the regulation, government, and advantage of the said committee, and for regulating the examination of persons applying for certificates to practise as apothecaries, surgeon-apothecaries, midwives, and assistants, or to act as compounders and dispensers of medicines, and the examination of all journeymen to compound or dispense medicines, and the examination and binding of all apprentices, except apprentices bound as aforesaid, either by the said committee, or the committees of the districts hereinafter established; and for the granting of all certificates and licences by the said committee or committees of the districts, and for such other purposes relating and tending to the better government, advancement, advantage, and interest of the said profession of apothecary, surgeon-apothecary, and midwife, and relating to all compounders and dispensers of medicine, and journeymen, as they shall deem necessary and expedient; so that such bye-laws, rules, ordinances, and constitutions be not contrary to law or any thing in this contained; and to impose penalties and forfeitures for the breach of such bye-laws, ordinances, rules, and constitutions, provided that no such penalty shall exceed the sum of pounds; which said bye-laws, ordinances, rules, and constitutions, being reduced into writing, under the hands of any or more of the said committee, shall be binding upon and observed by all persons using the mystery or profession of an apothecary, surgeon-apothecary, or midwife, and assistant, and upon all compounders and dispensers of medicines, and journeymen, throughout England and Wales, and shall be sufficient in any court of law or equity to justify such persons as shall act under the same.

And be it further enacted, That it shall and may be lawful for the said committee, and they are hereby authorized and empowered to purchase any lands, tenements, buildings, or hereditaments, for the purpose of erecting and making a hall, with proper offices for holding the meetings and transacting the business of the said committee; and when a sufficient fund shall be raised by the said committee to enable them to found the same for the establishment of a medical school, and to appoint proper persons to superintend the same, and to teach therein, and to give public lectures therein to the medical students in London, willing to attend such lectures on the different sciences, which the said committee shall direct, and in which the students are hereafter directed to be examined.

And be it further enacted, That medical districts shall be established throughout England and Wales, with proper committees to superintend the same, each of which committees in every district, except

London, which shall be under the authority of the superintending committee by this established, shall consist and be composed of one of his Majesty's justices of the peace, acting for one of the counties included in such district, one physician resident in the district for which he is appointed, and apothecaries, or surgeon-apothecaries, or man-midwives, of whom shall be actually practising in midwifery, and resident in the district for which they are to act; and the persons composing such district committees shall be appointed by, and be subservient to the superintending committee of London hereinbefore appointed, and shall in all things relating to this be governed by and observe the orders and regulations of the said committee; and it shall and may be lawful for the said superintending committee, if they shall see occasion, to remove any person being a member of any district committee, and to appoint another person to supply his place; and they the said committee shall, and they are hereby required, as soon as possible after the passing of this to declare and make known by advertisement in public newspapers the extent of each district, and what counties are included therein, and to appoint the proper persons to act as such district committees as aforesaid; and it shall be lawful for the said superintending committee, if they shall see occasion, to alter any district, and to increase or diminish the number of persons composing any district committee, and to make such rules and orders concerning the same, as to them shall seem necessary and proper.

And be it further enacted, That of the persons practising as apothecaries, or surgeon-apothecaries, or man-midwifes, who shall be appointed members of the said district committee, shall yearly and every year go out in rotation, in each and every district committee, in like manner as hereinbefore directed with regard to the said superintending committee; and other persons, duly qualified for that purpose, shall be appointed members of the said district committee in the room of the persons so going out, so that no apothecary, or surgeon-apothecary, or man-midwife, shall continue a member of any district committee for a longer time than years.

And be it further enacted, That it shall and may be lawful for the said district committees as aforesaid, within their respective districts, to examine and bind all apprentices to any apothecary, surgeon-apothecary, or practitioner in midwifery, and to examine and to grant certificates to all persons applying to be examined as compounders or dispensers of medicines, or as journeymen for compounding and dispensing medicines, to any apothecary, surgeon-apothecary, midwife, or compounder or dispenser of medicines, or as female midwives; provided always, that at all examinations of the last mentioned persons, of the persons present as examiners shall be a practitioner in midwifery; and it shall and may be lawful for the said district committee, and they are hereby authorized and required to grant the annual licences hereinafter mentioned to all apothecaries, surgeon-apothecaries, midwives, and compounders and dispensers of medicines within their respective districts applying for the same.

And be it further enacted, That the committee of each district respectively shall, within days of the day of , within days of the day of , within days of the day of and within days of the day of in each and every year, hold a meeting for the purpose of executing the powers and authorities vested in them by this , of which said meetings notice shall be given in or more public newspapers usually circulating in each district respectively, and shall at any such meeting holden by them respectively appoint a clerk and treasurer, and shall and may make such orders and regulations as they shall deem convenient with regard to the examinations aforesaid, and granting the said certificates and annual licences within their respective districts; which said orders and regulations shall be observed by all persons applying for examinations or licences to the said committee, under the penalty of pounds, provided the same are not contrary to law, or any thing in this contained, or to any of the bye-laws, rules, ordinances, and constitutions of the said superintending committee; and all orders and regulations, and all other matters and things made or done at any meeting of a district committee, may be made or done by any of the members of the committee, and shall be as valid and effectual as if all the persons composing such committee had been present at the making or doing of the same.

And be it further enacted, That the committee of each district shall, within days after every such quarterly meeting so to be held as aforesaid, send and dispatch an abstract or account of their proceedings at such meetings, with the names and places of abode of the several persons examined by them, and to whom they have granted certificates, of all licences granted by them, and of all other matters and things done and transacted at such meetings, to the superintending committee, which abstract or account shall be subscribed by the members of the said committee respectively, who shall have been present at such meetings.

And to prevent any person or persons from practising as an apothecary, surgeon-apothecary, or practitioner in midwifery, without having had suitable education, and being properly qualified by a regular course of study to practise as such, Be it further enacted, That from and after the day of in the year it shall not be lawful for any person or persons (except persons already in practice as such) to practise as an apothecary, surgeon-apothecary, or practitioner in midwifery in any part of England or Wales, unless he or they shall have been examined by, and have received a certificate of his or their being duly qualified to practise as such from the superintending committee of London, who are hereby authorized and required to examine all persons applying to them for that purpose (amongst other things) in English on the following subjects:—anatomy, theory, and practice of medicine, materia medica, chemistry, and pharmacy, and, if required, midwifery, or such of them as the said committee shall think necessary, according to the branch of the profession intended to be practised by the person applying for examination, and to grant a certificate of such examination.

Provided always, and be it further enacted, That any person or persons who shall at any time hereafter be admitted as a member of the Society of Apothecaries shall be entitled to practise as an apothecary within the jurisdiction of the said society, without being subject to such examination by the superintending committee, as hereinbefore directed, and in the same manner to all intents and purposes, as if he or they had been examined by virtue of this .

And be it further enacted, That every person intending to qualify himself under the regulations of this to practise as an apothecary, surgeon-apothecary, or practitioner in midwifery, in any part of England or Wales, shall give notice to the clerk of the said committee of his intention so to do, who shall notify the same to the said committee; and the person so intending to qualify himself shall present himself at the meeting held by the said committee next succeeding such notice, to undergo such examination as aforesaid; and no person shall be admitted to be examined, unless he shall produce to the said committee his indentures of apprenticeship, or testimonials of a regular medical education, or of proper attendance in some accredited school of medicine in England, Scotland, or Ireland, and certificates of his having attended two courses at least of the following lectures: anatomy and dissection, chemistry, and theory and practice of medicine and midwifery, and not less than attendance to the practice of a London hospital, or attendance to the practice of a dispensary or provincial hospital.

And be it further enacted, That from and after the day of in the year it shall not be lawful for any person or persons (except persons then actually in practice as such) to practise as a surgeon in any part of England or Wales, unless such person shall first have obtained a diploma from the Royal College of Surgeons; and if any person or persons shall, after the said day of (except such as are then actually practising surgery,) practise as a surgeon, or prescribe, or perform any operation, or other thing connected with surgery, without having first obtained such diploma as aforesaid, the person or persons so offending shall for every such offence forfeit and pay the sum of pounds.

And whereas many persons now compound and dispense physicians', surgeons', and other prescriptions and medicines, who from want of proper education and sufficient skill are utterly incompetent thereto, to remedy whereof, Be it enacted, That from and after the day of it shall not be lawful for any person or persons (except such as are then actually compounders and dispensers of medicine) to compound or dispense any physicians', surgeons', or other prescriptions, or to compound or dispense any medicines, without having undergone an examination by the said superintending committee, or if out of the district of London, by the committee of the district in which such person or persons intend to settle, as to their qualification and abilities as such compounders and dispensers of prescriptions and medicines, and shall have obtained a certificate thereof, the nature of which examination and the form of certificate to be granted, shall be determined and settled by the said superintending committee; and if any person or persons shall after the said day of (except such as are then actually compounders and dispensers of medicines) compound or dispense any physicians', surgeons', or other prescriptions, or any medicines, without having obtained such certificate, the person so offending shall for every such offence forfeit the sum of pounds.

And be it further enacted, That from and after the day of in the year it shall not be lawful for any person or persons (except the persons then actually acting as such) to practise or act as an assistant to any apothecary, surgeon-apothecary, or practitioner in midwifery, for visiting and prescribing for the sick, without undergoing an examination before the said superintending committee, and obtaining a certificate of his qualification to act as such assistant; and that from and after the said day of in the year no person or persons shall act as a journeyman to any apothecary, surgeon-apothecary, or man-midwife, or to any compounder and dispenser of medicines, without having undergone an examination for the same before the committee of the district in which such apothecary, surgeon-apothecary, or midwife shall be practising, and obtaining a certificate of his ability from the committee before which he shall be examined, the nature of which said examinations, and the fees to be paid by the said assistants and journeymen for the said certificates, shall be settled and determined by the said superintending committee.

And be it further enacted, That every assistant applying for examination as aforesaid to the said superintending committee, and every compounder and dispenser of medicines, and journeyman for compounding and dispensing medicines, applying for examination to the committee of any district, shall in like manner as is directed with regard to persons applying for examination as apothecaries, surgeon-apothecaries, and practitioners in midwifery, give notice to the clerk of the said superintending committee, or of the committee before which such compounder or dispenser of medicines or journeyman is to pass his examination, of his intention so to do, and shall, at the meeting at which such examination takes place, produce and show to the committee his indentures of apprenticeship, or such testimonials of his ability as the committee shall require; and the said superintending committee, and the committee of every district respectively, are hereby authorized and required to refuse to examine, and reject every person applying to qualify as an assistant or compounder and dispenser of medicine, or journeyman, who shall be unable to produce his indentures of apprenticeship, or such testimonials as the committee shall require.

Provided always, and be it further enacted, That it shall and may be lawful for any person or persons practising as a full surgeon, apothecary, or surgeon-apothecary, in any of the departments of His Majesty's army or navy, in case he shall leave the same, to practise as an apothecary, surgeon-apothecary, or practitioner in midwifery, at any time hereafter, in any part of England or Wales, without undergoing such examination or obtaining such certificate as aforesaid: Provided always, That no person who shall act as an assistant only in any such department shall be allowed to practise as an apothecary, surgeon-apothecary, or practitioner of midwifery in any part of England or Wales, without having passed such examination and having obtained such certificate as aforesaid, under pain of incurring the penalties imposed on persons practising the said branches of the profession, without having obtained the same.

And be it further enacted, That from and after the day of it shall not be lawful for any woman (except such as are then actually practising as such) to practise as a midwife for gain or profit, without having undergone an examination, and having obtained a certificate from the committee of the district in which they shall intend to practise, of her ability to practise as a midwife.

And be it further enacted, That the sum of pounds shall be paid for every such certificate as aforesaid, on obtaining the same by every person intending to practise as an apothecary or surgeon-apothecary, and by every practitioner in midwifery, whether in one or all the branches of the said profession; and by every assistant the sum of pounds; the moiety of the last-mentioned sum to be paid on examination, and the other moiety on such assistant's entering into business, such security to be given in the mean time for the payment thereof as the said superintending committee shall require; and by every compounder and dispenser of medicine the sum of pounds; and by every female midwife, if in London, the sum of pounds, and if in the other districts the sum of pounds; and the several sums of money arising from the granting of such certificates shall be applied in manner hereinafter directed: Provided always, That no journeyman merely compounding and dispensing medicines shall be obliged or required to pay any further or larger sum than the sum of pounds on obtaining such certificate as aforesaid.

And be it further enacted, That if any person (except such as are then actually practising as such) shall after the said day of act or practise as an apothecary, surgeon-apothecary, or practitioner in midwifery in any part of England or Wales without having obtained such certificate as aforesaid, every person so offending shall for every such offence forfeit and pay the sum of pounds; and if any person (except such as are then actually practising as such) shall after the passing of this act as an assistant to any apothecary, surgeon-apothecary, or practitioner in midwifery for visiting and prescribing for the sick, or as a journeyman for compounding medicines, without having obtained such certificate as aforesaid, every person so offending shall for every such offence forfeit and pay the sum of pounds: and if any person shall practise as a female midwife for gain or profit, in any part of England or Wales, without having obtained such certificate as aforesaid, every person so offending shall forfeit and pay for every such offence the sum of pounds.

And, inasmuch as many dangerous and fatal consequences have heretofore arisen from the practice of taking as apprentices to the art and mystery of apothecary, surgeon-apothecary, or practitioner in midwifery, boys or persons disqualified by want of proper education, to the imminent hazard of the lives of his Majesty's subjects; Be it further enacted, That no person or persons whatsoever shall be bound as an apprentice by the said superintending committee to London, or by the committee of any district, to any apothecary, surgeon-apothecary, or practitioner in midwifery, before such person or persons shall have fully completed his or their year, and shall before his being bound as such apprentice, have undergone an examination by the committee of the district in which such person is to serve as apprentice, in such manner as the said committee shall think fit and necessary; and no apprentice shall present himself for examination or apply to qualify himself to practise as an apothecary, surgeon-apothecary, or practitioner in midwifery, until he shall have served as an apprentice for the full term of years.

And be it further enacted, That the sum of pounds shall be paid by every apprentice on his being bound to any apothecary, surgeon-apothecary, or practitioner in midwifery, to the treasurer of the committee binding him as such, which sum shall be applied in manner hereinafter mentioned.

And be it further enacted, That from and after the day of every person practising all or either of the branches of the profession of apothecary, surgeon-apothecary, or practitioner in midwifery in England and Wales, shall yearly and every year between the day of and the day of take out a licence to be granted by the committee of the district in which such apothecary, surgeon-apothecary, or practitioner in midwifery shall practise, for which licence the sum of shall be paid to the treasurer of the committee granting the same; and if any person shall after the said day of act or practise as an apothecary, surgeon-apothecary, or practitioner in midwifery in any part of England or Wales, without having taken out such annual licence as aforesaid, every person so offending shall for every such offence forfeit and pay the sum of pounds.

And be it further enacted, That from and after the passing of this every dispensing chemist or druggist, or compounder of physicians', surgeons', and other prescriptions, or of any medicines, in England and Wales, shall yearly and every year between the day of and the day of take out a licence to be granted by the committee of the district in which such dispensing chemist or druggist or compounder of medicines shall be settled, for which said licence the sum of shall be paid to the treasurer of the committee granting the same; and if any person shall after the passing of this compound or dispense any physicians', surgeons', or other prescriptions, or any medicines, in any part of England or Wales, without having obtained such annual license as aforesaid, every person so offending shall for every such offence forfeit and pay the sum of

And be it further enacted, That every person practising as a female midwife for gain or profit in any part of England or Wales, shall, from and after the day of and in every year between the day of and the day of take out a licence, to be granted by the committee of the district in which such person shall practise, and for which said licence the sum of if in London, and the sum of if in any other part of England and Wales, shall be paid to the treasurer of the committee granting the same; and if any person shall after the said day of practise as a female midwife in any part of England or Wales for gain or profit, without having obtained such annual licence, every person so offending shall for every such offence forfeit and pay the sum of

Provided always, and be it further enacted, That no person practising as an apothecary or surgeon-apothecary in any department of His Majesty's army or navy, shall be obliged to take out such annual licence as aforesaid; but if any person so practising in such department shall quit the same, and shall settle as a private practitioner in any part of England or Wales, such person shall then be liable to take out such annual licence, and shall be liable to the penalties herein imposed in case he shall practise without having obtained the same.

Provided always, and be it further enacted, That if the members of the said superintending committee examining any person applying to qualify himself to practise as an apothecary, surgeon-apothecary, or practitioner in midwifery, or as an assistant, or to be bound as an apprentice, or if the committee of any district examining any person applying to qualify himself or herself as a compounder and dispenser of medicines, or as a journeyman, or as a female midwife, shall see cause to refuse such certificate as aforesaid to the said persons so applying to qualify himself or herself as an apothecary, surgeon-apothecary, or practitioner in midwifery, or assistant, or as a compounder or dispenser of medicines, or a female midwife, or to refuse to bind such persons so applying as an apprentice, yet it shall and may be lawful for such person or persons who shall be so refused, to apply at any future time, so that such second application by any person applying to qualify himself as an apothecary, surgeon-apothecary, or practitioner in midwifery, or as an assistant, be not within months, and if by a compounder or dispenser of medicines, or female midwife, journeyman, or apprentice, not within months of such first examination, to be again examined; and if on such re-examination he or she shall appear to the person examining to be then properly qualified, it shall and may be lawful for the said committees respectively to grant such persons so applying such certficate as aforesaid, or to bind the person so applying as an apprentice.

Provided also, and be it further enacted, That if any person shall apply to the committee of any district for an annual licence to practise as an apothecary, surgeon apothecary, or practitioner in midwifery, or as compounder or dispenser of medicines, or to be bound as an apprentice, and it shall appear to the committee so applied to that the person applying is a person not duly qualified under the regulations of this to practise as such apothecary, surgeon-apothecary, or practitioner in midwifery, or compounder and dispenser of medicines, or is a person of infamous or immoral character, it shall and may be lawful for the committee applied to, on proof thereof, to refuse such annual licence to the person so applying, or to refuse to bind such apprentice.

Provided always, and be it further enacted, That it shall and may be lawful for every person desirous of qualifying himself to practise as an apothecary, surgeon-apothecary, or practitioner in midwifery, or as an assistant, who shall consider himself aggrieved by the members of the said superintending committee who shall examine him and shall refuse to grant him such certificate as aforesaid, or any such annual licence as aforesaid, and for every person desirous of qualifying himself as a compounder and dispenser of medicines who shall consider himself aggrieved by the committee of any district who shall examine him and refuse to grant him such certificate as aforesaid, or any such annual licence, and for every journeyman who shall be refused such certificate as aforesaid, and for every person desirous to be bound as an apprentice who shall be rejected by any committee, to appeal to the general meeting of the said superintending committee to be holden next after such second examination as aforesaid, or next after he shall be refused such annual licence or binding; and the said superintending committee are hereby empowered and required at such general meeting to hear and determine such appeal, and shall re-examine the person so appealing, and shall reverse or affirm the judgment of the persons refusing the appellant such certificate or annual licence; and if the said committee, or the major part of them present at such general assembly, shall see cause to reverse the former judgment, and to grant the person appealing such certificate or unnual licence, or to bind such person as an apprentice, then it shall and may be lawful for the said committee, or the major part of them, to grant the said certificate or licence to, or to bind as an apprentice the person so appealing; and the certificate or licence so granted, and the apprenticeship of the person so bound, shall be good and valid and effectual in law to all intents and purposes as if the same had been granted on the first application.

And be it further enacted, That every certificated and licensed apothecary, surgeon-apothecary, or practitioner in midwifery, after the passing of this entering into partnership or connexion with any dispensing chemist or druggist, or compounder of drugs or medicines, or vender of patent medicines (except such as shall be in partnership before the passing of this) in any part of England or Wales, shall forfeit and pay the sum of and shall forfeit the licence taken out by him to enable him to practise as such apothecary, surgeon-apothecary, or practitioner in midwifery.

And be it further enacted, That every certificated and licensed apothecary, surgeon-apothecary, practitioner in midwifery, or assistant, hiring himself or entering into the service of any compounder or dispenser of drugs or medicines, not qualified to practise as an apothecary, surgeon-apothecary, or practitioner in midwifery, shall, whilst in such service, be disabled to practise or prescribe as an apothecary, surgeon-apothecary, practitioner in midwifery, or assistant; and if any such person shall whilst in such service practise any of the said branches of the profession, or prescribe as such, every person so offending shall forfeit and pay the sum of for every offence.

And be it further enacted, That from and after the passing of this it shall and may be lawful for every apothecary, surgeon-apothecary, and midwife, to make, claim, demand, and have reasonable charges for their attendances, visits, and journeys, given, undertaken, and made by them, to any person employing them in the duties of their profession, and for inoculations, operations in midwifery, and all other operations done or performed by them; and every apothecary, surgeon-apothecary, and midwife, shall have power to sue for and recover his or her reasonable charges as aforesaid, in any court of law in England or Wales, in such and the same manner as they can now sue for and recover their charges and demands for medicine.

Provided always, and be it further enacted, That no apothecary, surgeon-apothecary, or midwife, shall be allowed to recover any charges claimed by him or her in any court of law, unless such apothecary, surgeon-apothecary, or midwife, shall prove on the trial his or her being a person duly licensed under the regulations of this to practise in the capacity in respect to which the charge shall have been made.

And be it further enacted, That the respective committee of every district throughout England and Wales, shall, within days after every quarterly meeting hereinbefore directed to be held by the said committees, make out a list to be signed by the persons composing such committees respectively, who shall have been present at such meetings, which list shall contain the christian and surnames and places of abode of every person practising as an apothecary, surgeon-apothecary, practitioner in midwifery, or compounder or dispenser of medicines within each respective district, being duly licensed under the regulations of this so to do, and the separate capacity in which all such persons shall practise or act whether as an apothecary, surgeon-apothecary, practitioner in midwifery, or compounder and dispenser of medicines, and a like list of all assistants, journeymen, and apprentices, and of all female midwives duly licensed and bound by such committees respectively; and the said committees are hereby respectively required and enjoined to send and transmit such list within such time as aforesaid, to the clerk of the superintending committee in London, who shall deposit and keep the same with the books and other papers of the said committee, and all such lists may be inspected by any person or persons whatsoever, on paying to the said clerk the sum of for every such inspection.

And be it further enacted, That it shall and may be lawful for the said superintending committee, and they are hereby authorized and required yearly and every year between the day of and the day of to direct and cause to be made out annual lists of all persons practising or acting as an apothecary, surgeon-apothecary, or midwife, or compounder or dispenser of medicines in England or Wales, who have been duly licensed to practise as such under the regulations of this and such lists shall contain the christian and surname of every person so practising, with his place of abode, the capacity in which such person is practising or acting, whether as an apothecary, surgeon-apothecary, practitioner in midwifery, or compounder or dispenser of medicines, and shall also contain the christian and surname and places of abode of all females practising as female midwives in any part of England and Wales, being duly licensed as aforesaid; and shall cause a list of the said several persons in each district to be annually published in each district in or more of such newspapers as usually circulate in the district in which such list is hereby directed to be published.

And be it further enacted, That all and every sum or sums of money which shall be received or arise from the granting of the certificates of examination hereinbefore required in the district of London shall belong and be appropriated to the said superintending committee of London; and all sums received or arising from the granting of such certificates in any other part of England or Wales, shall belong and be appropriated to the committee of the district granting the same, to be disposed of in such manner as the respective committees of each district shall direct for the advancement of the purposes of this

And be it further enacted, That all sum and sums of money arising from convictions and recovery of penalties for offences committed against the authorities and regulations of this shall be applied and disposed of in manner following, viz. one half of the penalty recovered on every conviction shall go to and be used by the informer suing for the same, one quarter thereof to the committee of the district in which the offence shall be committed, and the remaining fourth part shall be set apart and appropriated as a fund for the prosecution of delinquents, to be under the management of the said superintending committee.

And be it further enacted, That of the sum of hereinbefore required to be paid by every apprentice on his being bound shall be appropriated to the use of the committee of the district in which such apprentice shall be bound, and the remaining of the said sum of shall be paid to the treasurer or treasurers of the said superintending committee, and shall be by him or them paid into the Bank of England in his or their names, as treasurer or treasurers to the said committee, and shall be applied to establish the Medical School hereinbefore mentioned, and for the improvement of medical science, and in the payment of salaries to such public teachers, officers, and persons as may be appointed by the said committee for managing and superintending the same, and in providing a permanent fund for the payment of such salaries, and such other incidental expenses as may be necessary for those purposes.

And be it further enacted, That the sum of shall be paid to the clerk of every committee respectively for the granting of each of the said annual licences to any apothecary, surgeon-apothecary, practitioner in midwifery, or compounder and dispenser of medicines, the same to be paid on the delivery of the said licence.

And be it further enacted, That all fees payable by female midwives on their examination and the obtaining of their certificates shall be fixed, ascertained, and settled by the superintending committee, and shall, when so ascertained and settled, be taken, demanded, and received by the clerk to the committee making the examination and granting the certificates, to be applied and appropriated to the use of such committee for the advancement of the purposes of this

And be it further enacted, That all penalties and forfeitures by virtue of this imposed (the manner of levying and recovering whereof is not otherwise hereby particularly directed,) shall, if such penalty and forfeiture shall exceed the sum of be recovered by action or suit at law in any of his Majesty's courts of record in England or Wales, wherein no essoign or wager, or more than one imparlance shall be allowed; and if such penalty or forfeiture shall be less than the sum of then the same shall be levied and recovered by distress and sale of the goods and chattels of the offender by warrant, under the hand and seal of any justice of the peace acting for any county within the district where the offence shall be committed (which warrant such justice is hereby empowered and required to grant upon the confession of the party, or upon the evidence of any creditable witness upon oath, and which oath such justice is hereby empowered to administer,) and the overplus (if any) of the money arising by such distress and sale, shall be returned upon demand to the owner of such goods and chattels, after deducting the costs and charges of making, keeping, and selling the distress; and in case sufficient distress shall not be found, or such forfeitures and penalties shall not be paid forthwith, it shall be lawful for such justice, and he is hereby authorized and required, by warrant under his hand and seal, to cause the offender to be committed to the common gaol for the county in which he shall act within the district where the offence shall be committed, there to remain, without bail or mainprize, for any time not exceeding calendar months, unless such penalties and forfeitures, and costs, shall be sooner fully paid and satisfied.

And be it further enacted, That where any distress shall be made for any sum of money to be levied by virtue of this , the distress itself shall not be deemed unlawful, nor the party or parties making the same be deemed a trespasser or trespassers, on account of any defect or want of form in the notice or information, summons, conviction, warrant or distress, or other proceeding relating thereto; nor shall the party or parties distraining be deemed a trespasser or trespassers ab initio, on account of any irregularity which shall be afterwards done by the party or parties so distraining; but the person or persons aggrieved by such irregularity may recover full satisfaction for the special damage in an action upon the case.

Provided always, and be it further enacted, That nothing in this contained shall extend or be construed to extend to lessen, prejudice, or defeat, or in any wise to interfere with any of the rights, authorities, privileges, and immunities heretofore vested in and exercised and enjoyed by the Royal College of Physicians, the Royal College of Surgeons, or the Worshipful Society of Apothecaries respectively; but that the said Royal Colleges, and the said Society shall have, use, exercise, and enjoy all such rights, authorities, privileges, and immunities in as full, ample, and beneficial a manner, to all intents and purposes, as they might have done before the passing of this and in case the same had never been passed.

And be it further enacted, That this shall be deemed and taken to be a public , and shall be judicially taken notice of as such by all judges, justices, and others.' "

Such is the instrument which the Associated Apothecaries so perseveringly laboured to make part and parcel of the law of the land. This intended Act was rejected by the House of Commons, but was subsequently introduced with what were called several amendments, the pith of which we will give in our next, and bring the subject, if possible, to a close.

On Thursday last, at a General Meeting of the Governors of the London Ophthalmic Infirmary, a *Nostrum Vender* stated that the Committee had delegated to Dr. Farre the privilege of electing either another Surgeon or Physician to that Institution. The Surgeons were much surprized at this announcement, and Mr. Lawrence sarcastically observed that "to elect a Physician *would be electing one person to assist another in doing nothing.*" We should like to know who the boobies are that gave this power to Dr. Farre; are these worthies aware of the *important* services which the Doctor has of late rendered the Institution? In 1823 he prescribed a little *rhubarb* for a patient, but since that time we believe the patients have not been benefited from a similar exercise of his skill. Dr. Farre's appointment as *Physician* to this Infirmary has, however, furnished the *Surgical Profession* with an important fact, which clearly proves,—(and there are thousands of others of a similar description,)—that the patients of an Infirmary can be judiciously prescribed for without the assistance of a *Physician*. If the parties in question have conferred on Dr. Farre such a right as the one just stated, we have only to say that

> "*Charity* is outrage, and life a shame."

We have received several communications respecting the letter of "A Constant Reader," which appeared in our last Journal, and upon which we promised to offer a few remarks. No one will pretend that Mr. Lawrence could have designed, as he himself says, to elevate the London schools at the expense of their northern rivals, nor can he be supposed to have made a statement, unless it were founded on the best authority he could procure.

Now a general opinion that subjects are scarce at Edinburgh, has prevailed in London, and this on no vague hearsay, but on the testimony of one, at least, of the northern professors, we mean Mr. Lizars, whose complaints have been heard in many a preface of the "letter-press descriptions" which accompany his Anatomical Engravings, the completion of which has been so much retarded by the evil complained of. Thus in the last number of these descriptions, which issued from the press about a month ago, he says,

> "The Royal College of Surgeons of Edinburgh have passed a law, enacting that three months' dissection shall in future be held necessary for qualifying candidates for diplomas; and the Senatus Academicus of our far-famed University have even *yet* only recommended a three-months' course of dissections for graduation. Since the publication of the sixth part, too, the author has presented a Memorial to the Town Council of Edinburgh, setting forth the *evils which are daily occurring*, both to the medical school and the public from the want of *subjects*; but his memorial, he regrets to say, has produced no favourable result, for, as the late celebrated Dr. Pitcairn said, when he was using every exertion to establish an anatomical school here in 1694, "There is great opposition by the chief surgeons, who neither eat hay themselves, nor suffer the oxen to eat it*." *Subjects have now risen* (1826) *to the enormous sum of twenty-guineas*, a sum sufficient to enable a student to go to Paris, study his profession, and return home; and have, moreover, *become so scarce*, that one lecturer on anatomy, who has been teaching for these four years past, has been obliged to resign; and that able and scientific lecturer, Dr. Barclay, who has now, from the natural course of years, resigned his duties as teacher, has, within these some years back, been repeatedly heard to say, that he saw no alternative, except giving up teaching human, and confining himself to comparative anatomy."

Here Mr. Lizars tells his own tale, and certainly it differs widely from that of our "Constant Reader's" friend, the pupil; but whether any discrepancy exists with regard to the other schools noticed in our Correspondent's letter, we do not pretend to determine. It is at least proved, that if Mr. Lawrence was mistaken in supposing a scarcity of subjects existed at Edinburgh, that the error did not originate with him, and that he may fairly be excused for not knowing what our northern neighbours cannot agree upon themselves, viz. whether subjects are scarce and fetch twenty pounds each, or whether they abound so much that they are only worth seven.

The Letter which relates to the "Glasgow resurrection Men," shall appear in our next.

We beg to inform Mr. JOSEPH HENRY GREEN, that Mr. CLINE has not yet sent us any letter, stating from whom he received the thousand pounds for a moiety of the St. Thomas's Museum.

MEDICAL SOCIETY OF LONDON.

MONDAY, APRIL 24, 1826.

Another Successful Case of Transfusion.

Mr. Doubleday informed the Society, that he had this morning assisted his friend Mr. Waller in performing the operation of transfusion. The circumstances of the case were shortly these.

The female had been confined to her bed for three weeks, and was so reduced, partly in consequence of severe nausea and vomiting, that she was unable to turn herself in bed without assistance. She was taken in labour at three o'clock, a.m., and was seen by Mr. Waller at a quarter before ten, a.m.; at which time she had been labouring under severe hæmorrhage for about five hours, and which had latterly much increased. The pulse at the wrist was at this period hardly perceptible, and she was altogether in an extremely debilitated state. Upon examination the shoulder was found presenting. Every thing being favourable to immediate delivery, Mr. Waller brought down the feet and finished the delivery in the accustomed manner. The symptoms of collapse, however, instead of mending, became progressively worse,—so bad indeed were they, that her recovery was very doubtful under any circumstances. Still, however, as transfusion appeared to be the only remedy likely to be of service, Mr. Waller resolved upon performing it. But before this could be done, a great deal of valuable time was lost (we believe near an hour) in procuring the necessary supply of blood. About nine ounces of blood were injected, and we are happy to say a complete rally followed; indeed so much had she recovered that her medical attendants were enabled to leave her at the expiration of an hour in comparative safety. But from her previous debilitated state, he (Mr. D.) considered her ultimate recovery as very doubtful.

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* Bower's Hist. of the University of Edinburgh, Vol. II. page 149.

To the Editor of THE LANCET.

SIR,—I have been several months expecting to see the result of a case of fracture of the upper arm, which you noticed in No. 2, Vol. VIII. of your very useful Journal; but as it has not been mentioned I am induced to believe, that the state of the poor man's arm, at the time he left the Hospital, must, in some way or other, have escaped your observation.

I watched this case during the man's stay in the Hospital with a great deal of interest, and was much surprised at the mode of treatment pursued with a view to produce union of the bone.

For the benefit of those who may have commenced purchasing THE LANCET since the case to which I allude was published, I will repeat the principal points in its history.

The patient, a man 58 years of age, was admitted into St. Thomas's Hospital, under Mr. Tyrrell, on the 7th of January, 1825, with a recent fracture of the humerus, about the insertion of the deltoid muscle. The usual splints were employed; but as the bone did not unite, other means were resorted to, such as Mr. Tyrrell himself was able to invent, but without success.

On the 1st of July, nearly six months after the accident, Mr. Tyrrell passed a seton of silk through the arm between the ends of the bone. This was kept in for one month and produced considerable inflammation and swelling, and consequent hardness round the fracture, accompanied with a considerable quantity of purulent discharge. The seton being removed, the common splints were re-applied, and were again worn for a considerable period. Four months after the introduction of the seton, making nearly ten from the time of the accident, I saw the patient for the last time, and ascertained, what was easily seen without any manual examination, that no union had taken place. The man was now discharged from the Hospital with a loose artificial joint.

Now, Mr. Editor, had this man justice done by him? Is the use of this poor man's arm of no importance to him? Why was a seton introduced at all? Is not the conduct of that surgeon who presumes to saw off the fractured ends of the bone, in a case of non-union, or introduce a seton between them, when the fracture is in the arm, leg, or thigh, before he has tried the method of cure recommended by Mr. Amesbury, highly reprehensible?

Mr. Amesbury has published in a contemporary Journal (Medical Repository, No. 130, Vol. 22.) seven cases of non-union, the authenticity of which cannot be doubted; in all of which, bony union was easily produced simply by the action of the splints which he has found so eminently successful in the treatment of recent simple fractures. In several of these cases the fracture had existed a much longer period than in Mr. Tyrrell's case. In one of those which occurred in the leg, the fracture had existed nearly seven months. This united, without confining the patient, in forty days. In another the fracture had existed nearly nine months. This united, without difficulty and without confinement, in 33 days. Of those which occurred in the humerus, one had resisted the usual means nearly ten months. In this union was effected in six weeks. Another had existed nearly eleven months. In this the bone was found consolidated in about ten weeks, but it cannot be determined how long the bone was uniting in this case, as the gentleman was detained in the country much longer than was expected.

Are not these cases, Mr. Editor, sufficient precedents to act upon, especially when the author of the paper states that he never has failed to produce union with facility, when the method of treatment he has recommended was pursued? Do they not of themselves go very far towards establishing the practice which Mr. Amesbury has recommended? And if I am right in my opinion, is not the surgeon who has the hardihood to keep a patient suffering for ten months without trying this plan of treatment highly deserving of public censure? How comes it, Mr. Editor, that you have overlooked so flagrant an abuse—you who are constantly endeavouring to discover abuses that you may correct them, and who have always shown yourself to be the patient's friend? It has always appeared to me, that, as soon as any improvement is made in the profession, it is the duty of its members to adopt it for the benefit of their patients. If surgeons will not have recourse to the best modes of treatment, what is the use of attempting to improve the profession? Those whose consciences are so seared that they are no longer sensible to the cries of their suffering fellow-creatures, or who from some petty feeling cannot be brought to adopt any improvement emanating from a contemporary practitioner, are unworthy of a liberal profession. But I refrain from saying any thing further upon such conduct, feeling satisfied that you will treat it as it merits.

I hope, Mr. Editor, that you will find a corner in your widely-circulated Journal, for the insertion of this communication, in order to show the profession and the public, that improvements in the medical profession shall not be made in vain.

I am, Sir,
Your constant reader and well-wisher,
AN OLD BOROUGH STUDENT.

April 2, 1826.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Compound Fracture of the Leg.

John Wetherell, ætat. 40, a stout man, but of lax fibre and sallow complexion, was admitted into Guy's Hospital on the 23d of March, under the care of Mr. Morgan, on account of compound fracture of the left leg.

The seat of the fracture was about two thirds down the leg; on the inside of the leg at this point, was a small oblique wound, through which the upper fractured portion of the tibia protruded. The fibula was also broken.

The accident occurred only a short time before admission, under the following circumstances: a fellow labourer was in the act of placing a box of lemons (weighing three cwt.) on the back of the patient, when the foot of the former slipped. The load not being properly adjusted caused the patient to stagger, and eventually fall, the box falling upon his leg.

The portion of bone that protruded was small, and was not firmly girt by the surrounding integuments. By means of moderate extension it was reduced, and the ends of the bone readily brought into apposition. The wound was dressed in the usual manner, by first applying a piece of lint, and over that strips of adhesive plaster. The limb was placed on its outer side, and cold lotions applied.

Here was a case of compound fracture, by no means of a severe nature, and one in which a favourable issue might be anticipated, if we looked merely to the extent of injury done. But the constitution of the patient was defective, the sallow complexion and lax fibre bespoke something wrong; on inquiry we found that he had been a man of very intemperate habits. Of late, (being in less affluent circumstances,) he has been more temperate, but still in the habit of drinking large quantities of porter daily.

On the sixth day after the accident this case began to assume a serious aspect; the pulse was very quick, there were great restlessness and agitation; the countenance expressive of anxiety. The limb was much swollen, and the integuments were of a dark red colour; at different parts of the inside of the leg were vesicles. The symptoms of irritation manifested themselves on the third day after the accident. Previous to this report, matter had formed at some distance above the point of fracture, which was evacuated; all the bandages were removed from the limb and a poultice was applied; the limb being placed on the heel in a fracture box. He now takes a mixture of ammonia with 20 drops of laudanum, every four hours, and two grains of opium at bed-time. He has been allowed three pints of porter daily from the time of his admission.

April 1. This is the ninth day from the receipt of the injury. The irritation and restlessness have greatly increased; he is in the highest possible state of nervous excitement, and this not proceeding secondarily from vascular action, but from the injury as it were falling directly on the nervous system. Hence there is involuntary and spasmodic contraction of various muscles, great agitation and delirium. The pulse is quickened, but it is feeble; the tongue is moist. There are several sloughs on the inside of the leg, at those parts in which the vesicles made their appearance. Poultices are applied to the limb. The following mixture was prescribed to be taken every four hours:

Subcarbonate of ammonia, 8 *grains*,
Laudanum, 20 *drops*,
Musk mixture, (*P.L.*) $1\frac{1}{2}$ *ounce*.

2. Symptoms not abated; he became so restless last evening that he got out of bed. A large dose of opium was given at night, which had the effect of quieting him for some time. The pulse is very rapid, the tongue moist. He was ordered to continue the mixture prescribed yesterday, with the addition of half a drachm of Hoffman's anodyne liquor to each dose. The appearance of the limb is much the same; there seems to be an imperfect attempt on the part of nature to produce suppuration in order to discharge the sloughs.

4. There is much less irritation to-day; the pulse continues quick and tongue moist. A portion of slough immediately over the seat of fracture has separated, and matter is discharging.

Sir Astley Cooper saw the patient today; he seemed to be of opinion that it was possible to save the limb. In consequence of the patient's extreme restlessness, which continued until last night, it was found impossible to retain the limb in any single position, and therefore, when Sir Astley visited the man, he found the limb laying as it had been placed by the patient himself. It had sunk down into a depression of the bed, and certainly was far from being in an eligible position. Sir Astley proceeded to place the limb on pillows, so as to elevate it considerably above the level of the patient's body; a splint being placed on its outer and inner side. The poultices to be discontinued, and dilute nitric acid lotion to be applied to the sloughs.

(Sir Astley Cooper was evidently seduced into a favourable opinion of this case from the comparatively quiet state in which he found the poor man. The fact of the limb being in a bad position arose from the circumstance before mentioned, viz. the incapability of retaining it in any single position.)

6. Suppuration to a great extent is now going on throughout the whole of the limb. The slough over the seat of fracture has separated, and the bone on moving the limb protrudes at the opening. The constitution has rallied a little, there is less nervous excitement. He continues to take the anodyne mixture; poultices are again applied.

7. The propriety of amputation was considered of by Mr. Morgan to-day. He remarked that it was utterly impossible to save the limb, and as in a short time more extensive suppuration would ensue, a large demand would be made on the constitutional powers, which were already so much enfeebled, that the patient would eventually sink. He observed also that amputation would doubtless prove a severe shock, under present circumstances, but as it was a choice of two evils, with the certainty of death on the one hand and a probability of success on the other, there could be no doubt which should be chosen. The sloughs are separating, and matter is pouring out from different parts of the leg, but more especially from the place of fracture. The pulse is feeble, the tongue moist, it was remarked that the tongue had been moist throughout the whole of the patient's indisposition.

8. The sloughing and suppuration of the limb are going on, the integuments as high as the knee are diseased. Mr. Morgan deeming any further delay imprudent, proposed that the operation should be performed to-day.

Operation:

It was found necessary to amputate above the knee. The incisions were made, and the bone sawed through in the usual manner; *a considerable gush of venous blood followed the incisions.*—There was one circumstance, attendant on the operation, which we deem particularly worthy of notice. After the limb was removed, and when the tourniquet was loosened, preparatory to securing the arteries, numerous streams of blood issued from the face of the stump as if from a sieve. This blood was from the veins, yet in fact they poured out their blood in a similar manner to arteries.* *The tourniquet was entirely removed, and pressure was made on the femoral artery in the groin, when the bleeding ceased.*

It would be tedious to give a detail of the daily state of the patient after the operation. In fact, the symptoms which came on the second day after amputation have been uniformly the same from day to day. They were of the same character as those which supervened the accident—high nervous excitement with great want of power. On the 15th of April we saw the stump, *there did not appear to be the least attempt at reparation*; a fungous growth was thrown out from the medullary structure of the bone. Large and repeated doses of opium are given to him with temporary benefit. Poultices are applied over the stump.

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* Under similar circumstances that "meritorious young surgeon"* John Shaw *applied a ligature to each bleeding vein.* To be sure this only occupied an hour and ten minutes, and doubtless gave to the stump what Mr. C. Bell would style an "elegant appearance." If such be Mr. Shaw's practice, who shall deny that he has many *ties* on his patients. Perhaps there was some "irregular distribution of arteries" on the stump. God deliver us from the hands of such men as Joe Burns and John Shaw, and from the amputations of Ben Travers.

* A specimen of "moonshine," Johnson's blarney—"Caw me, caw thee?"

On 22d of April we had an opportunity of observing the state of the stump, there seems now some disposition to granulate. We visited him daily throughout the week, and found but little change in the symptoms; some days appearing to rally a little, at other times we find him apparently sinking. He has taken the black drop with some benefit. It is only a matter of surprise to us that nature should so long have withstood the struggle; he remains in a state from which recovery is scarcely possible.

ST. THOMAS'S HOSPITAL.

Disease of the Heart—Use of the Stethoscope.

The utility of the stethoscope in enabling us to form a more correct diagnosis of diseases of the chest, is now well established. All those who have taken the pains to investigate its merits, are fully satisfied therewith, and it is only rejected by those who are content to remain in the " bliss of ignorance," or whose stiff-necked pride of education will not permit them to become scholars in this art. Hume, in his history, informs us, that few men in England above the age of forty believed in the doctrine of Harvey with respect to the circulation. So difficult is it to shake off the trammels of education.

The opinions pronounced on the following case were principally derived from the use of the stethoscope, and the post-mortem examination fully confirmed their accuracy.

Owen Sweeney was admitted into St. Thomas's Hospital, October 27th, 1825, under the care of Dr. Elliotson. He had some degree of ascites, and the legs were anasarcous; there was a slight oppression of breathing, but he could lay down without inconvenience. It was remarked, that the external jugular veins were greatly distended, especially near to the angles of the jaws; the radial pulse was quick and irregular.

Stethoscope.—On applying the stethoscope over the region of the heart, a rustling noise was distinctly heard under the cartilages of the third and fourth ribs. This noise so much resembled a rush of air through a narrow opening, that at first it was imagined to be a respiratory noise, but by carefully observing the periods of inspiration, it was found that the noise did not correspond therewith. An additional confirmation was found by applying the finger to the radial artery, when it was discovered that the rustling noise and arterial pulse were synchronous.

Diagnosis 1*st.*—From the noise it was inferred, that *one of the orifices of the heart* was diminished. 2dly. From the absence of signs of obstruction in the lungs, such as great dyspnœa, and a bloated livid countenance, and from the noise being heard over the right half of the heart, it was inferred that *the disease was situated in the right half of that organ.* 3dly. From the noise being synchronous with the pulse, evidently occurring at the contraction of the ventricles, it was inferred that *the obstruction existed at the commencement of the pulmonary artery.*

4thly. From the dilatation of the jugulars, it was supposed that the right side of the heart was dilated, and the ascites was imagined to be independent of the disease in the heart, and to arise from hepatic affection, inasmuch as there was tenderness on pressure in the right hypochondriac region, and the man had been in warm climates.

To cure the disease which was believed to exist in the heart, was impossible; but the patient was allowed to remain in the hospital, and died of a bronchial affection on the 30th of March 1826, being a period of five months from the date of his admission into the hospital. Whether the lungs became diseased in consequence of their intimate connexion with the heart, or whether the disease depended on common causes, such as exposure to cold, is of course matter of equal probability.

Inspectio Cadaveris.

Thorax.—The loose pericardium was found to be completely adherent to that on the surface of the heart, so that, in fact, there was no pericardial cavity. The right sinus venosus was greatly dilated, and consequently the opening between the auricle and ventricle was considerably dilated. In the right ventricle, on the side of the orifice of the pulmonary artery, the substance of the heart was enlarged and indurated, partly cartilaginous, and partly osseous. This morbid structure had so compressed the orifice of the pulmonary artery, that it was not larger than would be presented from a transverse section of the brachial artery, and the calibre of the artery was not greater, throughout its whole length, than that of the brachial artery. Every other part of the organ was sound, except the external part, on which there were small portions of bone to be felt. In conclusion, we may observe, that the diagnosis of this case was formed by Dr. Elliotson shortly after the patient's admission, and the inferences were mentioned to Dr. Blundell, Dr. Roe, and to many of the pupils who saw the patient during the long period he remained in the Hospital.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Cancer Uteri.

Winnifred Howe, aged 38, was admitted on the 10th of March, into Mary's Ward, under the care of Dr. Latham. The patient stated at the time of her admission, that she had been a valetudinarian for about the space of three years; that at first she had menorrhagia, which lasted for seven weeks; it then ceased for four months, when it recurred, and continued more or less to within the last six weeks. Since that time she has not menstruated. She complains of general lassitude; has vertigo, with pain in the back and loins, and also of a sense of bearing down of the uterus. For the last three weeks, she has had incontinence of urine. Tongue clean; bowels regular; pulse 96, and hard. Let her be bled to 10 ounces, and take the common saline mixture every six hours. Milk diet.

11. On instituting an examination *per vaginam*, she complained of pain and tenderness about the orifice of the canal; the lips of the uterus are of a cartilaginous hardness, and the anterior are more elongated than ordinarily; the neck of the uterus open, and there is a discharge of bloody mucus. The blood drawn yesterday is both buffed and cupped. Let ten leeches be applied to the abdomen, and continuethe mixture.

15. The general symptoms rather better. She has less pain in the head, back, and loins, but complains of rather an acute pain, which is increased on pressure in the right side. The liver is found to be larger than usual; the bowels are moderately open, and the tongue clean, but dry. There is less incontinence of urine. Repeat the venesection to 14 oz.; let eight leeches be applied to the right side, and let her take the following medicine three times a-day:

Calomel and antimonial powder, of each two grains.

16. Has been relieved by the active depletory measures adopted yesterday. She has less pain in the side. Purulent matter is observed in the urine to-day. Pulse 80, and hard. Tongue dry. Bowels open. The leeches were not applied yesterday, as the side was relieved of pain by the venesection. Continue the pills.

21. Bowels very open, and she complains of a tenderness of the mouth. Let the pills be discontinued, and let her take, instead, the following powder once, and five grains of the com. ipecac. powder every six hours:—

Powdered rhubarb, 15 *grains;*
Compound chalk-powder with opium, 10 *grains;*

Mix, and make a powder.

22. Bowels still very relaxed, and the incontinence of urine is returned. The patient appears exceedingly low and dejected. Pulse 108.

She lingered on, gradually becoming lower and lower, until the 26th, when she died.

On examining the body the next day, the neck of the uterus was found to be completely carcinomatous, while the body and fundus of the organ were in a natural state. The ulceration had to a certain extent implicated the surrounding parts, and extended to the bladder, into which there was an aperture discovered, forming a fistulous communication between it and the vagina. The abdominal viscera were casually examined, but nothing unusual was discovered.

LONDON OPHTHALMIC INFIRMARY, MOORFIELDS.

Operation for Enlargement and Induration of the Lachrymal Gland.

John Clifton, aged 24, from Market-street, Hertfordshire, was admitted a patient of this Institution under the care of Mr. Lawrence.

Says that seven years ago, from an apple thrown at him, he received a violent blow on the left upper lid, near the external angle of the orbit. This was followed by considerable swelling, which gradually subsided. Two months afterwards, the lid again swelled, with considerable pain, which lasted for about a month, and then went off entirely. With the swelling, the eye began to water, and there was a constant profuse watery discharge, considerably increased by exposure to the air. The lid continued to swell, and the eye to water; the globe was gradually protruded from the orbit, with loss of all useful vision. A fortnight before his admission, the eye inflamed, and became very painful. There is now general fulness of the upper lid, which is more particularly swelled, and rendered broader than natural, near the external angle. The globe and the lower lid are pushed downwards and inwards to about half way between the orbit and nose; but although the globe is quite out of its socket, the lids are so extended as to cover it completely. There is considerable inflammation of the external tunics, a broad red zone in the sclerotic round the cornea, with general dulness, and a small ulcer of the latter. A hard unyielding tumour, tuberculated on its surface, projects a little beyond the margin of the orbit, at its upper and outer part, just where an enlarged lachrymal gland would protrude. Mr. Lawrence thinks it is doubtful whether or not this is moveable upon the bone. Mr. Tyrrell considers it is not moveable, and, on this account, does not recommend its extirpation. Ordered

Cucur. cruent tempore sinist. ad ℥xij.
Cal. gr. ij. *P. jalapæ*, gr. x. *statim.*
Mar. 15. *Hirudin*, viij. *oculo sinistro;*
Magnes. sulph. ʒi. *ex infus rosæ ter quotidie.*

In order to afford the patient the benefit of another opinion, Mr. Lawrence took the patient to the Hospital of Surgery, in Panton-square, and Mr. Wardrop, the surgeon of that Institution, after convincing himself that the tumour had not any immediate connexion with the bone, strongly advised the operation for its removal.

25. The patient was brought into the theatre to-day to have the operation performed. As the swelling obviously filled a large portion of the orbit, and probably extended deeply into the cavity, it was desirable to have ample room, and the external incisions were accordingly free. The largest, of about three inches in length, extended from the temple, along the fold of the upper lid, to the root of the nose; a second of two inches, passed perpendicularly over the upper and outer part of the orbit and forehead, to meet the first at right angles. It was necessary to make a third cut from the first incision towards the anterior origin of the zygoma. By turning aside the flaps produced by this crucial incision, the seat of the tumour was completely exposed. No other difficulty was experienced, except that inseparable from the size and hardness of the swelling, its deep extent backwards, and close contact with the orbit and its contents; its surrounding connexions were, however, merely cellular. It was the lachrymal gland increased to the size of a large walnut, and of the most compact homogeneous structure; its texture approached in firmness to cartilage, and had a light yellow tint, with an appearance of white radiated fibres at one part. Altogether it much resembled the firmest part of a schirrous breast.

During the operation, a large quantity of blood was lost, and, as it filled the deep cavity left by removing the tumour, its source could not be discovered. The patient was left quiet, in the hope that the bleeding would cease; it continued, however, freely, for more than half an hour, rendering the patient very faint. An artery was then secured. The incisions were now approximated by five small silk ligatures, and three narrow slips of adhesive plaster; the parts were constantly covered with a wet rag.

26. The wounds had united by adhesion; the sutures and adhesive straps were removed, the lids and lashes thoroughly cleaned, and the parts subsequently covered with a wetted rag. The eye had receded to its natural position, and the inflammation of the sclerotic had ceased.

April 9. The patient, having been quite well for some days, left the Infirmary to-day. The union of the wound by adhesion was complete; no suppuration occurred. The globe is in its natural position, and moves freely, its surface, with that of the lids, *being as moist as usual.* The external inflammation has ceased; the cornea has nearly recovered its transparency, and vision is much improved.

Discharged cured.

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

Lecture XVI.

On Internal Inflammations of the Eye.

Gentlemen,

This is a part of the subject, as you would naturally anticipate, of the greatest importance. With much less external appearance of disease, with fewer visible marks of inflammation, with much less to excite the attention of the patient or the alarm of those about him, than in the external affections already described, there is much greater danger to vision. Slight alterations in the pupil, in the transparent media behind it, or in the retina, are sufficient to impair or destroy sight. These often take place without any external redness, without any changes visible to superficial observation. The commencement and progress of chronic internal inflammation are often most insidious; the existence of the affection, when confined to one eye, not being discovered till the change of structure is irreparable, and then only observed accidentally. This part of the subject has been much neglected by English writers, almost to the present time. Mr. Ware, the former great authority in these matters, in his treatise on inflammation of the eye, does not even hint at inflammation of the internal parts. You might read him through without learning that the latter are even subject to inflammation; he does not seem to have been aware of the fact—a remarkable illustration of the difference between seeing and observing disease; or rather a proof that the most obvious things will not be seen unless persons know what to look for. The subject has been more accurately and successfully investigated by the Germans than by any others: they deserve the merit of having first observed, described, and discriminated the principal forms of internal ophthalmic inflammation.

Inflammation may be confined to one of the internal structures, or these may be altogether involved. The close connexion between the different internal parts, and their common vascular supply, are sufficient to account for the circumstance of the inflammation spreading from one to another, and indeed make it difficult to understand how it is so often limited to one part. If inflammation commences in the iris, it easily extends to the ciliary body, choroid coat, vitreous humour, and retina; on the other hand, it will spread forward to the anterior part of the eye; so that a case of iritis often involves in its progres the greater part or the whole of the internal tunics, and the external parts also. Inflammation beginning in the retina spreads in like manner to the vitreous tunic, choroid, iris, &c. The phenomena of inflammation have been most accurately noticed as they present themselves in the iris, because it is immediately open to external observation; hence its history, progress, and treatment are best understood. We are not so fully acquainted with the appearances of inflammation in the retina, choroid coat, and vitreous humour; we cannot give so clear and satisfactory an account of choroiditis and retinitis, as these affections have been termed, as we can of iritis. We labour under peculiar disadvantages in the pathology of these parts; their internal position secludes them from observation during life, so that we do not see the actual changes caused by the inflammatory state; and we have no opportunity of investigating those changes after death, because these affections do not destroy life. There are hardly any recorded dissections of such cases in the active state of inflammation.

The few examinations hitherto made have been in instances of long standing blindness; hence they have only shown the ultimate effects, without elucidating the origin, progress, or primary state of the affections.

The observations which I shall have to make upon the internal inflammations of the eye I shall arrange in the following order; and shall speak,

1st, Of *Inflammation* of the cavities which contain the aqueous humour, the *anterior and posterior chambers* of the eye.

2dly, Of *Iritis*, or inflammation commencing in the iris.

3dly, Of *Inflammation* of the *internal tunics generally*.

4thly, Of *Inflammation* of the *posterior tunics of the eye*, as the membrane of the vitreous humour, the choroid coat and retina; frequently occurring in arthritic subjects.

Now the state of the pupil is an important point in all these cases; the preservation of its natural dimensions, the maintenance of its circular figure, and its permeability to light, are the chief objects of our efforts in most of them. We are assisted in this respect by the power, rather an anomalous and mysterious one certainly, which certain narcotic vegetables possess of acting upon the iris, so as to dilate the pupil. Before speaking of internal inflammation I shall advert to the influence of these vegetables on the pupil. The power in question resides in the *atropa belladonna* (deadly nightshade), the *hyoscyamus niger* (henbane), the *lauro-cerasus* (cherry-laurel), and the *datura stramonium* (thornapple). The virtue resides in the recently expressed juice of these leaves, in an inspissated decoction of them, or in the extract. There are other vegetables, somewhat analogous in their properties to these, which might be expected to have a similar power, but they have not: this has been ascertained of the conium maculatum, the aconitum napellus, digitalis purpurea, opium, arnica, rhus radicans, and saffron; the pulsatilla, the anagallis (pimpernel), and the lettuce, have been supposed to possess the same powers, but this has not been established. The most usual modes of applying these substances are either the rubbing of the moistened extract over the brow, or the dropping a solution of the extracts in distilled water into the eye; and this last is the most powerful mode of accomplishing the object. A scruple of the extract of hyoscyamus, or of the extract of belladonna, should be dissolved in an ounce of distilled water, and then filtered through linen, and of this solution three or four drops should be introduced between the lids. The action of this solution on the pupil is generally pretty certain, and it does not produce much inconvenience to the patient. If you employ the extract, it should be reduced to about the consistence of honey by a little water, and smeared on the upper lid, eyebrow, and neighbouring part of the forehead, allowing it to remain for an hour. When it is an object to produce a speedy and decided effect both modes may be employed at the same time. The application of these vegetables to this purpose is of a recent date, although it was long since observed by Ray, the English botanist, that the leaves of belladonna applied to an ulcer of the tongue had produced a dilatation of the pupil.

Moreover, these substances when swallowed, will enlarge the pupil. I recollect the case of a boy, who had by mistake taken some of the liquified extract of belladonna instead of an electuary; it produced the most alarming effect upon the nervous system, and both his pupils were dilated enormously.

What then is the immediate effect produced by these substances? There is an enlargement of the pupil, or in other words a contraction of the iris, and that contraction is in proportion to the healthy state of the iris. This effect is generally produced in half an hour, or from that to an hour after the application to the eye, and the influence of the narcotic on the pupil continues for several hours, or even for some days. In the case of the boy before mentioned, who swallowed a quantity of the extract, the pupil remained dilated for a fortnight. You will find that the effect produced by it is not alike in all individuals; but it is greater in proportion to the healthy state of the iris, and sometimes so considerable, as to reduce the iris to a narrow, scarcely perceptible ring. Another question arises, namely, whether the enlargement of the pupil is the only influence which is exerted on the eye, or whether it has any further operation? Immediately that the pupil contracts, the eye is in the same state as if nothing had been done to it; but if you produce a great dilatation of the pupil by belladonna, the patient sees indistinctly; too much light is admitted, and for the time the eye is amaurotic, but as soon as the pupil recovers the natural size, the vision is as perfect as before, showing very clearly that the retina is not injured. We find that sight is not impaired when the pupil is kept permanently dilated by the belladonna, which is a convincing proof that it does not seriously affect the function of the retina.

Each of the vegetables I have mentioned has been used, but we find that the belladonna has a more decided effect than the rest, and therefore we are in the habit here of using the belladonna only. The observation which I before made respecting the greater influence of these vegetables on the healthy than on the diseased iris is quite applicable to the belladonna; for although it is found readily to dilate the pupil when the iris is in a sound state, it does not do so when it is actively inflamed. I have already said that its action may be kept up permanently by repeating the application once in twenty-four hours, and, what is a very important fact, its influence on the iris does not appear to diminish by use, which is contrary to what you would expect *a priori*. A patient is in the habit of visiting this Infirmary, who has employed it for three years without any diminution of its efficacy; and if it loses nothing of its power in three years, it is fair to infer that it would not in thirty.

The fact that certain vegetable substances produced an enlargement of the pupil was long ago observed, even so far back as the time of Pliny, who mentions the circumstance, and ascribes that effect to the anagallis. He says "Pupillas dilatat; ideoque solent inungi, quibus fit paracentesis."

From this observation it would appear, that the needle operation for cataract as at present performed is similar to what it was in his day. It was not, however, until the year 1799, when Himly, who is now Professor of Physic at the University of Gottingen, published a tract on the "paralysis of the iris, produced by the application of hyoscyamus to the eye," that the practice was known generally, and he is entitled to the merit of having drawn the attention of the profession to the subject. Whether hyoscyamus is preferable or not is doubtful; its influence on the iris is less powerful and more temporary, than that of the belladonna. It is however, recommended in Himly's tract, and generally used by the Germans, who are afraid of the more powerful belladonna, fancying that it injures the retina. Himly's tract was published in the French at Altona, under the title "De la paralysie de l'iris." You will find a good account of the circumstances connected with this subject, historical as well as practical, in the 11th vol. of the Edinburgh Medical and Surgical Journal, by Mr. Wishart. Himly has the merit of first seeing and clearly explaining the practical utility of this artificial dilatation, in various states of the eye. It is so important in internal inflammations, by preventing contraction of the aperture; in the distinction of cataract from other affections; in discriminating the several species of cataract; in facilitating some of our operations; in contractions of the pupil; and in many cases of leucoma, that this discovery of Professor Himly may be deemed an important epoch in ophthalmic surgery.

Inflammation of the Anterior and Posterior Chambers.

The *first form* of internal inflammation which I have to mention is that of the chambers of the aqueous humour; perhaps I might call it an inflammation of the anterior chamber, as the visible changes are nearly confined to it; however, we are to consider it as an inflammation affecting the whole of that surface from which the aqueous humour is secreted, and terminating generally in hypopion, or a collection of matter which is seen at the bottom of the anterior chamber. Now hypopion may be produced by the bursting of an abscess in the cornea internally; or sometimes from a small abscess forming on the iris, but then the source from which the pus flows is apparent; but in the present case the hypopion is produced from the inflamed membrane of the aqueous humour.

External inflammation may spread to the anterior chamber, as you have already seen, by affecting the cornea, which forms so large a part of its surface. The iris may thus become adherent to the inflamed cornea. Also, in iritis, inflammation originally confined to the iris, spreads ultimately over the cavity which contains it, and here too matter is frequently effused under the appearance of hypopion.

The present consideration, however, is an affection which you will most commonly see in young children, in which inflammation takes place on the surface, from which the aqueous humour is secreted, and does not extend beyond it; does not affect the more internal tunics of the globe. This surface is more analogous to the serous membranes of the body than any other structure of the eye. You have a smooth membranous surface producing a watery secretion, and inasmuch as these several parts are analogous in structure, so there is correspondent analogy between their diseases. There is in both cases equal proneness to adhesive inflammation—to effusion of coagulable lymph.

Symptoms.—There is a general dulness of the cornea, and a cloudy state of the aqueous humour; often there is an ulcer on the external surface of the cornea at the same time; there is some degree of external redness; not a redness diffused over the whole surface, but rather surrounding the cornea like a zone. There is some change, too, in the colour of the iris; the iris loses its brilliancy and clearness; the beautiful fibrous structure which distinguishes it in the natural state, is lost, and the whole surface of it assumes a reddish brown tinge; the pupillary margin becomes thickened, and there is an effusion of yellow matter into the anterior chamber of the eye, which has been compared to the appearance of the white mark at the root of the nail. There is a sense of pain and tightness and fullness about the eye, and the patient complains of pain and aching in the eye and forehead; but this affection often happens in subjects who are too young to express their feelings. The cloudy state of the cornea, the great haziness of the aqueous humour, the ulcer on the external surface of the cornea, the red zone of vessels round the cornea, the change of colour in the iris, its dulness and loss of brilliancy, and its disposition to assume a reddish hue, especially in light blue or grey eyes; the deposit of a yellowish matter in the anterior chamber, with some degree of pain and tension at the commencement of the affection, will sufficiently point out to you its nature. Now, with respect to the diminished transparency of the cornea, it is a question whether the opacity is seated in the proper corneal laminæ, or in the membrane of the aqueous humour. Mr. Wardrop speaks of it as an affection of the membrane of the aqueous humour. It is a point not decided, and it is enough to know that the opacity, whether seated in the one or the other of these structures, can be removed by treatment. Another question has been, whether the fluid secreted into the anterior chamber is proper pus. I have seen some instances in which the level of the matter changed with the change of position given to the head, so that there can be no doubt that it is occasionally fluid, although in general it is viscid and tough; much more so than pus in other parts of the body. Mr. Wardrop speaks of it under the term of albumen, as if it were similar to the fluid secreted by the other serous membranes of the body; but I doubt whether the yellow matter thus deposited in the anterior chamber is the same with that which produces preternatural adhesions; for, in these cases, the pupil does not become adherent to the capsule.

Treatment.—The treatment of this affection is simple. Leeches and blisters, as local antiphlogistic measures, will be necessary. Begin with applying three or four leeches, and the evacuation of the bowels by an active purgative, after which the inflammation will be most completely removed, and the absorption of the effused matter most speedily produced by the employment of small doses of calomel. A grain of calomel, combined with two or three grains of James's powder, should be given twice, or even three or four times in the twenty-four hours, and this continued for a few days. Occasional purgatives should be given of magnesia and rhubarb, and under this treatment you will find the inflammatory symptoms speedily give way; the cornea becomes clear, the matter is absorbed, and vision is completely restored. With respect to the matter effused into the anterior chamber, it may be a question whether it would be expedient to make an opening in the cornea to let it out.

The observations which I may make on this point, will apply to *hypopion* generally. I have already mentioned, that the deposit of a fluid resembling pus into the anterior chamber, is the result either of an inflammatory action in the membrane naturally secreting the aqueous humour; of the bursting of an abscess formed originally between the laminæ of the cornea; or the escape of matter from a similar abscess occurring on the iris; so that it is a mere symptom of disease going on in other parts, a consequence of inflammation proceeding to suppuration, or the secretion of a yellow matter in one or other of the structures I have just mentioned. Hypopion, then, is not to be regarded as a disease in itself, it is only an occasional consequence of disease. The general doctrine on the subject is, that the cornea should be punctured, and the matter let out, because it has been supposed to have the power of corroding or destroying the parts with which it is in contact. Now the practice of Mr. Ware is very singular on this subject; he treats hypopion with powdered sugar, vinum opii, leeches, blisters, and washes. He says, that if the matter do not increase under this treatment, or if it should diminish, you are to go on in the same way; but if it should increase, then you are to make a large opening in the cornea to let it out. He says, further, that the opening in the cornea may close, and the matter collect again, and if so, the cornea must be opened again, and so on, toties quoties. Now if any man were disposed to give directions to spoil an eye, I think he could not have recommended a more effectual mode of doing it. Richter and Scarpa speak on the subject like men of common sense; they say, that if you remove the inflammation, you need not alarm yourself about the matter, and that the eye will do very well. Beer, in his earlier writings, recommended the letting out of the matter, but his opinion was changed as he had more experience, and he then considered it a highly objectionable practice, and, he says, that it is an operation never to be thought of, although he does not substitute a very well judged practice for it. For my own part, I lay it down as an invariable rule not to puncture the cornea in hypopion. You must stop inflammation by suitable means, and the matter is most rapidly absorbed. If the matter increases, depend on it that the inflammation continues. Do you think an incision of the cornea a good remedy for inflammation? It is much more calculated to increase, than diminish the local disturbance; and as a means merely of getting rid of the matter, it is unnecessary, because the absorbents are very competent to that duty. I never saw an instance of hypopion in children, where the puncture of the cornea was necessary, or even justifiable. These cases invariably do well under the treatment I have described. I have seen the anterior chamber punctured for hypopion in the adult, but never with any beneficial result that might not have been obtained without it. These reasons are sufficient against the practice; there is still another, namely, that the matter is so thick, it will not in general come out. I suppose that the believers in its noxious properties, would endeavour to squeeze or scrape it out. The only exception I make to the general rule of not puncturing the cornea in hypopion, is, in the case of general suppuration of the globe; but the eye is lost, and you relieve the patient by giving exit to the suppuration.

Evacuation of the Aqueous Humour.

In connexion with this question of opening the cornea to let out the matter of hypopion, I shall mention to you the subject of puncturing it to discharge the aqueous humour, as a remedy in some inflammations, and in certain states of the cornea. We are indebted to Mr. Wardrop for this ingenious proposal, which was suggested to his active mind by a singular phenomenon in the dead eye, which I mentioned in describing the anatomy of the organ, viz. the milkiness of the cornea produced by squeezing the globe, and the return of its transparency when the pressure is removed. It immediately occurred to him, that vascular distension of the internal tunics during life, might cause a similar general cloudiness of the cornea, and that this could be removed by that diminution of the contents, which escape of the aqueous humour would produce. In trying it with this view, he found it a source of so much relief to the patient, that he was led to employ it extensively, in various cases, where there appears to be tension of the globe, and he has found the results so advantageous as to induce him to continue the frequent use of the plan, although it does not appear clearly that it has ever had any marked effect in remedying opacity. Relief of pain, removal of the sense of tension, diminution in the size of the blood vessels, and improved vision are the effects of the operation, when it acts beneficially.

It may be performed, either with a cataract knife or needle; the instrument should be introduced near the margin of the cornea, with its flat surface parallel to the plane of the iris, and carried on till the point enters the anterior chambers, when it may be turned on its axis, particularly if it be a needle, to facilitate the escape of the fluid. It should be immediately withdrawn, as soon as that is accomplished, care being taken to remove it before the iris can fall against it. Mr. Wardrop recommends the operation in gonorrhœal and purulent ophthalmia, whether of the newly-born infant or adult, in cases where the membrane secreting the aqueous humour is inflamed, in staphyloma, and in prolapsus iridis, in inflammation consequent on injuries, in some kinds of opacity, in some cases of ulcer, and in all instances of hypopion. I must observe to you, that he does not recommend it in any instance as the sole or principal, but only as an auxiliary measure of treatment; and that he by no means proposes it, in the severe forms of inflammation in which he has used it, with the view of superseding the active antiphlogistic measures, which are obviously required in such cases.

I recommend you to read the paper he has written on the subject in the fourth volume of the Medico-chirurgical Transactions, which you will find, like every thing he writes, interesting and instructive; it contains too a valuable series of cases. I must, at the same time, candidly inform you, that my opinion of the operation is by no means so favourable as his. I have tried it in some instances, but with so little benefit, that I have not been induced to persist in the practice; and I have been the less inclined to do so in severe inflammations of the organ, because the ordinary antiphlogistic treatment enables us so completely to control them. I think so highly of Mr. Wardrop's knowledge and judgment, and rely so implicitly on all that he relates, that I doubt my own conclusion when I find it at variance with his experience, and therefore advise you to examine the matter for yourselves. Let me observe, however, that although the puncture, regarded as an operation, may be spoken of lightly, and certainly is accomplished without difficulty, it is not so trivial as to induce us to do it, unless with decided expectation of benefit. It is often difficult to fix the eye for any operation, and the pain and irritability of severe inflammation do not make this easier; often, too, the eyelids are swelled. Instances have occurred, where the instrument has been carried as far as the pupil, in which the lens and iris have been pushed forcibly against it, and cataract has been produced; an event which, indeed, is chargeable to unskilfulness, but its possibility must be taken into account in estimating an operation proposed for so great a number of affections. The puncture has not been injurious in any case where I have practised it.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXV.

Of the treatment of Dropsy in general.

Gentlemen,

THE treatment of dropsy is as various as the causes inducing it, and may be understood, in some degree, from what has been already stated. In the first place, the treatment will differ essentially, according as the disease is known to depend upon *increased exhalation*, or upon *diminished absorption;* and, therefore, we ought always to endeavour to ascertain this point. If, however, we should be unable to do this, then we must be content to act empirically; that is, we must have recourse to such means as former experience has shown to be useful.

The most important object in the treatment of dropsy, is the tracing its connexion with inflammation; so that where you find this to be still subsisting, the removal of it is the first and chief point to be attended to; and, for this purpose, antiphlogistic remedies of various kinds must be resorted to; and, among the rest, *bloodletting* is frequently required. Many practitioners have a great dread of bleeding in dropsy, from believing the disease to be founded essentially in debility, and that bleeding itself is capable of inducing the disease, and is, therefore, not likely to prove a remedy for it. Such an apprehension, however, is for the most part without foundation; for experience has sufficiently proved, that *bloodletting* is not only safe, but often of the greatest service, so as to be absolutely curative, in numerous instances of dropsy, when connected with inflammation. But although there is no doubt of the propriety of bleeding in the circumstances mentioned, provided there is still a tolerable share of general strength remaining, it is never necessary to take blood in large quantities.

We must bear in mind, that the disease generally takes place under circumstances that are unfavourable to large bleeding. The bleedings should be always small in quantity, seldom exceeding four or five ounces at a time; this quantity is commonly well borne by the patient. It at once lessens the general febrile symptoms, and diminishes the topical inflammation. The appearance of the blood drawn, in a majority of instances, justifies the use of the lancet; for it is, in general, buffed, and contracted. But although bleeding to a large extent is neither necessary nor proper, a repetition of it is often called for. We may take away blood to the extent mentioned, every two or three days; so that five or six bleedings may be performed in the space of two or three weeks. The practice has this advantage, that even where the disease is accompanied with much disorganization of parts, the treatment still relieves, although it may not be able to effect a cure. This treatment is equally applicable wherever the disease is situated; whether in the abdomen, in the chest, or in the cranium. I scarcely need observe, that the other parts of the treatment should be in strict accordance with this; for it would be both useless and injurious to employ *stimulants*, for the purpose of exciting the absorbents to greater action in such cases.

The *digitalis* is of advantage in dropsies of the kind now mentioned, particularly in dropsies of the chest; probably because these so frequently depend upon inflammation. This medicine has a double advantage here, acting both as a *sedative* and as a *diuretic*. The *cream of tartar*, likewise, is well adapted to this state; as are also *nitre* and *purgatives*, especially the saline ones. *Mercury*, as far as it is capable of taking off inflammation of a chronic kind, may sometimes cure dropsy, by removing the cause.

If the dropsy has arisen from long-continued febrile disorder of any kind, little can be done by art, further than the endeavouring to remove the cause of the febrile state, when this is practicable. To *stimulate* in such cases, can only have the effect of bringing back, or aggravating, the primary cause of the disease.

If the disease arise from debility simply, as from hæmorrhage, or inanition, little can be done medicinally. *Tonics* are of little other use, than to give appetite, where this is deficient. Time, and a sufficient supply of food, are in general all that is required for the restoration of the general strength: and when this object is accomplished, the dropsy will spontaneously disappear.

If dropsy arise from pressure upon veins or lymphatics, we should endeavour to obviate this as far as possible. The means of effecting it, will readily suggest themselves when the cause producing the compression is ascertained.

If the disease arise from paralysis of the absorbents, as in cases of anasarca accompanying hemiplegia, stimulants and friction may be applied, but are not likely to effect much, as they have no power to remove the cause.

Having thus looked to the cause, and endeavoured as far as possible to obviate it, your attention may be then properly directed to the removal of the effect, that is, the effused fluids; attempts of this kind, however, cannot always be judiciously made, as the means of accomplishing the purpose are not at all times without danger. Dropsy is not necessarily fatal, but may subsist for many years, with little inconvenience to the patient. In cases, therefore, where the life of the patient is of more than ordinary importance, and where it is not immediately endangered by the disease, we are scarcely warranted in putting it to the risk that necessarily attends an operation for the removal of the fluid. Where again the disease has been of long standing, and has been found to be not incompatible with a tolerable share of comfort to the patient, it would hardly be worth while to encounter the risk of an operation, for the advantage would not be in proportion to the danger incurred. I remember the case of a woman who had laboured under *ascites* for fifteen years, with little other inconvenience than what arose from the weight and bulk of the accumulated fluid. At her urgent request, the water was drawn off by tapping; peritoneal inflammation ensued, and she died in a few days. It is an additional reason against such operations, that the relief afforded is seldom more than temporary, a fresh accumulation generally taking place.

With the exceptions I have now stated, it may be proper to endeavour to remove the fluid, when, by pressure or otherwise, it interferes materially with any important function, or is productive of much distress to the patient.

Now, there are two ways of getting rid of the fluid in dropsy. The first is *direct*, that is, discharging the fluid by an operation, as by *tapping*, *puncture*, or *scarification;* the second is *indirect*, through the medium of the absorbents, which are employed as the agents for the purpose. I shall speak of each of these in turn; but first, of the direct removal of the fluid by operation.

The operation of *tapping* is sometimes dangerous, on account of the risk of inflammation supervening; and this is more especially to be dreaded in the larger cavities.

In dropsy of the brain, the letting out the fluid suddenly, is attended with immediate danger to life, and is, in fact, not to be justified. It puts the organ into so new a condition, as can hardly be conceived to be compatible with life; while there is the further danger of inflammation following. In a very few instances, the fluid has been discharged through a small orifice, made by a needle, and the patient has not appeared to suffer in consequence; but no permanent cure, as far as I know, has been effected in this way; and I consider the practice, (if not wholly unjustifiable) as having little to recommend it.

When the water is collected in the channel of the spine, the danger of evacuating it, is not much less. We cannot draw off the fluid from this part without endangering the life of the patient; the spinal marrow being scarcely less essential to life, than the brain itself. In most of these cases, there is at the same time water in the brain; and there being a communication with that in the spinal canal, we cannot draw off the fluid from the latter, without influencing the brain also. As a matter of experience, I may observe, that it has been done in a few instances, in cases of what is called *spina bifida*, by a very small puncture, with no immediate ill consequence; but then the risk is run, without any great chance of ultimate success, or even of material advantage.

Even in *hydrothorax*, the operation of tapping has little to recommend it, and it is, in fact, very rarely employed. The advantages arising from the operation are not commensurate with the danger of the succeeding inflammation; added to which, is the improbability of doing permanent good, on account of the diseased state of organs that is so generally present in those cases. Undoubtedly, there are instances in which it might be proper, as where the chest is obviously enlarged, and where the distress of the patient is very great. In such cases, it may be necessary for the immediate relief of the patient. What I have now said, applies with equal, or greater force, to dropsy of the *pericardium.*

In *ascites*, the immediate danger of the operation is less, while the advantages resulting are often sufficient to warrant its performance. But even here there is always more or less risk of supervening inflammation, and which can never be absolutely guarded against; while the operation is probably not absolutely curative in one case out of fifty. Hence the necessity of the considerations I before mentioned, as proper to guide your decision. There is another danger here which must not be overlooked, arising from the sudden abstraction of the fluid, which is sometimes followed by fatal syncope. This is obviated by making pressure on the abdomen as the fluid escapes. It has been attempted to prevent a return of the disease after tapping in ascites, by injecting red wine as an astringent. A case of this sort is recorded in the *Philosophical Transactions*, in which claret wine was thrown in for the purpose, and with success; for the patient escaped, and the disease did not recur. This practice was adopted in another instance by the same practitioner, but proved fatal by the succeeding inflammation. In cases of *ovarian* dropsy, *tapping* is less objectionable, as it is not so liable to be followed by inflammation. The chance of cure, however, is even less than in *ascites.*

When the dropsy is situated in the *cellular membrane*, immediately under the skin, the fluid is sometimes evacuated by puncture or scarification. This may in general be done on the trunk of the body, and in the upper extremities, with safety, and occasionally with advantage. But in the lower extremities, especially about the feet and ancles, and also in the scrotum, there is great danger of gangrene following the operation; and the danger of this is much greater in bad habits of body, in persons who have led a life of excess, and in old subjects.

The other mode by which we attempt the removal of the dropsical fluid, is through the medium of the absorbents. This would be the best mode, if we had adequate means of directly exciting these vessels. But unfortunately, our power over them is very limited. We cannot stimulate the *absorbents* without at the same time acting upon the *exhalents*, so as to increase exhalation. *Mercury*, indeed, is supposed to have such a power, and has been often used for the purpose. But it is quite certain that mercury excites the sanguiferous system, in at least an equal degree with the absorbents. As a matter of experience, we find that the administration of general stimulants is far from successful; which is not to be wondered at, considering how large a proportion of cases of dropsy originate in inflammation. If we endeavour to excite the absorbents by local means, such as friction, heat, or other stimulants, the same difficulty occurs. We cannot stimulate the *absorbents*, without at the same time exciting the exhalents; so that little is gained.

But although we cannot advantageously influence the absorbents in a direct way, we can do so indirectly; namely, by increasing some of the watery secretions; by which, a want of fluid is created in the system; and this want, it is the business of the absorbents to supply; accordingly, they often drink up eagerly whatever fluid is presented to them, and so make good the deficiency. Thus we always find, that under the use of *purgatives*, *diuretics*, and *sudorifics*, thirst arises; and if fluid is taken into the stomach, it is quickly absorbed by the lacteals. In like manner, the lymphatic absorbents, and those which open into the different cavities, take up the fluid presented to them.

This mode of treating dropsy, though sometimes successful, is far from being generally so; because, in the first place, it is no easy matter to produce a sufficient discharge of watery fluids by any of the secretions; and in the next, because the absorption of the effused fluids will not always or necessarily follow. Another reason is, that if we succeed in removing the accumulated fluid, we only remove an effect, and not the cause; so that a fresh accumulation generally ensues, and even faster than before. The means, however, which we possess for producing such increased discharges, are either *diuretics*, *purgatives*, *sudorifics*, or *epispastics*. These are of different degrees of utility.

1. *Diuretics.* The kidneys are the most natural outlets for the dropsical fluid, as their function is naturally that of discharging watery fluid from the system. Unfortunately, however, our means of exciting the kidneys are not very powerful, and are at all times uncertain in their effect; and, which is still worse, they are most apt to fail in those very cases which most require their use; namely, in dropsies. This uncertainty holds with regard to the whole tribe of *diuretics*; so that there is little ground for choice among them; and the best thing you can do is to try them in succession, or variously combined; taking your chance for success.

The principal *diuretics* that have been used in the cure of dropsy, are the *squill*, *diluted acids* (particularly the *nitric acid*), *supertartrate of potash*, the *carbonated alkalies*, the *neutral salts*, particularly *nitre*, and *acetate of potash*; which last was supposed to be so efficacious, as to have acquired the name of the *diuretic salt;* but I much doubt its being entitled to that distinction. *Alcohol*, largely diluted, is a powerful *diuretic*, but is seldom proper on account of its stimulant and other effects. *Cantharides* have been recommended by some, as a diuretic; but this property is denied them by others. As far as my own experience goes, I have not seen any satisfactory proof of their acting in this way. The tobacco has been recommended by Dr. Fowler of Stafford, (a very good authority), who used it with very favourable results. But it has not been much employed; perhaps on account of its nauseating effects, and the extreme depression which it occasions.

The *digitalis* merits more particular notice, on account of its very powerful, and often useful, effects. No diuretic will bear a comparison, in point of efficacy, with the digitalis. It often occasions a most copious discharge of urine, to the amount of several quarts in the space of twenty four hours, followed by a rapid absorption of the dropsical fluid. Indeed were the effects of this remedy as certain as they are powerful, it would be an invaluable remedy. But unfortunately, like all the others, it is liable to fail us, and that without our being able to assign the cause of the failure. We should not, however, too hastily abandon a remedy of such great occasional efficacy; for by varying the dose or preparation, or by laying it aside for a time and again resuming it, we shall sometimes succeed, though we might at first have failed with it.

It has been generally believed, that the *infusion* of the plant, either fresh or dried, is more effectual as a *diuretic*, than either the powder or the tincture. If such be the fact, it is one that does not readily admit of an explanation. All I can venture to say upon the subject is, that the infusion, prepared according to the pharmacopœia, is an exceedingly efficacious form, but which requires to be well regulated in regard to its dose. Half an ounce of the infusion may be considered as an ample dose, even for strong subjects; and, for weak ones, this quantity is much too large to be continued with safety. I have often seen a single drachm productive of much distress to the patient; and yet there are many, who can bear a couple of ounces, with little or no effect. But you should never presume this to be the case, without actual trial, however strong the patient may be. The dose, whatever it is, should be repeated three or four times within the twenty-four hours, and not oftener; for the operation of this medicine is slow; and, exhibited in moderate doses, the effects are not perceptible immediately, seldom in less than 24 or even 48 hours. We should, therefore, guard against an accumulated effect, by occasionally intermitting its use, and not pushing it on till the desired effect takes place, or the pulse be greatly reduced; for in this case, the latter doses which have not yet come into operation, may occasion too violent an effect; small doses often succeed, where large ones fail. The effects sometimes take place after the medicine has been laid aside, for perhaps two or three days; and it is worthy of notice, that when once it has begun to act in a favourable way, a small quantity will serve to keep up the effect. In this respect, *digitalis* differs from most other medicines; which commonly become less active by repetition.

In consequence of the great uncertainty in the use of *diuretics* we are obliged to have recourse to *cathartics*, which, though more harassing to the system, have the advantage of greater certainty in their operation. The great extent of the intestinal canal presents a large surface for secretion, and much fluid may be thus evacuated from the system; an effect, in which the accessory organs, the liver and spleen, no doubt concur. The result, often, is a rapid absorption of the effused fluids. Unfortunately, with the exception of the *supertartrate of potass*, the more violent or drastic purgatives are the only ones to be relied upon; and indeed but few of these; such, namely, as used to be called *hydragogues*, from their producing copious watery stools. *Jalap* and *gamboge* are of this description; but the *buckthorn berry* is far more efficacious, in the dose of an ounce or two of the syrup, as directed in the pharmacopœia. The *elaterium*, however, exceeds all others in point of efficacy, as a purgative, for the cure of dropsy. A single dose of it will often discharge many pints of fluid, and be followed by a rapid absorption of fluid from the parts in which it has been effused. On account of the violent operation of this remedy, we should be very careful respecting the dose. Half a grain will often produce both vomiting and purging; this quantity should, therefore, be seldom administered, except in robust subjects. A quarter of a grain, and even one-eighth, is in many cases sufficient for the purpose. You will often find the elaterium recommended in books, in the quantity of two or three grains, or even more; and that without any caution. Those who have thus spoken of it, must have used it in a very imperfect state; which you ought to be on your guard against. The safest way of employing the elaterium in dropsy, is to give it in the dose of a quarter of a grain, and to repeat it once, or even twice, at intervals of two or three hours. This may be done daily, or every other day for a few times; giving, in the intermediate days, infusion of gentian, or something equivalent to this.

Sudorifics have occasionally been employed in dropsy, and sometimes with advantage. The quantity of fluid, however, evacuated by such means, is not large; but *sudorifics* may do good in other ways; as by taking off an inflammatory disposition, and determining to the surface, where there is always deficient exhalation. The *Dover's powder* is the sudorific best adapted to the purpose.

Epispastics are seldom useful as *evacuants*, though they may be so in other ways. Applied to the lower extremities, they are not without danger, by the inflammation they excite, especially in bad habits.

I may repeat what I before stated, that although dropsy is seldom cured, it is not so much owing to our inability to get rid of the effused fluid, as from the incurable nature of the primary disease, of which the dropsy is but a symptom.

FOREIGN DEPARTMENT.

ARCHIVES GENERALES DE MEDECINE.

Observations on some points of Pathological Anatomy and Pathology. By P. H. Berard, M. D.

Partial Dilatation of the Heart.

The title aneurism of the heart has been applied to simple dilatation of the cavities of this organ, whether accompanied by greater thinness than natural or more than usual thickness of its parietes.—Authors, however, have scarcely taken any notice of those aneurismal pouches, situated on the sides of the heart, and communicating with some one of its cavities in the same way as aneurisms of the arteries communicate with the vessels upon which they occur. This disease, which has been styled partial dilatation of the heart, has only been met with by a small number of observers. Corvisart gives but one case of it: the tumour was situated on the upper and lateral part of the left ventricle; it almost equalled the heart in size, and its interior communicated with that of the heart by a smooth, round, and rather narrow opening. Dr. Baillie states, that he once saw the summit of the left ventricle changed into a pouch large enough to hold a small orange. This pouch, whose walls were thin, was lined with an opaque, white membrane; it contained a very small quantity of coagulated blood.

In the two cases which I have seen, the apex of the heart was possessed by a large tumour, which appeared to be separated from the summit of the ventricles by a kind of external narrowing, or circular stricture. The point of the right ventricle was applied against the base of the tumour, but did not open into its cavity. The left ventricle communicated with it by a rounded orifice; the interior of the aneurismal pouch was filled with distinctly organized clots; lastly, the heart adhered to the pericardium.

The first case I observed was the following:—

On opening the body of a female, fifty years of age, by no means emaciated, and whose lower limbs presented no appearance of infiltration, the lungs were found adhering by a laminated cellular tissue to almost every point of the costal pleura. The pericardium, much distended by the heart, to which it seemed to adhere, was pushed out, opposite to the cleft in the anterior edge of the left lung, by a globular tumour, which changed the regularity of its form. Pursuing the dissection, the pericardium was found every where adhering to the heart and large blood vessels. Very delicate cellular membrane, abundantly traversed by blood vessels, was the medium of connexion. The heart, stripped of its envelope, was found covered here and there, especially in the vicinity of the tumour, with membranous patches of recent formation, and which seemed to be in a state of inflammation. The tumour, which distended the pericardium, was placed on the apex of the heart; it was as large as a middling sized apple, of a globular form, and a reddish colour. A circular depression, which formed a kind of neck, distinguished it exteriorly from the points of the two ventricles.

The cavity of the right ventricle was sufficiently capacious; its point did not extend completely to the depression mentioned above, and did not communicate with the aneurismal sac: its sides were rather thin and flaccid. The cavity of the left ventricle was much more considerable than that of the right side; it communicated freely by a circular aperture with the cavity of the tumour. Towards the septum, the sides of the ventricle were as thick as usual; towards the left edge of the heart, on the contrary, the muscular substance grew gradually thinner, and seemed to be continued over the parietes of the aneurismal sac; the inferior half of this ventricle was smooth and unprovided with columnæ carneæ; the interior of the tumour was lined with consistent greyish and organised coagula, deposited in thin, concentric layers; the most exterior of these were dry, tenacious, and adherent to the internal surface of the sac; the most interior seemed to be continuous at their circumference with the lining membrane of the ventricle; it was by no means easy to ascertain the nature of the walls of the aneurismal sac: externally and to the left, the fleshy substance of the ventricle was evidently continuous with the sac, but on the side of the septum the muscular fibres seemed to stop suddenly, and to be replaced by a mere thin, transparent layer, strengthened internally by the fibrinous deposits which lined it, and externally by the pericardium, whose adhesions were particularly remarkable in this situation. Was this thin layer the serous membrane of the heart somewhat thickened? It was continuous with it, but it would be difficult to say that the nature of the two membranes was the same.

When aneurismal tumours are formed on the arteries of the limbs, they obtain successive coverings from the layers of cellular tissue against which they press as they increase in size; they may therefore acquire an immense magnitude without their sides becoming thin. The sides of such aneurisms, indeed, often grow thicker from the organization of the coagulable lymph whose deposition into the cellular membrane is provoked by the slight degree of inflammation or irritation of which the tumours are so frequently the seat; this is the means by which nature retards the definitive bursting of the aneurismal sac. Those arteries which, by their anatomical disposition, want the accessary envelopes with which the cellular membrane supplies the arteries of the limbs, are apt to burst prematurely when they are affected with aneurism. That portion of the aorta over which the pericardium is reflected, and the cerebral arteries, afford but too many facts in favour of the above proposition. These remarks make it difficult to conceive the formation of any very considerable aneurismal tumour on the surface of the heart, unless it happen at the entire expense of the muscular substance of this organ. Now we have just seen that in the foregoing instance this was not the case. I conceive that the adhesion of the pericardium opposed the principal obstacle to the rupture of the tumour and favoured its growth. I said that the adhesion was more intimate in the seat of the tumour than elsewhere; the cellular tissue encountered there must necessarily have contributed to the organization of the sac. I do not think, however, that the adhesion preceded the aneurism; it was probably contracted during an early stage of the partial dilatation. We know that the pressure of a tumour developed in any of the splanchnic cavities upon two contiguous serous membranes, will occasion their adhesive inflammation. The hardness of the fibrinous coagula must also have tended to prevent the bursting of the aneurism.

Case 2.—In the month of February, 1825, my brother and I made the following observations on the body of a man 55 years of age, who had died with many symptoms of an affection of the heart. The body was very fat, the face purfled and livid, the legs infiltrated. When the chest was opened, we were astonished at the extraordinary form of the pericardium, which was enlarged and rounded in the situation of the apex of the heart. I immediately suspected a similar alteration to the one I have just described, and my prognostic was soon confirmed. There were, however, some slight differences which I shall particularize. 1st. The heart was here of an enormous size; so that hypertrophy with dilatation of both ventricles was joined to a partial dilatation of the point of the left cavity; whereas, in the former case, there was simple dilatation of the left ventricle only, complicating the aneurism of its summit. 2ndly, The adhesion of the pericardium to the heart in this case, only occured in the vicinity of the tumour; whilst in the first the adhesion was complete, and the whole cavity of the pericardium had disappeared. 3rdly. The coagula in the present instance were white and fairly organized, but they were softer than in the first case, and also mixed with black bloody concretions, the epoch of whose deposition did not appear to have been very distant.

In this second case we see the disease in an early stage; all seems to confirm the conjecture hazarded above, viz. that adhesion of the pericardium is an effect of the partial dilatation. We therefore perceive circumscribed pericarditis arising under the influence of local diseases of the heart, in the same way as limited pleuritic affections under those of tubercular complaints of the lungs.

The anatomical lesion which I have now described possesses characters of its own sufficient to distinguish it from any other disease of the heart. I should have been glad to have pointed out any symptoms indicative of its existence during life; but I had not the good fortune to see the patients who were the subjects of observation till after death. The condition of the body would not appear to afford any diagnostic sign. The subject of the first observation was but middlingly robust, that of the second extremely corpulent. In the first case, the legs were slender, and without infiltration; in the second, they were bulky and loaded with serum. The lividity and swelling of the face, the disorder in the circulation and orthopnea, which in the second case afforded the indications of a disease of the heart, are by no means characteristic of partial dilatation; this state, indeed, was complicated with hypertrophy of the two ventricles. On percussion, a dull sound ought to be returned, since the edge of the lung on a level with the tumour must be pushed outwards. The tumour should also strike the anterior walls of the chest below the left breast; perhaps the stethoscope or the ear applied in this situation, would detect a stronger and more extensive impulsion than natural.

II. *Rupture of the left ventricle of the Heart.*

A mason lad, who had fallen head foremost from a high scaffold, was brought to the Hospital of la Pitié, in a senseless state, with stertorous breathing and an imperceptible pulse; he lived about *two hours and half*. On opening the body, the frontal bone was in the first place found broken into many pieces. and driven in; the cerebral lobes being reduced to a jelly; 2ndly, the pericardium full of partly fluid and partly coagulated blood; it had been shed from an opening produced by a rupture of the left ventricular appendix. The opening was circular, with slightly fringed edges, and of such a size as to admit a very large goose quill; 3dly, the liver extensively and deeply torn at its superior part.

This case, along with many others, proves, 1st, that wounds of the heart are not always followed by instant death. In the present instance, indeed, it is probable that the injury of the heart was not by any means the sole and immediate cause of the patient's death; and, 2dly, that the abscesses of the liver, so frequently met with in individuals who have suffered injuries of the head, are sometimes consequences of the violent commotion this bulky organ endures, when the body receives any severe shake.

What may have been the immediate cause of the rupture of the heart? It ought to be attributed, I conceive, rather to the sudden afflux of blood into the sinus, by the four pulmonary veins, than to any vibration communicated directly to the auricle. A violent and rapid contraction of the chest might have accelerated the flow of blood by the pulmonary veins, and if this effort occurred at the instant when the ventricle contracting tended to push the column of blood, intercepted by the mitral valve, back upon the auricle, the rupture of the latter was almost a necessary consequence.

III. *Of the Inflammation of Arteries.*

Inflamed arteries, it is said, are converted into a substance which cuts like cheese or lard, when the degree of constriction necessary to arrest hæmorrhage is applied upon them. The speedy fall of the ligature then causes dangerous consecutive bleeding, and hence the precept never to search for arteries among inflamed parts, and to apply ligatures, by means of proper incisions higher up upon the trunk of the bleeding vessel.

To appreciate the value of such advice, we must endeavour to ascertain, 1st, whether the arteries are very liable to inflammation; and, 2dly, if the phenomena which attend their inflammation are compatible with traumatic hæmorrhagy.

1. *Are the arteries apt to be attacked with inflammation?* Arteries may lie exposed in the middle of inflamed or degenerated parts; they may be completely or incompletely divided; they may be tied. Let us note all that happens in these various cases.

All the authors on pathology and general anatomy have commented on the singular prerogative enjoyed by arteries of remaining healthy amid inflamed or degenerated parts. Turn to the following case for an instance of this.

A young man had an attack of gangrenous erysipelas; the fall of the sloughs gave rise to two large ulcers of the lower part of the abdomen. The skin hung in flaps around these sores, which were spreading in almost every direction, so that in three weeks the whole surface of the abdomen was occupied by an ulcer. The external iliac artery of the left side was seen beating at the bottom of the wound, from the place at which it leaves the peritoneum, to where it plunges beneath the crural arch. In this state matters remained for several weeks. The patient died at length. On dissecting the body, the layer of vascular granulations which had been formed over the artery, had to be scraped away to expose the vessel. The artery was perfectly healthy, nowise inflamed or fragile; its colour was not even altered. M. Beclard and I endeavoured to cut it with a ligature, but in vain.

Nothing can be better calculated to prove the slight disposition which the arterial tissue has to inflammation, than a study of the phenomena of phlebitis, or inflammation of the veins. In this case the arteries are often plunged amid inflamed and suppurating parts, and nevertheless they remain perfectly healthy. A ligature may, therefore, be applied with all propriety to an artery denuded or situated among inflamed parts, if it be necessary. Nay, an artery which is partially divided, scarcely inflames; the absence of inflammation, indeed, is the very cause of the repeated hæmorrhages that happen in such a case. The fear of finding the vessel in a state unfavourable for the application of a ligature ought not therefore to induce recurrence to violent as well as unnecessary means to stop the bleeding. The vessel is to be sought for in the vicinity of its wound, and one ligature applied above and another below the bleeding orifice.

2. *Are the phenomena which attend inflammation of the arteries compatible with traumatic hæmorrhage?* Inflamed arteries lose the physical qualities which distinguish them; they cease to be elastic, they are readily torn and cut, and yield to the action of a ligature; but are these the sole characters which distinguish inflammations of the arteries? Is not the prime, the most important of all here omitted? I mean the obliteration of the vessels. In fact, the obliteration of their cavities is one of the most regular of all the phenomena which accompany inflammation of the arteries.

If the arteries, then, are less liable to inflammation than any other system of vessels, they are also more frequently the seat of the adhesive process than any of the others. This is a fact upon which almost all at the present day are agreed. When an aneurismal tumour gets inflamed, when the sac becomes a vast abscess, the safety of the patient is intrusted entirely to the inflammation, which, being propagated from the tumour by continuity to the artery, causes obliteration of the latter.

When an artery is tied, again, the parts immediately constricted die and give way, whilst those in their vicinity undergo all the phenomena of eliminatory and adhesive inflammation; so that whilst the artery is becoming weak, and its cohesion is diminishing, its cavity is getting obliterated; it is plugged up by a clot, mixed with the coagulable lymph exhaled from the interior. The solidity of the barrier to the course of the blood, depends, in a great measure, on the extent through which the artery has undergone the changes I have just indicated. If the extent exceed not a line or two, the impetus of the blood may overcome the barrier, and hæmorrhage ensue; but then the vessel will be healthy a few lines higher up, and there can be no occasion to go seeking for it *six inches* above the wound. If, on the contrary, the inflammatory process has extended much above the ligature, the barrier opposed to the column of blood cannot be surmounted, so that the inflammation is precisely that which prevents hæmorrhage, far from being the cause of its secondary appearance.

In order to have bleeding after the application of a ligature, and to have any grounds for the alarm which has been expressed in regard to its application, it would be necessary that the sides of the artery should lose their cohesion through a considerable space without its cavity ceasing to be permeable; in other words, that it should only present a part of the anatomical characters of its inflammation. Nevertheless, hæmorrhagies, it may be said, are seen to happen after the successive application of ligatures. This I do not deny; but there are many modes of accounting for these hæmorrhagies, without recurring to the supposition of inflammation of the arteries. I have already mentioned one; to it may be added, 1st, the pathological alterations of the arteries, which, according to Vacca Berlinghiéri, are the most ordinary causes of consecutive hæmorrhage, by incapacitating the artery from duly undergoing the adhesive inflammation. No doubt but that many ligatures may, under such circumstances, be applied successively and fruitlessly to the same vessel; 2nd, the case in which the artery is not adequately compressed, or is tied obliquely; 3rd, that in which the artery of a limb is tied a very short distance below the point from which a considerable collateral branch is detached, &c.

It is so easy to apply what precedes to the case in which an artery is cut across, that I shall say nothing on the subject. It must be evident that the general conclusion which may be drawn from these observations, is widely opposed to the assertion which I have endeavoured to combat.

IV. *Accidental formation of Vessels.*

Several anatomists dispute the theory, recently broached, regarding the organization of false membranes; they cannot admit that vessels make a way for themselves through the plastic matter exhaled from an irritated surface, still less that these vessels have in the first instance an isolated circulation. Vessels, however, do exist in false membranes, and we are then forced to suppose that they are propagated from the neighbouring parts by means of a sort of turgescence of the cellular membrane. Nature shows us at every instant, examples of the spontaneous formation of vessels. It is therefore improbable that they exist in the egg before incubation, their gradual development indeed has been followed from day to day, in the vitellary membrane.

When a new or false membrane occurs free from all adhesion between two contiguous serous surfaces, and injected with vessels, are we to conclude that they have proceeded from the serous membranes, or that they have been developed in the false membrane? I have seen a membrane of this kind of considerable size, floating in the chest of a woman affected with hydrothorax. The fluid contained in the pleura was perfectly transparent; here and there the pleura presented hard masses of cerebriform tissue, but in the intervals between these it was pale and smooth. The false membrane, however, was of a deep red colour, a circumstance produced by the presence of an infinity of blood-vessels coursing through it. M. Beclard used frequently to show this false membrane in his lectures, which I had dried upon a glass plate, and which I still retain. It was impossible to demonstrate the slightest connexion between it and the pleura.

SKETCHES OF THE SURGICAL PROFESSION IN IRELAND.

No. X.

STEVENS' HOSPITAL.

The Liffey flows from the west into the capital of Ireland, through a valley of great beauty. I shall detain the reader for a moment on the margin of this pleasant ravine. The declivities forming its sides terminate at the base in a rich sward, about a thousand paces in width, and spread out above into what may be relatively called two table-lands, comprising the Phœnix Park on one side, and a champaign country on the other, extending as far as the range of adjacent mountains, whose rude asperity gradually softens down into this luxuriant plain. Standing upon the verge of this chasm, a prospect of extreme magnificence opens to your view. Immediately beneath, spanned by the majestic arch of Island bridge, the river rolls through a serpentine channel, fringed with a copse of scattered hawthorns and other shrubs. On the opposite bank rises the venerable pile of the Old Man's Hospital, with its avenue of stately elms, the whole seemingly muffled in the mantle of time, and participating in the senility of its superannuated inhabitants. To the right, continuous masses of wood crown the heights along the course of the river, while to the left, the domes, spires, and all that pinnacled perspective which a great city discloses when viewed from an elevation, pierce the heavens with an endless variety of surface. In the rear of this splendid panorama of nature and art, groups of trees tastefully arranged through the park by Chesterfield, open into innumerable vistas, through which the Viceregal Lodge, the residences of the Secretaries of the Irish government, and other public buildings, may be discovered, half veiled in a profusion of shade. While lost in the mute admiration which a scene of such grandeur is calculated to excite, your attention, perhaps, may be arrested by a murky edifice, whose narrow windows, contiguity to the river, and otherwise industrious aspect, might, at first sight, mark it out as the probable abode of steam engines and spinning-jennies. Should your curiosity, however, induce you to cross the Rialto of Dublin, in order to explore more minutely the nature of this dusky mansion, you will be not a little surprised on a nearer approach, neither to hear a furnace nor a fly-shuttle resound within its walls. On the contrary, an air of unusual solemnity breathes around the place; the tall chimnies puff out their smoke in silent convolutions; the hum of the city, though just at hand, is scarcely heard in the distance; and nought, save the occasional rattle of an Irish jaunting car, or the heavy tramp of troopers on the military road, disturb the stillness of the valley. The suspicions which an economy of glass, and the absence of whitewash, had previously awakened of the presence of a manufactory of cotton or cast-iron, will begin to subside at a closer approximation, and if a drop of doctorial blood circulates in your veins, you will begin to think that the dingy structure is well situated for a temple of Æsculapius. The conjectures thus excited of the intention of the building, will be further strengthened by the protrusion of some haggard head from one of the windows, surmounted by a night cap, on which the alkalies and sunbeams would seem to have lost all influence, and ornamented below with a crop of grisly beard, disclaiming all connection between the once-united handicrafts of shaving and surgery. Apprized of the real character of the institution by this appropriate emblem of nosology, reducing the table of contents to Mason Good's "Study of Medicine," into a hideous personification, you arrive at a gateway on which the following unostentatious inscription on a marble tablet informs you of the names of the founders of the magnificent establishment which you behold:—

"Ricardus Stevens, M.D. dotavit.
Griselda soror ejus ædificavit."

Breathing a heart-felt benediction on the memory of the rivals in benevolence, you cast your eye along the steep roof, out of which a small cupola ascends, containing a clock, and finished at top by a vane, which, from its site, one might be led to suppose was intended to ridicule the mutability of medicine. Passing the arched entrance, you find yourself in the court of a quadrangular building, upwards of a hundred feet square, the enclosed area being divided by walks into four grass plats, and having a small pyramid in the centre, the pivot on which the whole concern would seem to turn. It is impossible to look around, and not to be struck with the superiority of our ancestors' ideas of hospital architecture over the boasted notions of modern times on the same subject. To the naked, four-storied, dandy-looking edifices of the present day, out of which a convalescent can scarcely venture his head, without being frost-bitten by the cold, or deluged with rain, the snug sheltered piazza carried round the interior fronts of this building, presents a most comfortable contrast. Imagination instantly peoples such a colonade with sunny invalids, wooden legs, bandaged arms, and all the other *insignia* of mutilated humanity. Being sure, however, by this time, that the building is a hollow-square, two stories in height, with an attic in the long roof, a piazza constructed by a series of arches, supported on insulated pilasters, having a corridor between them, and the curtain wall of about twelve feet; that, in fact, the whole concern has a good old-fashioned look of comfort and solidity: convinced of all this, should one of Mr. Cusack's twenty-eight apprentices be your cicerone, he will next conduct you to the library, containing an useful collection of works accessible to the students, then to the Museum, a filthy niche, covered over with pipe clay, and variegated with red injection; he will afterwards introduce you into the wards, expatiate on their extent, cleanliness, and convenience, all which is certainly true; insist on the advantages of having distinct, surgical, medical, venereal, cancer, and ophthalmic wards; hitch in a compliment or two to his master, and having thus shown you the "Lions" of the establishment, conclude by asking you to a dinner of execrable beef steaks, with a wash-down of whisky-punch, and with this mess of carbonized cowskins putrifying in your stomach, treat you to a "set-too" with the "gloves" *a la* Dan Donnelly—an amusement in which the young gentlemen residing in the hospital were no mean proficients in my time. After an evening spent in this edifying manner between the gloves and the glasses, you cannot fail to perceive that the surgeons of the institution have taken advantage of the superabundance of house room, and converted a part of it into dormitories for their pupils, each of whom, according to seniority, is entitled to a residence in the hospital for a certain time, generally two years. During this period, the resident pupils possess as many opportunities of acquiring a knowledge of their profession, as any similar institution in the united empire presents. Hence the value of a surgeoncy to this hospital; for though there is no emolument of any importance attached directly to the situation, the patronage which it creates, and the number of pupils which it secures, are sources of certain wealth to the possessor. The considerable revenues derived in this indirect manner by patients and apprentices, are not sufficient to satisfy the insatiable avarice of the surgeons to this hospital, who exact an exorbitant annual fee for admission from the visiting pupils.

Amongst all the anomalies, indeed, which have disgraced the profession in Ireland, there is not one can be put in competition with this practice. It is a restriction on the attainment of knowledge, an unnecessary tax upon the student, and a vile impost on poverty and disease—deprived, too, of all justification by being alienated from those objects, on whom, if collected at all, it should be scrupulously expended. Is Mr. Colles not ashamed to oil his carriage wheels with this purulent income? Does Mr. Crampton feel no apprehension of suffocation from imbibing the claret of the Meath? Does Mr. Piele experience no twitches of chastising gout in his tight legs, swathed in Richmond gaiters? Or Mr. Palmer no humiliation in paying his landlady in French-street with the small change of Mercer's? Fie! fie! Gentlemen, your "offence is rank, and smells to heaven." By what authority these fines on scientific pursuits are imposed, is not very evident. Does the will of Dr. Stevens, or the Act of Parliament which empowers the Governors to manage his bequest, go so far as to entitle these gentlemen to invest the surgeons with an unlimited power to levy such exactions? I believe neither to be the case, and must conclude, that the conduct of the surgeons in this instance is not only disgraceful, but also illegal; they might just as well stop a pupil on the road, and take so much money out of his pocket, or out of the funds of the institution. There is not a man who pollutes his fingers with this peculation, who does not well know that the practice is unjustifiable. It is not, indeed, one of the least urgent arguments for the destruction of the London heptarchy of corruptionists, that they have encouraged, by their odious enactments, this simony of the property of the poor. Were the certificates of our minor hospitals admitted, as they should be, at the Court on the other side the channel, the serpent's head would soon be crushed here. The influence of bad government is seldom local in its operation. Like the fictitious Upas of Java, it diffuses its poison to an incredible distance from the source, and it cannot be denied that the spirit of monopoly in London has been the parent of hospital exaction in Dublin. The foundation, however, of this system, seems at length to be sapped, and the train laid, which must eventually produce its explosion. It is impossible, indeed, that any medical or surgical college, as at present constituted in these countries, can long withstand the tornado of popular odium gathering in the scientific horizon, with a LAWRENCE and a FREE PRESS to guide its omnipotence.

Already the flag of reform flies from the walls of the Irish College,—nay, I would say, the very "cap of liberty," but that Sir Peter Courtnay might not sleep soundly under so awful a sign. Great things are doing, but I must draw breath before the recital is commenced. In the mean time men are beginning to think for themselves, and to act with becoming independence. Disenthralled from the leading strings of authority, the junior members of the profession are no longer depressed by the nightmare of official names. A better spirit seems to animate their intentions, and more prudent principles to direct their energies. They appear to have learned of late what they should long since have known, that, equality of rights, suffrages, and advantages, is preferable to a state of things in which the few are elevated, by artificial distinctions, over the majority. In them the power resides—they have only to will the deed, and it is done. For what, after all, does a young man, by his subserviency, gain from a senior optimist? Courtesy, compliments, and a dinner. "Many are called, but few are chosen," might be assumed as the motto of these veteran professors of, "whatever is, is best," and should warn the youthful expectant of the literal profanity with which they adhere to the text. Submission to authority may be carried to a guilty excess, and respect for experience made to stifle the dictates of conscious rectitude. It is a truth, of which there have been but too many melancholy proofs, that grey hairs are not always accompanied by generosity of feeling, nor years enriched by commensurate acquisitions of wisdom. At least in these degenerate times, old age as often produces an "Overreach" as a Solomon. He that has nothing to boast of in the council, but the days he has numbered; who has no other arguments to second his advice, but the trammels of custom, and the dogmas of his will, should betake himself to some more fitting scene of action, where he may indulge his desires without injuring society. To hear an old Sir Oracle, a "*laudator temporis acti,*" hold forth on the horrors of change, you might suppose that reason only ripened as the body declined, or that the extinction of the senses was necessary to the perfection of the mind. Of all the cants of this canting age, the cant of danger from innovation is the most indefensible and hostile to the progress of improvement. It is the pitiful scream which the sloths who batten on corruption raise, on all occasions, to scare away the intrusions of the enemies to both. Amongst the venerable personages who support error on the strength of such arguments, some juvenile delinquents may also be found. If you analyse a scheme or a job, you are sure to dicover one of them, like a *caput mortuum*, at the bottom. Speaking of jobbing and heads reminds me of Mr. Porter. Poor gentleman! he would transplant the filthy politics of the Guild of Merchants into the College—sow the seeds of an oligarchy in a republic of letters—convert the purliens of York-street into a conservatory of *Dutch* flower roots—and mount the cameleopard of Mr. Pearson with a statue of king William. The poor gentleman! when passing this way again, I may be tempted to "drop in" on the labours of the political horticulturist; at present I must emerge from a digression induced by the nature of passing events.

Though this hospital is capable of containing three hundred beds, the income is unequal to the support of more than about half that number of patients. This is the more to be regretted, as, notwithstanding the numerous charitable establishments in Dublin, one-half the sick poor remain unaccommodated. The government of the Institution is not so happily constituted as could be wished, and leads to consequences which could never have been contemplated by the founder. It is vested in the hands of men whose connexion with the church, the bench, and with the higher circles of society, leaves them little leisure for the performance of eleemosynary duties. The necessities of the poor seldom transcend the lofty barrier that divides them from the aristocracy, nor are the hands of the affluent always the most scrupulous in doling out the scanty, but sacred treasures of charity. Whatever economy the rich may be blest with, they generally appropriate for domestic use—in the distribution of public money they forget the arithmetic of frugality, and act the spendthrift without expense. A lord chancellor (with reverence be it spoken) may not be the most profound judge of the washing of blankets, nor the palate of an archbishop, accustomed to the complex savour of turtle and malakatanni, be capable of deciding on the merits of the simpler juices of beeves' heads. Out of the 23 nominal governors, only five or six take any interest in the management of the institution. Neglect of servants, extravagant salaries, and a superfluity of house officers, are but too often the necessary result of the indifference of hospital guardians. The professional attendance, though conducted in conformity with the design of the testator, is not more happily arranged. It has not kept pace with the recent wants and circumstances of the establishment. The increased number of pupils and patients would seem to demand a less niggardly supply of medical attention. There are seven officers of this class—two visiting, two assistant, and one resident surgeon, with a visiting and an assisting physician. The surgical business is principally conducted by the assistant and resident surgeon. Besides the hospital department, a dispensary is attached, where externe patients receive medicine and advice on stated days in the week. About a hundred pupils generally attend; apprentices only are permitted to dress or to perform minor operations. The clinical system of instruction as practised in foreign hospitals has never been attempted here—an error which the facility of accomplishment makes still more apparent.

Such, however, is Stevens' Hospital in situation, architecture, and internal policy; some notice is due to the memory of its benevolent founder. Of the private history of this individual little, I believe, remains, nor is there any written account. From the histories of Dublin, of which there are many, all we can collect is, that he was a practitioner in medicine in the city, having an estated property to the amount of six hundred pounds a year, which, at his death, he bequeathed to his sister during her life, and afterwards to be laid out on the erection of a hospital. Preferring the relief of the poor to "a youth of folly, an old age of cards," this amiable lady immediately commenced the accomplishment of her brother's wishes in 1726, on a scale of magnificence worthy of ampler means, reserving for herself but one hundred and fifty pounds a year, with apartments in the new establishment. In trusting to national generosity for the completion of her extensive designs she was not entirely disappointed. Amongst the many who contributed from time to time, during the infancy of the institution, was Mrs. Johnson, better known by the poetical appellation of Stella, and her unfortunate attachment to Swift. At her death she willed a thousand pounds for the endowment of a chaplaincy, and thus, along with some other additions since made to the same fund, the spiritual comfort of the establishment has been secured. Of late, Government has advanced considerable sums, and still pays the annual sum of five hundred pounds to the establishment—not the least useful item surely in the Irish Estimates. The whole revenue of the house, including this grant, amounts to about three thousand a year. As a lasting monument of private benevolence, this hospital is an honour to the founder and to the country that gave him birth.

Of the manner in which operations are conducted here I shall give a short specimen. Matters of this description have latterly attracted much notice, and it is now quite the rage to attend such exhibitions at Stevens'. Mr. Cusack is the acknowledged "Magnus Apollo" of this department, over which, it must be confessed, he sheds a sort of murky illumination. To do him justice, however, he spares neither pains nor expense in providing materials for these bloody saturnalia of our art. The method of securing a constant supply of such cases for weekly consumption constitutes a science in itself. To Mr. Cusack we are indebted, and I take this opportunity of complimenting him on his tact, for reducing this practice to a regular system. Before his time it was usual for the surgeons to wait until God sent patients, or the exigency of disease compelled them to seek relief, but this gentleman, anticipating the natural course of events, meets the reluctant victim on the road and hastens him on to the knife. He seems to possess an instinctive faculty of discovering latent disease, and an ambition of acting journeyman to Nature in remedying her defects and deformities. There is no garret too high, or cellar too low, to conceal a tumour or a calculus from his lynx-eyed research. The country and the city are as closely drawn as a fox-cover, and if game be started, its passage to the metropolis is liberally paid on a stage-coach. As yet, however, I have not heard that he has paid a pension, like some of his contemporaries, to his patients as a recompense for surgical mutilation. But let us suppose, for the sake of brevity, that a case is secured. The first step towards the operation, when a crowd is expected, is to issue tickets in order to insure a select assembly, a device of which Mr. Cusack is the inventor. Before I proceed farther I must describe the *locale* of this motley spectacle. The architect of the hospital, it appears, did not consider that an exhibition-room was necessary to his plan, as he provided no theatre for that purpose; one, however, has been lately added; it is of a pentagonal shape, capable of containing about a hundred and fifty persons, and looks like an exostosis on the western exterior front of the building. From the first floor corridor of the hospital two passages lead to this place, one for the spectators, the other for the operators, which bears a strong resemblance to the *proscenium* of a puppet-show, a drapery of faded green being suspended from an arch, and intended, I presume, for a screech-damper, by the ingenious contriver. A small stove, a water-tank, and a chair, seemingly coeval with the institution, constitute the rest of the furniture of this apartment. From daily opportunities of enriching my portfolio with sketches of the *memorabilia* of Stevens', I shall select a recent operation as the subject of my pencil. It was on Saint Patrick's day. Tickets to a large amount were distributed to a grateful multitude, one of which bits of paste-board I had the honour of receiving at the hands of Mr. Cusack himself, little suspecting that he was opening the gates of Troy to the Grecian horse. The Sinon of the drama, as some might call me, I took my seat amongst the crowd, and after waiting some time, a nurse of vast circumference, and combining in her appearance all the attributes which should distinguish a priestess of Hygeia, flowed down the steps to make the necessary arrangements. To this plethoric personification of the hospital dietary succeeded the serio-comic contrast of Mr. Cusack's face, evidently in a state of civil war with his feelings. A burst of applause from the benches composed this struggle of the passions, and a leer of assumed satisfaction mantled over his countenance. You could still, however, perceive the anxiety of anticipated difficulty exciting the muscles of expression into a revolt against the tyranny of affected indifference. The miscellaneous assortment of his features, each being an antithesis to its neighbour, favoured the full development of this contention between voluntary and involuntary motion. He was presently relieved from this physiognomical dilemma by the entry of Mr. Colles, with a sort of nautical waddle, his hands thrust up to his elbows in his breeches pockets, a bunch of shamrock dangling in his hat, and a gibe full fledged playing round his lips, ready to take wing with the first opportunity. Mr. Piele and Mr. Wilmot completed the joint stock company for the operation, which was immediately commenced by the party on a female, having a tumour situated in front of the ear. Though the knife was held by Mr. Cusack, like Joe-Burns, the by-standers seemed to have divided the labours of the operation, a practice which, though often intended well, is both unfavourable to the reputation of an operator, and excessively disagreeable to the spectators. There was nothing further worthy of remark in the case.

Mr. Cusack's operating has been the theme of much discussion in the professional *coteries* in Dublin of late, and he is certainly entitled to much praise for many bold and successful undertakings in that branch of surgery. Without a mechanical turn of mind, his motions appear stiff and confined, and though you can readily discover the tact of a practised hand in whatever he attempts, it seems to be more the effect of a mere knowledge of anatomy than of natural taste. His operations want that happy amalgamation of qualities in which science scarcely restrains the movements of the instrument, and the hesitation of caution is artfully concealed by a vigilant presence of mind. Just as he had concluded the present operation, and the class was about to retire, he stepped forward, and with a wink of inexpressible comicality informed them, that there would be more fun instantly. The young gentlemen took the hint, composed themselves for the second course, and another tumour, situated under the breast of a female, was served up, and removed by Mr. Wilmot, whose late elevation to the vacant Professorship entitles him to a full-length portrait in the pages of THE LANCET by

ERINENSIS.

THE LANCET.

London, Saturday, May 6, 1826.

After the Bill which we published in our last, had been "thrown out," the Associated Apothecaries, nothing daunted, presented another to the Legislature, which unhappily met with a fate similar to its predecessor. The chief features of the second Bill will be found in the following *amendments*:

"'7. The community shall nominate a treasurer and clerk, and such other officers as the community shall adjudge to be necessary, taking security, in whose name all suits are to be carried on and defended.

8. The community may examine and bind, by indentures, apprentices to any apothecary, surgeon-apothecary, or practitioner in midwifery, in the district of London, except such as are bound to the College of Surgeons or at Apothecaries' Hall, and shall examine all persons applying for certificates to practise as an apothecary, surgeon-apothecary, or midwife, and shall grant the said certificates.

[Such persons, however, who may, either now or hereafter, be duly admitted Members of the Royal College of Surgeons, or Society of Apothecaries, shall be equally entitled to practise as surgeons in the first case, and as apothecaries in the latter case, as those to be examined by virtue of this Act.]

11. Twenty-four medical districts shall be established, inclusive of the London district, with committees to superintend the same, each of which shall consist of one physician and ten apothecaries or surgeon-apothecaries, seven being practitioners in midwifery, all actually practising and resident in the district; and such district committees shall be elected by ballot by the members of the district committee, who may appeal to the superintending committee to remove any member of any district committee, and the superintending committee may upon sufficient grounds remove such member, but such vacancy to be filled by the district committee; and the superintending committee may alter any district, and make any rules and orders concerning the same. Three of the district committee to go out by rotation.

15. From and after the day of in the year it shall not be lawful for any person, except those actually in practice, to practise surgery, or as a surgeon-apothecary, unless he shall have a diploma from the Royal College of Surgeons.

16. From and after the day of in the year it shall not be lawful for any person, except those already in practice, to practise as apothecary, surgeon-apothecary, or practitioner in midwifery, unless he shall have been examined and have received a certificate of his being duly qualified from the superintending committee, which is authorized to examine, in English, on anatomy, the theory and practice of medicine, materia medica, chemistry, and pharmacy, and, if required, midwifery, and to grant a certificate of such examination.

[With the exceptions as specified in the note to clause 8.]

17. Every person intending to qualify himself to practise shall give notice to the clerk, and shall present himself at the meeting of the community to undergo such examination as aforesaid; and no person shall be examined unless he shall produce his indentures or testimonials of a regular medical education, or of proper attendance in some accredited school of medicine, and certificates of his having attended two courses at least of lectures in anatomy and dissection, chemistry, and the theory and practice of medicine and midwifery, and six months' attendance to the practice of a London hospital, or one year of a dispensary or provincial hospital.

18. Within three months after the passing of the Act, every apothecary, surgeon-apothecary, and practitioner in midwifery, who was in practice at the time of the passing of the said Act, shall transmit to the committee of the district an attested copy of his certificate, under a penalty of

21. No woman (except such as are actually practising) shall practise as a midwife, for gain or profit, without having been examined, and having obtained a certificate of ability from the district committee.

22. The sum of fifteen pounds shall be paid for a certificate by every person about to practise as an apothecary, surgeon-apothecary, or practitioner in midwifery, whether in all or one only of those professions. The sum of fifteen pounds shall be paid by every visiting assistant, the moiety thereof on examination, and the other moiety upon being settled in business; for the performance of which, security shall be given. And every female midwife, if in London, and if in the other districts, Journeymen, merely for compounding and dispensing medicines, shall not be required to pay more than a trifling fee for registering their certificates.

25. Every apprentice's indenture shall bear a stamp of twenty-five pounds. The same to be paid by such persons as shall not have served an apprenticeship, in addition to other charges, upon taking out their certificates for practising.

27. No person practising as full surgeon, or as an apothecary, or surgeon-apothecary, in the army or navy, shall be obliged to submit to an examination, excepting he has no certificate in midwifery, in which case to be examined as to his knowledge in that art. But he who has acted as an assistant only, in the public service, shall be subject to examination by the London community, and be required to take out his certificate of qualification before he be allowed to practise.

31. Every person acting under a diploma, or certificated apothecary, surgeon-apothecary, or practitioner in midwifery, entering into partnership or connexion with any dispensing chemist or compounder of drugs or medicines, or vender of patent medicines, shall forfeit pounds and the certificate enabling him to practise.

32. Every person acting under a diploma, or certificated apothecary, surgeon-apothecary, and practitioner in midwifery, and every visiting assistant entering into the service of any compounder or dispenser of medicines not qualified to practise after this Act is in force, shall, during such service, be disqualified to practise or prescribe as such, and shall not practise or prescribe under a penalty of pounds for every offence.

33. Every certificated apothecary, surgeon-apothecary, and practitioner in midwifery, may demand reasonable remuneration for his visits or journeys, and for inoculations, operations in midwifery, and all other operations done and performed by him, which charges are to be regulated from time to time by the superintending and district committees; and they shall have power to sue for and recover such charges.

Note. The committee of apothecaries entreat it may be distinctly understood, that the above are open to animadversion, correction, and amendment; and that they will be obliged by the observations of all parties interested in its provisions

Communications to be directed (postage free) to Mr. Ward, Secretary, No. 18, Holles-street, Cavendish-square.

London, March 30, 1813.'

The following notice was sent to the members of the House of Commons:

'London, March 25, 1813.

The general committee of apothecaries, and surgeon apothecaries, think it requisite to inform the members of the House of Commons, previously to the second reading of their Bill, of the following circumstances:

1. That, in the event of the Bill passing into a committee, they mean to expunge from it every thing affecting the compounding chemist and druggist.

2. That the idea of erecting a medical school has been abandoned; and that, instead of interfering with the rights of the Royal College of Surgeons, they wish to make it imperative on every surgeon-apothecary to have a diploma from the College of Surgeons.

3. That the idea of uniting the different heads of the already constituted medical bodies with apothecaries and surgeon-apothecaries in the superintending body, may be abandoned.

4. That the views of the Bill will be altogether confined to rendering the apothecary and surgeon-apothecary competent practitioners, by examination, and obtaining for them a different mode of recompense for their visits and professional skill.'

The amended Bill was read a first time, and then withdrawn, in consequence of the opposition made to it from all quarters.

A general meeting was held on April 15, when the following report was made, which explains the "objects, the hopes, and the disappointments of the Association."

Subsequently to the publication of this Report, the writer of the Introductory Essay thus proceeds with his narrative:—

"The Colleges and Apothecaries' Company were now memorialized with the hope of averting their continued opposition; but in vain.

In September the committee published 'The Report of the London Committee of associated Apothecaries and Surgeon-Apothecaries of England and Wales, with the Resolutions proposed as the Basis of a new Bill, intended to be introduced in the next Session of Parliament; to which is annexed an Appendix, containing the correspondence of the London Committee with the Executives of the Royal Colleges of Physicians and Surgeons, and of the Society of Apothecaries.'

This report occupies thirty-six pages, and is very interesting. At this period the names of more than one thousand gentlemen were enrolled as members of the association, comprising individuals residing in all parts of the country. 1956l. 14s. 10d. had been subscribed for carrying the Bill through Parliament; and indeed the measure had the active and almost enthusiastic support of nearly the whole body of general practitioners. The labours of the committee now became very great, in consequence of the exceedingly voluminous correspondence in which they were necessarily engaged.

On November 19, 1813, it was resolved to give up the proposal of a fourth medical body being formed for the purpose of examination*, and a conference with the three constituted bodies was proposed for the formation of a Bill on this basis. At this period, Mr. Rose appears to have actively joined the committee in gaining the desired Bill from Parliament.

On January 24, 1814, the College of Physicians agreed to join the Association in forming another Bill on the newly-proposed basis; one of the chief provisoes of which was, that the Society of Apothecaries should constitute the examining body.

Much correspondence ensued with the Society of Apothecaries; and it was ultimately agreed that the latter should introduce the new Bill into Parliament.

Much discussion took place on the new Bill as drawn up by the Society of Apothecaries and amended by the College of Physicians; and the committee strongly opposed a clause introduced by the College, which made it 'penal for any apothecary to refuse to compound, or to prepare unfaithfully, any prescription of a physician lawfully licensed to practise physic.' They memorialized the College, showing the vexatious and unjust tendency of the clause; at first without effect, although ultimately it was conceded that the clause should be worded according to an amended copy suggested by the committee. Even with this alteration it involved the unjust and vexatious principle of obliging the apothecary to sell his medicines whether he will or not, and to do so, at all times, whether paid or not."

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* It should be understood that no fourth legal body was contemplated until the present Colleges had refused to join in the application to Parliament for a Bill.

In consequence of the extended discussion of this and other clauses, the bringing in of the Bill was postponed until the next session, when, on the 10th of January, 1815, the Apothecaries' Act, which we published in the 108th Number of this Journal, passed the Legislature. After this period it would seem from the third clause of their "Rules and Regulations," that the intellectual labours of the "Associated Apothecaries" assumed a new aspect, not we think of the most pleasing or honourable description; they stated that their future objects would be "To endeavour to prevent ignorant and unqualified persons from practising medicine, *by watching over the operations of the Apothecaries' Act, and communicating to the Society of Apothecaries all cases in which it shall be discovered, that the regulations of that Act had been infringed.*" But from the following paragraph, which occurs at page 92, we perceive that the Association was dissatisfied with the Act:

> "The great immediate object of the Association then is, to obtain from the Legislature the rescinding of certain incongruities in the Apothecaries Act."

And with a view to the accomplishment of which, it will now be clearly perceived were the late meetings held at the *Crown and Anchor Tavern.* Having now brought the history of these proceedings to a conclusion, we shall in our next enter on a discussion as to their propriety, and endeavour to exhibit to the medical public the essential difference that exists in the objects of those who have been instrumental in saddling the community with that Legislative humbug the Apothecaries Act, and those who are striving to procure a New College Charter.

MEDICAL SOCIETY OF LONDON.

May 1st, 1826.

Debate on Transfusion.

After the minutes of the preceding meeting had been read, a discussion took place on intus-susception.

Mr. Field (the Registrar) then begged to call the attention of the Society, to another most important part of the minutes; he alluded to the case of *transfusion*, related by Mr. Doubleday. He (Mr. F.) hardly need observe, that the report of this case contained in The Lancet was not furnished *by him!!* More was stated in that report than had been mentioned at the Society.

Mr. Doubleday, in reply, substantiated the truth of the report given in our last number. He then entered again into the relation of the case. In reply to a question, he said he had seen four cases of transfusion, and that it had failed in one only; and which he attributed to the great loss of time and bad supply of blood.

Dr. Davis begged to observe, he knew nothing of the operation practically; what he had heard of it, was from the published accounts of the cases, and the reports of the meetings of this society. He was happy to concur with those gentlemen who advocated transfusion, in the belief that it would be found an operation which might be resorted to with great advantage, in these truly alarming cases. He (Dr. D.) must confess, he was not satisfied with the arguments which had been urged against the operation. It had been said that the operation was an old one. It might be so. He did not care whether it was or was not an old operation. He saw no reason why an operation which had failed in the hands of practitioners a hundred years ago should not, in the present improved state of the medical profession, be found to succeed. Another argument, which had been brought against the operation, was, that if a woman survived six hours after the cessation of uterine hæmorrhage, she might then be considered as free from danger, (at least from this cause,) and, therefore, that in those cases in which the operation of transfusion had been performed, the chances were more than probable, that the women would have recovered if nothing had been done. Now he (Dr. D.) begged to say, that a woman was not out of danger even when several days had elapsed. Very lately he had been consulted in a case of uterine hæmorrhage which did not terminate fatally till the fifth day after the cessation of the hæmorrhage. Every one must allow that the transfusing of blood was a remedy of great importance; and the first thing to be looked to, was, whether it is free from danger. If it was, why not employ it? What objection could be made against it? He felt pleasure in believing from all that he had read and heard on the subject that it had, already, been productive of great benefit, and if further trials should confirm the perfect safety of the practice, it was his (Dr. D.'s) opinion, that it should be resorted to in all desperate cases of uterine hæmorrhage, as a remedy of great power, which, as far as has been hitherto proved, tends greatly to the advantage of the patient; removing her at once from a state of extreme danger to one of comparative safety. And he looked forward with great hopes, that the operation would eventually be found to answer all the expectations which had been formed of it; at least, if not all, very nearly so.

Dr. Shearman then asked, from whence the hæmorrhage arose?—Mr. Doubleday answered, by saying it was from a partial separation of the placenta.

Dr. S. then stated an objection which had been made by him on a former evening, namely, how the introduction of venous blood into the right side of the heart, (already gorged with blood,) could influence the arterial system? "There is," said Dr. S., "no shutting one's eyes to facts, but I wish for a physiological explanation."

Mr. Doubleday said, whatever might be the objection urged against the operation, the facts of the cases were before the Society. He (Mr. D.) believed, that if the vital spark was very nearly extinct, and blood was transfused too quickly, that it would be immediately fatal. He was led to this belief from experiments made upon horses. In the last case of transfusion, which he had laid before the Society, this supposition had been acted upon, and the injection of five syringefuls of blood had occupied an hour.

Dr. Davis (in reply to Dr. Shearman) observed, that when the operation of transfusion was performed, the circulation was not at a stand-still, as Dr. S. had presumed. If it were, then undoubtedly the operation would be worse than useless.

Mr. Lloyd contended, that the operation was not free from danger. He quoted the opinions of the late Dr. Clarke, and the present Mr. Clarke, that no woman would die from uterine hæmorrhage, if she had survived six hours after its cessation. This was the case with hæmorrhages from other parts of the body.

Dr. Davis in reply stated, he knew a midwifery lecturer who for many years taught, that no woman would die from uterine hæmorrhage, if proper means were resorted to; yet this gentleman lost his wife from this cause. He (Dr. D.) would put his (Dr. D.'s) opinion in competition with any man's, and he begged to say, he thought the space of twenty days was not necessarily a safeguard from death after uterine hæmorrhage. The cases of uterine hæmorrhage which proved fatal, were not those in which the pulse was only 50 or 60; these cases, in general, did well, although the woman might appear to be in a very fainting state. It was in those cases in which the pulse was so very quick, so hurried, that danger was to be apprehended.

Mr. Scott has performed some experiments on this subject, which we will communicate in our next.

To the Editor of THE LANCET.

Hawarden, April, 26, 1826.

SIR,—I presume to trouble you with the following case, in the hope that, from its singularity, you will not deem it unworthy of being noticed in your most useful and widely circulated journal. Being unacquainted with any similar circumstance in so young a subject, I flatter myself that it will not be thought an unnecessary intrusion on your columns.

I have the honour to remain, Sir,
Yours very respectfully,
FREDERIC L'OSTE PROBART,
Member of the Royal College of Surgeons
and Licentiate of Apothecaries' Hall,
London.

In April, 1825, William Fennah, a stout healthy boy, about four years of age, was brought to have my opinion on a tumour about the size of a nutmeg, situated on the tip of the tongue.

The mother informed me that she first perceived it about two months prior to this period, and that it had gradually, but rapidly increased. It presented a peculiar granulated appearance, very much resembling a mulberry half ripened, feeling hard, and was free from pain. I prescribed the application of argent. nitrat. gr. viij: aqua. destill. ℥j. ter die: and directed him to take hydr. c. creta gr. x: omni noct. and pulv. rhei. gr. vj. sodæ gr. x. ter die. These he persisted in for three weeks, the disease being still on the advance, until at length it began to assume a very formidable aspect. In five weeks, from the period I first saw the tumour, it had increased to the size of a hen's-egg, protruding nearly two inches beyond the lips, which were separated widely by it, preventing the little patient taking any thing but spoon meat, and that with difficulty.

Since there appeared no hope of any abatement of the disease, by perseverance in palliative means, I proposed the amputation of the part, to which the parents reluctantly acquiesced. For this purpose, to command the hæmorrhage, of which I was apprehensive from the enlarged vessels supplying the tumour, I had made two flat pieces of steel, about four inches in length, and half an inch in breadth, perforated at each end for the admission of screws. The child's head being firmly held, I now plunged a hook into the centre of the tumour, and thus drawing out the tongue as far as practicable, had it firmly held in that position, while I placed the steel plates above and beneath that organ, posterior to the diseased mass; then closing each end with screws, I effectually compressed the vessels, and with a sweep of my scalpel separated the part, leaving about one fourth of the tongue in a sound state. On slackening the screws, a profuse bleeding took place, from innumerable vessels, which I found every application short of the actual cautery totally inadequate to suppress. With this, however, I succeeded; and, I am happy to add, the boy was speedily restored to health, without any untoward circumstance: the wounded part being quite healed in the space of a fortnight, articulation being gradually restored; and up to the present time, the little fellow is in the enjoyment of perfect health.

GLASGOW RESURRECTION-MEN.

To the Editor of The Lancet.

Sir,—In No. 138 of The Lancet, is inserted a letter from Edinburgh, under the signature "A Constant Reader," in which are found these words: "Subjects are more expensive in Edinburgh than in Glasgow;" the reason assigned for this and which it may be remarked is given at second hand, is, "that it is customary among the students there (in Glasgow) to go out with the men employed in procuring them." To this sweeping averment not a few who have been in Glasglow can give an unqualified denial. I dissected in the University of Glasgow the two winter courses preceding the one now near its termination; during which time, subjects were given to all students applying for them, at four guineas each. Students paying the above sum are not required to *go out*, or to assist in any way in the procuring of subjects.

That there are students in Glasgow who do go out with the resurrection-men I have no wish to deny, but mark the consequence of their so doing. The anatomical lectures are given to them *gratis*. They have also their dissecting free of charge, as a recompense for their aid in contributing to the supply of subjects given to those who pay for them.

The stigma so generally attached to those men, who derive their living by supplying dissectors, makes them careful of concealment, and thus in Glasgow it becomes no easy matter for junior students to point them out. It is not, Mr. Editor, the majority of our northern dissecting students who, regarding an intercourse with resurrection-men, (were it unavoidable, which it is not,) will be found to join in the exclamation of A Constant Reader, "Is there a father who would not with pleasure pay a *few guineas* additional, to preserve his son from such an exposure?"

A well-stored purse gives sometimes a peculiar buoyancy to the mind.

A Constant Reader soars in a region far beyond my ken, he will not descend to that "contaminating region, dangerous to life, detrimental to morals," to gather a few plain facts which could prove only an encumbrance in his airy flight.

In Glasgow, the going out of students with resurrection-men is attended with an advantage to the latter class, deserving notice. Between them and lecturers the necessary connexion is more closely drawn, and, hence, in more than one instance, a professor has been known to step forward, and exert his influence, not in vain, to rescue from durance vile the violaters of a law the observance of which, when rigidly exacted, is as impolitic as it is injurious to science and to human life.

Permit me, Mr. Editor, to express my hearty approval of the very able comment given by one of your correspondents on the fearfully severe sentence lately passed on a resurrection-man, by Mr. Justice Burrough. This comment appearing on the same page, and evincing a very different spirit from the Edinburgh letter which immediately precedes it, is figurative (as affecting resurrection-men) of the baneful potion quickly followed by its antidote.

Of this brief defence of resurrection-men, make what use you please, and I, your constant reader, feeling no reluctance to affix my designation,

I remain, Mr. Editor,

A would-be Resurrectionist.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Curious case of Tumour on the Face.

Ann Arnold, ætat. 65, a widow, of spare habit, came into the Hospital on 5th of April, under the care of Mr. Key. On the right cheek is a bag or pouch of about the size of a hen's egg, extending from the zygoma in an oblique direction to the base of the jaw. It has the appearance of a large bulla or bleb, of a bluish colour, semitransparent, and containing fluid. It is accompanied with excruciating pain, of a darting lancinating kind, and it is exquisitely tender to the touch. She describes this tumour as having first made its appearance about four months since, in the form of a small vesicle, which has gone on gradually increasing. A surgeon in the country punctured it, and introduced some lint into the opening, which occasioned so much irritation, that it was quickly withdrawn.

Mr. Callaway saw the patient shortly before her admission into the Hospital, and having made a small opening into the bag, a transparent yellowish fluid escaped. He collected a portion of this fluid in a watch-glass, and setting it aside, he found that it completely coagulated in the space of twenty minutes. The circumstance of spontaneous coagulation, its insolubility in cold water, and general appearance, led to the belief of this fluid being pure *fibrine.* We believe a portion has been forwarded by Sir A. Cooper to that able chemist, Dr. Prout, for analysis.

The cyst or bag appears to be formed of the cuticle much thickened. If the fluid be evacuated, it is quickly reproduced, and therefore comes the important question, from whence is this secretion produced? Sir Astley Cooper thinks from the rete mucosum. It seems, however the general opinion of the surgeons, that it is "a malignant disease," which means any thing (in the acceptation of hospital surgeons) that cannot be cured.

In order to destroy the secreting surface, Sir A. Cooper recommended the cyst to be laid open, and nitric-acid to be applied to the exposed surface. This was done about a fortnight since, by Mr. Key, and as may well be supposed, was a most painful process.

On cutting through the bag, a highly vascular kind of cellular structure was observed, which was very sensible when touched with the probe.

A portion of the masseter muscle was laid bare, during the application of the caustic. The disease has not been at all relieved by the application; the secretion at the date of this report (April 23,) continues to be poured out, but is somewhat altered in character. The greater portion of the cyst, however, remains; it is only destroyed at the upper part, and it is difficult to say, when the fluid trickles down, whether it is poured out from the exposed part, from the cyst alone, or conjointly from the two. The fluid now does not entirely coagulate, about one half of it remains in a fluid state, and is of a milky-colour. The discharge from the part is always greatly increased during the act of mastication, from which circumstance, Mr. Morgan supposes the parotid duct pours its contents on the diseased part. There is, however, no distinct evidence of this.

There are one or two other facts connected with the history of this case, of which it may be right to speak. The patient says that about two years since, a tumour was removed from the right side of the head, a scar is indeed now evident on the temple. From her description it does not appear that the tumour was of a similar nature to her present disease. On the upper part of the parietal bone, there is now a circumscribed swelling of about the size of a walnut, it is not attended with pain. Behind the ear, over the right mastoid process, the integuments are of a dark red colour, and there is a small spot which has a puffy-feel, retaining for some time the impression of the finger.

The patient remains in Lydia's Ward, and we will notice the termination of the case.

Fungoid disease of the Spermatic Chord occurring after the operation of Castration.

On Tuesday, (April 18,) Mr. Morgan operated for the removal of a fungoid tumour from the scrotum, and inguinal canal. The circumstances of the case are as follows:—the right testicle was removed in October last, on account of fungoid disease; (the chord was then free from disease,) about two months after this the patient perceived a swelling in the right side of the scrotum, which went on gradually increasing. About three weeks since, a surgeon thrust his lancet into the upper part of the swelling, when a quantity of fungoid matter issued out.

The operation consisted in forming two elliptical incisions, commencing from a point high up in the inguinal canal, including within them a large portion of the scrotum, and terminating at the bottom thereof. In this manner the tumour was dissected out. It was handed round for the inspection of the pupils, when the peculiar matter of fungus hæmatodes was well observed.

Lotion for Erysipelas.

We beg to offer to our readers the following *scientific* and *elegant* formula. We are much surprized that it does not grace the pages of the "plurimum aucta et emendata" edition of the hospital pharmacopœia.

Carbonate of ammonia, 1 *drachm!*
Goulard's extract, 1 *drachm!!*
Water, 1 *pint;* Mix!!!

Hospital Treatment of Burns.

Every one has heard of "blowing hot" and "blowing cold" in the same breath: take the following as an example.

R. F., a female child, brought to the hospital about noon, being severely burnt, in consequence of her clothes catching fire. The parts principally affected were the back, neck, and arms. The pulse at the wrist could scarcely be felt, the surface of the body was very cold, especially on the extremities. Let her take small doses of ammonia, with a little wine—frequently; (*Blowing hot.*)

Apply equal parts of linseed oil, and lime-water, *cold*, over the extensive burnt surface; (*Blowing cold.*

It was a long period before reaction took place, the heat of the body was very slowly developed, and was as quickly suppressed by the extensive application of the cold. The patient eventually recovered.

It is our intention in future to present a short notice of *all* the surgical cases weekly admitted into the Borough Hospitals, so that, in addition to the customary lengthened reports of the most important cases, we shall make some general remarks on those of which we may not deem it necessary to give extended reports. Such a plan will not be without benefit, for there are many *common* cases (as they are termed) which afford excellent illustrations of particular modes of treatment.

The cases admitted under the care of Mr. Bransby Cooper, on Wednesday, 19th of April, were as follow:—Porrigo; sloughy ulcer on the dorsum of the foot; stricture of the urethra, with enlargement of the prostate gland; malignant tumour on the cheek; extensive scrofulous abscess of the neck; ulcer of the leg; carcinoma mammæ; and a case of large steatomous tumour on the neck.

In the case of *porrigo*, occurring in a boy, the head has been shaved, and an ointment applied, consisting of equal parts of sulphur ointment and white precipitate ointment, with the exhibition of alterative medicine.

The case of *sloughy ulcer on the foot*, occurred in a man upwards of 70 years of age. It appeared from his account, that the foot became inflamed spontaneously, that is, without any external injury having been inflicted, that he had rigors and much constitutional disturbance, and that in the course of a few days a large dark slough formed on the foot. When admitted into the hospital, a portion of the slough had separated, leaving an ulcer of the size of a crown piece, without any apparent disposition to increase, but with a foul unhealthy surface. The dilute nitric acid lotion has been applied to the part, by means of lint, and over this, linseed meal poultices. In the mean time, the constitution has been supported by a generous diet, porter, and the exhibition of quinine. Under this plan of treatment, the sore has assumed a favourable aspect, and is now healing fast.

We pass over the other cases, as really presenting nothing worthy of notice, and proceed to the case of

Cancer of the Mamma.

The subject of this disease is a married woman, of about 50 years of age, of spare habit, but not unhealthy in appearance. She has borne several children, some of whom she suckled; she ceased to menstruate four years ago. The disease occupies the right side, and upper part of the gland, just at the edge of the pectoral muscle; it presents all the characteristics of a cancerous sore, and has been in a state of ulceration about three months. The disease made its appearance in the form of a small hard tumour, four years since. The nipple is not retracted; the glands in the axilla are enlarged. At a short distance from the ulcer, there are two small tubercles to be felt in the skin, they are of a red colour, and apparently fast hastening into a state of ulceration. It seems that the disease is here attacking the cutaneous glandular texture, a mode of propagation which is not unfrequently observed in cancer of the mamma, although the disease may originate in the substance of the gland.

Mr. Cooper has not yet determined on any particular plan of treatment in this case, nor upon performing an operation for the removal of the diseased part.

Steatomatous Tumour.

R. F., æt. 42, a healthy looking man, was admitted on account of a large tumour on the back of the neck. It extended from the edge of the trapezius on the right side, to the anterior edge of the left sterno cleido mastoideus, bellying towards the left side, and resting on the shoulder. It was of an oblong form, its greatest length being across the neck; it measured in this direction sixteen inches, and was eight inches in diameter. It was of ten years formation, and was not productive of any pain, the patient sought relief, on account of its inconvenience. An operation was performed for its removal on Tuesday, April 25, of which an account will be found below.

Operations.

On Tuesday, April 25, Mr. Key performed the operation of lithotomy on a little boy about four years of age. Mr. Key operated in his usual manner, with the straight staff and knife. The external incision was well made, but we have seen Mr. Key more expert in fitting the knife to the groove of the staff. The operation, however, by no means detracts from Mr. Key's excellence as a lithotomist, for it was completed in about 80 seconds. The calculus was small, and no difficulty occurred in the extraction. The patient is doing well.

Mr. Key also amputated the fore-arm of a young woman, in consequence of long-standing disease of the wrist joint.

Mr. Morgan operated for the removal of a carcinomatous tumour from the female breast. The patient is a woman 50 years of age, the disease of four years standing and fast approaching to a state of ulceration; the glands in the axilla have been enlarged for several months. She has not borne any children, and has ceased to menstruate six years.* The operation was performed by making two longitudinal elliptical incisions,' which meeting at their extremities included the diseased portion, and this was removed by a subsequent process. The arteries were secured and the wound dressed in the usual manner.

It occurred to us that in the performance of this operation, Mr. Morgan made his incision through the integuments too near the seat of disease. The patient refused to have the enlarged gland in the axilla removed.

On the same day Mr. B. Cooper removed the tumour of which we have given a description above. He first made an elliptical incision through the integuments covering the tumour, in its shortest diameter, and then a similar incision at about a hand's breadth from the former, thus including a considerable portion of integuments. He now proceeded to dissect out the tumour on each side; this was a task of considerable difficulty, for although in general these tumours are loosely attached, yet in this case Mr. Cooper found there were numerous radicles or fibres connecting the tumour with the integuments above, and with the fascia beneath. A small portion of the trapezius muscle was bared. Several vessels were secured, and the integuments brought together by means of sutures and adhesive plaster.

On the day following the operation, (26th,) we found that the patient had passed a restless night, his pulse was quick and tongue furred, the bowels confined.

On the 27th he was better, the bowels had been freely opened with saline purgatives; but still there was considerable quickness of pulse, with furred tongue. Mr. Cooper said that he was apprehensive of an attack of erysipelas. The following medicines were prescribed after our report of yesterday:

Solution of acetate of ammonia, three drachms,
Antimonial wine, six drops!
Sulphate of magnesia, one and a half drachm,
Water, one ounce;

to be taken every three hours.

Calomel, one and a half grain,
Extract of opium, half a grain;

to be taken night and morning.

29. The wound has been dressed both yesterday and to-day. Strips of adhesive plaster are laid lightly over the part, and over these a poultice is put. The patient's mind is much depressed by forebodings of a fatal issue.

May 1. Restless and uneasy; pulse quick and feeble; tongue furred, and countenance unfavourable. Died on the following morning without much aggravation of these symptoms.

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* Cancer of the breast undoubtedly occurs more frequently at that period of life when the uterine functions cease. Sir A. Cooper says that those women who have not borne children are more subject to this disease, and hence he infers that the change which the gland undergoes in the secretion of milk, renders it less susceptible of cancerous disease. There are not wanting, however, numerous exceptions to both of these rules.

We omitted to remark that the tumour was found to be nearly four pounds in weight.

Operation on the Scrotum, which proved fatal.

On Saturday, April 22d, Mr. Morgan operated for the removal of a considerable portion of the integuments of the scrotum, affected with a peculiar warty disease, supposed to be of a malignant nature.

The patient was a man about 50 years of age, in good health, and had been in the Hospital several weeks, on account of the disease of the scrotum. The operation consisted in simply cutting out the diseased portion; the tunica vaginalis was laid bare, but not opened. It was necessary to secure several vessels, which, being done, the integuments were brought together by means of sutures. After the patient was put to bed, profuse bleeding came on from the wound, and it became requisite to lay it open for the purpose of securing the bleeding vessels. In the evening of the same day, the hæmorrhage recurred, and other vessels were tied.

On the second day after the operation, we found the patient complaining of great pain in the abdomen, in the course of the spermatic cord; the belly was also tender upon pressure. He had a quick small pulse, and occasional vomitings of a green fluid. These symptoms came on in a less degree about twenty hours after the operation, and had gradually increased. Leeches were applied to the abdomen, with fomentations, and purgative medicine exhibited.

The sickness had increased on the third day to a most distressing degree, and the other symptoms were unrelieved. He continued in this state until the evening of the fourth day, when he began to sink, and he expired early on the following morning.

ST. THOMAS'S HOSPITAL.

Case of Compound Fracture of the Tibia.

John Wallace, a spare young man, was admitted into the Hospital on 16th of March, having received severe injury to the right leg. He was placed in Isaac's Ward, under the care of Mr. Green.

On examination, there was found to be an oblique wound over the fore part of the skin, about one third down the leg, and from this wound a portion of the tibia protruded. It was an oblique fracture; there was not much displacement, but the protruded portion of bone was denuded of its periosteum. The fibula was not broken. The accident occurred from a heavy block forcibly striking against the leg. There was very little difficulty in reducing the fracture; the wound was dressed in the usual manner, and the limb placed on Amesbury's splint.

For the space of a week the patient was free from any unfavourable symptom; when we visited him on the 25th of March, (being the ninth day from the accident,) we found him labouring under much constitutional irritation: pulse 110, and irritable; skin hot and dry; the tongue covered with white fur; the bowels constipated, and the patient very restless. The wound was dressed to-day; it discharges a grumous pus. The knee is much swollen and very painful. Cold lotion is applied to it. The limb is so placed in Amesbury's splints, that the knee is slightly bent, whilst the leg is very much elevated by means of pillows.

Mr. Green ordered a saline effervescing draught, with the addition of 10 minims of tincture of henbane, to be taken every four hours, and the patient to be put on fever diet.

March 28. Pulse 126; he passes very restless nights; the stomach rejects food and medicine; the tongue has a yellowish fur in the centre; it is red at the tip and edges; the bowels are open. The discharge from the wound continues of the same character; poultices are now applied. There is less tumefaction about the knee. The following draught to be taken every six hours:

Castor, 10 *grains*;
Laudanum, 5 *minims*;
Camphor julep, 1½ *ounce*.

30. Pulse less rapid, and stomach less irritable. The tongue is furred and moist; the face flushed, skin hot, bowels open; the wound discharges an unhealthy kind of pus.

April 2. The high excitement has subsided, but there is still a good deal of febrile irritation kept up; the pulse 110, and face flushed. The wound discharges a thin unhealthy pus, somewhat offensive; the exposed bone has a yellowish appearance, and the rough edge of the fracture can be distinctly felt.

5. Constitutional symptoms much the same. From the position of the limb, the discharge is retained in the wound, and hence, on looking at the part, we constantly find a little pool of matter. There is a discolouration of the integuments over the upper part of the tibia, arising from the pressure of one of the straps.

8. The hectic symptoms (for so they may be termed) continue. The wound discharging a thin pus; there is no disposition in the parts to heal; the poultices are continued.

12. Pulse 110, face flushed, countenance emaciated; complains much of his back, where a slough has formed from pressure.

14. On visiting the patient this morning, we find him with a very quick pulse and anxious countenance. In the night he vomited a considerable quantity of bloody fluid. The junior apothecary was called to him, who prescribed some infusion of roses*. Mr. Green saw him to-day, and ordered twenty leeches to be applied to the pit of the stomach.† It is important to observe that the bowels were acted upon during last night, but the motion was not bloody.

16. The patient is evidently sinking; the pulse is feeble, but quick; there has been no further vomiting.

The poor fellow died on Monday morning, April 17, being about one month from the time of receiving the injury.

When the limb was examined, a very extensive collection of matter was found to have taken place at the back part of the leg, also in the ham, and extending some way up the thigh. It was not a distinct or separate collection of matter, but readily flowed out, when the thigh was raised, from the wound on the skin. Hence it appears to have arisen from the gravitation of the matter down the thigh, in consequence of the position of the limb, the leg and thigh being very much elevated. The matter which was secreted at the seat of fracture being exposed to air, we suppose became putrid, and hence led to the appearance of the parts about which this matter was situated; the fascia was black and offensive, and the texture of some of the muscles destroyed. There was some chronic disease in the knee joint.

We think that the treatment of this case does not reflect much credit on Mr. Joseph Henry Green. That such an extensive collection of matter should have taken place, and be passed over unnoticed by the attending surgeon, is at least a proof of neglect. Mr. Green is so strictly logical, so well understands and so well illustrates the "nature of causation," that we may tell him, the burrowing of putrid matter was the *productive cause* of the long continued febrile excitement, and the "*ultimate effect*" of this excitement was the death of the patient. If, then, the "productive cause" had been removed by a proper attention to the position of the limb, or by a counter opening, the "ultimate effect" would not have been produced.

Compound fracture of the Tibia and Fibula.

J. Mackenzie, æt. 49, a stout man, was brought into the Hospital on the 18th of March, on account of compound fracture of the right leg. He was placed in William's Ward, under the care of Mr. Green.

About three inches above the ancle, on the inner side of the leg was a wound through which a portion of the tibia (to the extent of an inch) protruded. The fibula was also found to be broken. This man is a labourer at one of the wharfs, and the accident occurred from a bale of cotton (weighing about 2 cwt.) falling on the outer side of his leg. When admitted into the hospital, which was soon after the accident, he was in great pain, and his countenance was very anxious. The dresser attempted the reduction of the fracture by means of extension, for a considerable time, but could not succeed; the protruded bone was firmly embraced by the surrounding integuments. Mr. Green arriving at the Hospital soon after, enlarged the wound and then attempted reduction; finding he could not succeed, he proceeded to remove the bone by means of a metacarpal saw, a spatula being, at the same time, placed under the bone. The limb was placed on Amesbury's splint, but there was some difficulty experienced in placing the ends of the bone in a straight line. The wound was dressed in the usual manner.

19. We find that he has passed a good night; there is little heat or swelling about the limb; he complains only of pain in the knee and heel.

21. Going on well; the limb is free from swelling or pain; the pulse very little accelerated; the tongue moist, and the bowels open by means of the house medicine.

23. He was restless in the night from pain in the wound. Pulse 80; tongue moist, bowels not open. There is no inflammation, and very little tumefaction about the leg.

26. In every respect doing well. The

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* This is the Whitfieldian panacea for all kinds of hæmorrhage. Oh! there is a good deal done "sub rosa" in the apothecary's department of this hospital.

† *Query*—Upon what principle?—Ed.

dressings have been removed from the wound, and poultices are now applied; the matter which is discharged is thin and rather offensive.

30. The discharge from the wound is of a more healthy character, in other respects also he is going on well.

April 5. The wound now filled with granulations; poultices omitted and simple dressing applied.

From the date of our last report up to the present time (April 23d) the patient has continued gradually improving, and the wound is now nearly healed. The union of the bones is very favourable,—quite free from any deformity.

Disease of the Palate.

J. Hall, ætat. 78, of sallow complexion, and somewhat unhealthy aspect, was admitted, on account of disease affecting the roof of the mouth. On looking into the mouth, we find all the teeth gone from the upper jaw, and the gums, together with the roof of the mouth, presenting to the view a congeries of hard, thick, and irregular granulations. The disease appears to extend as far back as the edge of the bony palate, and in the bone a small opening is very apparent. There is an obvious deformity in the upper part of the patient's face; the nose has a flattened appearance, whilst the bones of the face under the eyes appear to be pushed up. On examining the left nostril, we find a warty growth completely obstructing it. There is an interruption to the flow of tears on this side, so that instead of passing down the nasal duct, they flow over the cheek, constituting the disease called epiphora*. There is a bloody discharge from the nostril if any exertion be used, such as blowing down the nose violently, and if the parts affected in the mouth be roughly handled, they also bleed.

There is no fœtid discharge from the parts, no glandular affection, nor is the disease attended with pain. The general health of the patient is good.

He gives the following account of this affection:—About twelvemonths ago, he found a stoppage in the left nostril, which he attributed to a cold. In the course of a month or two, he found that the roof of the mouth became sore, and the obstruction in the nostril not being relieved, he sought the advice of the late Sir D. Dundas, with whom he formerly lived as servant. Sir D. prescribed some pills, which he took for some time, when he found one of the dentes cuspidati loose, and pulled it out. Since then, all the teeth have gradually loosened and fallen out.

Such is the imperfect account which the patient gives of the origin of this anomalous kind of disease. There is something in the general appearance of it, taken in conjunction with the patient's aspect of countenance, which would lead us to suppose the disease to be of a malignant nature. But the absence of pain, of fœtid discharge, and of glandular disease, are negative proofs, which lead to an opposite opinion.

Mr. Tyrrell has directed two drachms of carbonate of iron, to be taken three times a day, and the nitric acid gargle to be used.

Efficacy of the Sulphate of Quinine in Ague.

One of the most valuable medicines which modern chemistry has given to us, is the sulphate of quinine. Three cases of intermittent fever were admitted under the care of Dr. Elliotson, on the 13th of April, all of which have been speedily cured by the exhibition of the quinine. Two cases were of a quotidian, and one of a tertian type. In the former cases five grains of the sulphate of quinine were taken three times a day, whilst in the latter (the case of tertian) a similar quantity was given every four hours.

Chronic affection of the Elbow joint.

The patient is a young man of unhealthy appearance, and has laboured under the present complaint about six months. The left arm is fixed in the semiflexed position, being incapable of further flexion or extension. There is some swelling and tenderness about the joint, the tendon of the biceps feels very rigid, and any attempt at motion occasions much pain. He fell down and hurt the elbow a short time before the stiffness came on, but says that he has had several contractions of the limb from which he soon recovered. Mr. Tyrrell considers the seat of the disease to be in the ligaments. He has directed the application of blisters, and then the use of splints, so as gradually to extend the limb.

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* This probably arises from the obstruction in the nostril, which, closing the inferior opening of the duct, occasions the tears, as it were, to regurgitate.

ST. BARTHOLOMEW'S HOSPITAL.

Morbid Anatomy.—Aneurism of the arch of the Aorta.

Mr. Stanley, a short time since, presented to the pupils some morbid parts, for their inspection, with one of which, the following rather interesting account is connected.

A man, aged 49, and in the enjoyment of moderately good health, while walking along Ludgate Hill, was seized with paralysis of the lower half of his body, accompanied also with a peculiar tingling sensation in the upper limbs. Connected with those symptoms *no pulsation could be distinguished in the left wrist.* His cerebral functions did not appear to be impaired up to the time of his death, which happened on the Monday;—the attack coming on the preceding Thursday. Medical aid was procured for him, but it was unavailing, and in this condition he lingered until the time of his decease.

The brain and spinal chord were carefully examined, but nothing was discovered that would, in the least, appear to throw any light as to the cause of the symptoms manifested before death.

From the circumstance of the radial pulse not being felt, the brachial artery was examined in its whole course, but no obstruction could be found. On arriving, however, at the arch of the aorta, an aneurism was discovered, situated between the semilunar valves and the arteria innominata.

It appeared to be what is called a false aneurism; the internal coat of the artery having given way; and the walls of the sac being made up principally by a condensation of the contiguous cellular membrane. The sac was of large size, but had not burst at the time of death; neither is the immediate cause of death exactly clear. It may be observed, that the passage through the arch of the aorta was not in the least obstructed.

Case of Retention of Urine, arising from Stricture in the Urethra and diseased Prostate.—Operation.—Post-mortem examination.

John Ault, a shoemaker, of spare habit, 49 years of age, was brought to the Hospital last night (April 10) at 12 o'clock, suffering the most excruciating agony from retention of urine. It being Mr. Lawrence's accident week, this gentleman was immediately sent for; he arrived a few minutes before one, a. m. The scrotum was now greatly distended; the integuments in the perinæum were much swollen, and a hard circumscribed tumour, occasioning pain to the patient when pressed by the hand, was felt above the pubis.

On inquiry we learnt, that for the last fourteen years he has been troubled with a permanent stricture in his urethra; that twice during this time he has had retention of urine, but has eventually been relieved by the introduction of the catheter. It appears that he has not voided any urine since Sunday morning, ten o'clock, consequently thirty-nine hours have elapsed since his bladder was relieved. Mr. Lawrence, for a considerable time, attempted to pass a catheter, but without success; the instrument passed down to a very firm stricture, situated in the membranous portion of the urethra, and there stopped. On instituting an examination *per rectum*, no preternatural distention of the bladder could be felt, but the prostate was discovered to be enlarged. As the symptoms were so very urgent, Mr. Lawrence considered that any further delay would be prejudicial, and therefore proceeded immediately to perform the operation for his relief, having previously freely scarified the scrotum and let out nearly 20 ounces of light-coloured fluid.

The patient being placed in the same position as for lithotomy, an oblique incision was made in the perinæum, about an inch in extent on the right side of the raphé, similar to that which is made in the stone operation. The knife was now introduced for the purpose of dividing the urethra at the seat of the stricture, and then of carrying it upwards until it had cleared the stricture. Three times the instrument was thrust up, but apparently unsuccessfully; the discharge which took place was so trifling that it was difficult to say whether any urine was mixed with the blood, but the general impression on the mind of those present was, that the knife had slipped and had not effected the intended object. Nothing farther, however, was done in the way of operating; a purgative enema was ordered to be administered immediately, with a dose of calomel and jalap.

Shortly after Mr. Lawrence left, the patient said he felt easier, perhaps this arose from the water in the scrotum being evacuated.

On visiting him again at noon, we learnt from the sister of the ward that the injection returned without producing its desired effect, and that the bowels had as yet only slightly acted, although the before-mentioned medicines had been followed up with two doses of castor oil and four enemas. Mr. Lawrence again attempted to pass a catheter, but ineffectually. The circumscribed tumour was still to be felt above the pubes, and this, when tapped with the finger, readily imparted the sensation of fluctuation. The poor fellow did not express himself as being in any particular pain at this time.

As the morning advanced, a dribbling of urine, or as it is termed by the French surgeons, "*urine par regorgement*," occasionally took place from the urethra; perhaps about two ounces has been voided up to the present time. In appearance it resembles thick coffee, and it has a very offensive smell. Considerable excitement now pervades his whole system; the pulse beating 112 in a minute; the tongue is loaded with a dark coloured fur, and the countenance is anxious and dejected. It was considered that nothing further could be done than the continuation of the present palliative plan, and in this state the man was left.

12. Towards the latter part of yesterday the bowels acted freely, and a slight flow of urine occasionally took place, but as night advanced, insensibility, and the low muttering delirium of incipient gangrene came on, and in this condition we find him to-day. All hope was now at an end; it was evident the mischief had been done, and consequently, that any further measures would be useless. After lingering on in this wretched state through the remainder of the day and the following night, he expired early the next morning.

Inspectio Cadaveris.

A considerable degree of interest appeared to be shown at this examination, as it was anxiously expected by *certain individuals* tainted with the "green-eyed monster," that they should have *a rich treat*. Mr. Stanley, having Mr. Earle on his right, conducted the examination. On making an incision through the pubic portion of the abdominal parietes, a gush of dark-coloured, and very offensive fluid took place. The cause of this being sought for, an adventitious sac or pouch was discovered, between the bladder and contiguous portions of the recti muscles; apparently formed by the condensation of the surrounding cellular membrane. A small round hole, situated on the anterior portion of the fundus of the bladder, led from that viscus into this pouch or sac, into which the principal part of the urine had become extravasated, for only a small quantity was found contained within the bladder, and that more like blood than urine. The parts were now removed from the body in order that they might be the better examined. By means of a probe a small slit-like opening was discovered in the bladder, situated close by the side of the commencement of the meatus urinarius, and this, from the appearance which it presented, namely, having no dark gangrenous margin, and the edges not jagged or rough, but smooth and even, was considered to have been made by the knife at the time of the operation. The reason assigned for the urine not flowing at that time, was, that the greater portion of it was lodged in the pouch before mentioned. The remainder of the bladder and the adjacent bowels were red and inflamed, while the single point, which led from this viscus to the sac, had a dark gangrenous appearance.

The prostate gland was enlarged, and was found to contain several calculi. On slitting up the urethra a firm stricture was discovered, commencing at the posterior part of the bulb and extending a short distance along the membranous portion of the canal. Anterior to the stricture the internal coat of the urethra was lacerated to an extent of about half an inch.

Removal of an enlarged Bursa.

An enlarged bursa, situated just beneath the patella, was removed by Mr. Lawrence on Saturday last (April 29.) Previous to its removal, it presented the appearance of a small tumour, and had a soft pulpy feel. The woman was about the middle age of life. This enlargement has been coming on for some time past. She has been in the habit of resting frequently on her knees in scrubbing, and other domestic avocations.

An elliptical incision was made on either side of the tumour, to the extent of about five inches, the extreme diameter of the ellipsis being about two inches. The skin was then dissected back, and the bursa readily taken out. While removing it, Mr. Lawrence happened to cut into it, when about half an ounce of a straw-coloured fluid escaped. On examining the substance of the bursa, it was found to be of a pulpy consistence, and considerably indurated, the internal surface presenting a villous appearance. The two edges of the wound were brought together and confined by adhesive straps.

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

BY MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XVII.

Internal Inflammations.—Iritis.

Gentlemen,

INFLAMMATION of the iris first received the name of iritis from J. A. Schmidt, of Vienna, who published a small but admirable description of the affection in 1801. When the clear account of the phœnomena, symptoms, progress, and consequences of this inflammation, contained in the work of Schmidt, is contrasted with the entire ignorance which then prevailed, in this and other countries, on the same subject, we shall become sensible how far the Germans have preceded all other nations in cultivating the ophthalmic department of our profession. A good analysis of this essay, which is in the German language, may be seen in the first volume of the Quarterly Journal of Foreign Medicine and Surgery; the intelligent writer gives a general account of the views entertained by the German practitioners on the subject of iritis.

Iritis is an adhesive inflammation; that is, an inflammation attended with deposition of new matter from the vessels of the inflamed part, under various circumstances and appearances, which, however, has been indiscriminately called by the not very precise term of coagulable lymph. The chief character then of the affection is this effusion of lymph, either into the texture of the iris, or in distinct masses on its surface, or in a more or less fluid form. This effusion of coagulable lymph, besides changing the colour and general appearance of the iris, impairs and destroys its motions, rendering it at first sluggish, and afterwards motionless; connects and renders it adherent to surrounding parts; alters the form and size of the pupil, and obstructs that aperture, with more or less injury to vision.

Symptoms.—Inflammation of the iris is attended with the ordinary signs of ophthalmic inflammation. The general symptoms are, more or less external redness, pain, increased sensibility to light, and increased lachrymal discharge. One of the most striking circumstances which characterises inflammation of the iris is, the change of colour which it undergoes. When a light-coloured iris, that is one of a blue or grey colour, is the seat of inflammatory action, it assumes a yellowish or greenish tint, sometimes distinctly yellow; and if the eye be blue, a striking greenish tint is produced; at other times it has rather a muddy or confused appearance. In case of the iris being naturally dark-coloured, it presents under inflammation a reddish tinge. In conjunction with these changes of colour, there is a complete loss of its natural brilliancy; it appears dull, and its fibrous texture is confused; you cannot observe the radiated fibrous appearance which it displays in the healthy state. These changes which are rendered particularly obvious by the contrast between the inflamed and the sound eye, commence in the *pupillary margin;* and if you have an opportunity of observing a case accurately from the beginning, you will find that the alterations spoken of begin upon the very edge of the pupil; the internal circle of the iris is first affected, altered in colour, and thickened, and then the disease gradually spreads towards the external or ciliary circumference of the iris. This change of colour is produced by the effusion of new matter into the texture of the iris; of that material which is called coagulable lymph, and the particular tint arises from the mixture of the yellow lymph with the natural colour of the iris.

This deposition of coagulable lymph in iritis shows itself under various forms: 1st, it may be deposited in the texture of the part generally, causing the changes of colour which I have described; or it may form a pretty general stratum covering the iris. 2ndly, It may appear as a yellow abscess or abscesses, slowly arising on the surface of the iris, having a bright yellow colour, and pretty regularly convex surface, ultimately bursting and pouring out pus, which sinks to the bottom of the anterior chamber, exhibiting the appearance called hypopyum. 3dly, The lymph may be effused in distinct masses, in small tubercles of yellowish, brownish, or reddish hue; these are often deposited upon the pupillary margin, sometimes on the ciliary edge, or they may occur on any part of the anterior surface. They may vary in size from that of a pin's head to a split pea; there is often only one; there may be two, three, or more. When they are numerous, and the inflammation very active, you may have the lymph secreted so abundantly, as nearly to fill the anterior chamber. 4thly, The effusion may take place from the posterior surface of the iris, from the uvea and posterior pupillary margin, and thus partial or general adhesions are formed between these parts and the capsule of the crystalline lens; thus, too, a substance is produced filling the pupil, and subsequently organized into an adventitious membrane permanently obstructing that aperture to a greater or less degree. 5thly, You may have pus effused from the iris, or a substance, of which the appearance is not distinguishable from pus; it is fluid, of a yellowish colour, and sinks to the bottom of the anterior chamber. 6thly, Blood itself may be effused under violent inflammatory action; it is sometimes seen alone, but more commonly mixed with the matter of hypopyum, or with the tubercular masses of lymph. In a few instances it has occurred to my notice, where the inflammation has not been of the most violent kind. Such are the various appearances caused by the effusion of that new matter called coagulable lymph, in the adhesive inflammation of the iris.

You naturally expect that the motions of the iris would be impaired, when it is undergoing this kind of disorder; when you have the very delicate texture of the part so much disturbed, and its interstices filled with a new substance, you cannot expect it to be very active. The motions of the iris are impeded at the very commencement of the inflammation, and when effusion takes place, they are completely destroyed. The change in the structure, and the preternatural connexions by adhesion concur in producing this effect. The pupil consequently cannot exhibit the ordinary changes of dimension. It is contracted, and it becomes smaller and smaller, in the progress of the affection. At the same time the effusions of lymph and the adhesions change its figure, often rendering it extremely irregular. These alterations and irregularities become more conspicuous as the inflammation subsides, because the general contraction is less, and the margin dilates in the intervals of the adhesions. Together with the other changes, the pupil sometimes undergoes an apparent alteration of situation, being drawn upwards and inwards, or towards the root of the nose.

The margin of the aperture throws out coagulable lymph, and as it is contracted at the time, a sort of web-like or fibrous structure is stretched across it, completely filling up the opening, and of course obstructing the passage of the rays of light to the interior of the organ. From the very beginning of the iritis, alterations are first seen upon the pupillary margin; it becomes thickened, and has a spongy appearance. If you look at the pupillary margin in a healthy eye, it has a peculiarly sharp and well-defined edge; but it becomes thickened by the inflammatory process.

There is some intolerance of light in the beginning; the sclerotic coat participates in the inflammation more or less, and there is consequently a greater or less degree of increased sensibility. If the inflammation be not relieved by proper treatment, an opposite state succeeds, or dimness of sight, caused by the changes which now take place in the pupil and cornea, preventing the admission of light into the eye. There is generally more or less pain from the commencement. Its degree varies according to the acuteness of the attack; it may be considerable, with burning sensation and tension, deep seated in the globe and orbit, and extending to the head; or it may be slight. It often extends around the orbit, and sometimes to the front or back parts of the head; patients often complain of severe pain in the surrounding bones, in the temple, brow, cheek, and nose, not seeming to suffer in the eye itself. This pain in the bones has nocturnal exacerbations; the patient will have hardly any uneasiness during the day, but as evening comes on, or soon after bed-time, the pain begins, and increases so much, as frequently to deprive him of rest.

I have mentioned to you that there is more or less external redness; and this redness is of a limited or partial extent; you see a narrow red band or zone around the cornea; in the very commencement of the affection, you see the pale pink blush of sclerotic redness, while the rest of the globe is natural; but, although the conjunctiva is not altered, you will see under it the sclerotic trunks in a state of distension. The vessels of the conjunctiva become distended also, but only on the front of the sclerotica. I think I may say that you will never see inflammation of the iris unaccompanied by this red zone of vessels, on the sclerotic coat. In acute iritis, this zone is often of a vivid red, and it lasts as long as the inflammatory action of the iris continues unabated. This circular arrangement of vessels on the sclerotic is manifestly dependent upon the state of excitement in the arteries of the iris, but we are not sufficiently acquainted with the vascular connexion which exists between the sclerotic, cornea, and iris, to account for the phenomenon altogether; the sclerotic coat becomes more or less inflamed with the inflammation of the iris, and you cannot have a decided inflammation of the cornea without the sclerotic becoming also inflamed. The dependence of this red zone on the inflammation of the iris is clear; usually the whole of the iris is the seat of inflammation, but not necessarily so; you may have only one point of the iris inflamed, and you will in that case find the red vessels of the sclerotic confined to the part opposite to the inflamed portion of the iris. Again, when the whole of the iris is inflamed, it generally happens that one point is more inflamed than another, and the redness of the sclerotic coat will be found to correspond in degree with the inflamed part of the iris.

When the sclerotica is thus inflamed, and its vessels distended, you will anticipate change in the state of the cornea. General haziness occurs in the commencement of the affection; it is aggravated, as the case proceeds, and nebulous opacity comes on when the inflammation is very violent and long continued. This change is general in most cases; there may be a more considerable partial alteration of structure with the general haziness or nebula. Sometimes there is external ulcer. These corneal affections will add to the imperfection of sight caused by the change in the pupil.

With respect to the degree of constitutional disturbance, that is very various. The febrile symptoms are severe, when the attack of iritis is acute, whilst in the chronic, or lower kind of inflammation, the constitutional symptoms are slightly marked.

During the occurrence of the changes now described, which might be divided into two stages, 1st, that of *congestion*, 2dly, that of *effusion*, the iris swells, or appears to swell. It approaches towards the cornea, becoming convex on its anterior aspect, diminishing the anterior chamber, and sometimes becoming puckered and irregular on its surface. Is this an actual swelling of the iris, real thickening of texture? or mere locomotion, protrusion by aqueous or other secretion behind? Dissection has not yet elucidated these questions. Does this protrusion of the iris ever occur, except in conjunction with adhesion of the entire pupillary margin, and consequent intercepted communication between the two chambers? I rather think not, but cannot speak certainly.

If the affection goes on unchecked, the inflammation does not remain limited to its original seat in the iris. It is at first confined to the very border of the pupil; it creeps on from the pupillary to the ciliary circumference of the iris, and then presents the combination of symptoms which I have before described to you; but supposing the inflammation to continue without interruption, we can easily imagine that it will extend itself to the corpus ciliare, choroid coat, and retina, with increase of pain and fever, and ultimately with irrecoverable loss of vision, in consequence of the retina having become the seat of the same vascular disturbance observed in the iris. At the same time, the mischief is propagated forward, the cornea becomes more opaque, the conjunctiva becomes more inflamed, and great external redness of the eye is added to all the other symptoms, so that it becomes at last a case of complete ophthalmitis, inflammation affecting both the external and internal tunics of the organ.

When the state of active excitement has subsided, when the vascular congestion, by which the painful symptoms are produced, has been diminished, we observe the permanent changes of structure consequent on the inflammation. General adhesion of the iris to the cornea, with considerable change in the latter, may lead to the state of staphyloma; or the eye may be flattened anteriorly, if the iris should have become adherent on both surfaces; but these are not ordinary consequences of iritis.

When the inflammation has been very violent, when it has affected the whole structure of the iris, great disorganization will be produced; you will have the colour of the part altered, so that it will not be at all like a healthy iris. You may be very sensible of the change the iris gradually undergoes in colour, by comparing it with that of the sound eye. In many cases, you will find the pupillary margin adherent throughout to the capsule of the lens; the iris no longer forms a level partition between the anterior and posterior chambers, but it is elevated into a convex protuberance, which is puckered in various places. It has commonly a dull leaden colour, and white tough-looking fibres are intermixed. The cornea may be clear, or more or less opaque. Vision is irrecoverably lost in these cases. Here it has not yet been ascertained, whether the iris be thickened or pushed forwards by secretion behind. This is the greatest degree of disorganization; the change is not so extensive in all cases.

As regards the pupil, the lymph thrown out from its margin is sometimes in such quantity as to produce complete closure, or *atresia iridis*. Contraction of the pupil is almost an invariable symptom of iritis, and this contraction may go on to complete obliteration of the aperture. In other cases the contraction proceeds until the pupil is reduced to the size of a pin's head, and this diminished aperture is filled with a tough opaque and firmly adherent substance, so that vision is as completely prevented, as if the pupil had completely closed. These states of the iris are called *atresia iridis perfecta*. Vision is lost, but not permanently, at least not necessarily so; since the retina may retain its sensibility, and an operation may restore sight. Again, you may have contraction of the pupil, with some or the whole of the opening occupied by the adventitious membrane produced by the inflammatory process, and this state of the iris is called *atresia iridis imperfecta*. In this case, the imperfection of vision will depend upon the size of the opening, the density of the adventitious membrane, and its extent.

Partial adhesions of the pupil are a very common consequence of iritis; they vary much in extent and number. Sometimes a portion of the circle is closely fixed to the capsule, the rest being free. More commonly, the preternatural connexion is effected by slender threads, so far elongated as to allow of some motion: there may be only one, or many of these fringing the whole opening. Such elongated threads are dark-coloured, that is, they are of the same colour as the edge of the pupil or uvea. Like other adventitious or newly-formed parts, they partake of the nature of the surface which produces them. Under suitable treatment in an early stage, the adhesions of the pupil are sometimes detached, and then a black mark is left on the capsule, which mark is permanent. In consequence of the blackness of the pupil, these dark-coloured marks escape notice; they are, however, occasionally detected by close examination with a strong light on the pupil. I have seen a complete circular series of such marks, which I discovered while accidentally examining the eye with the sun shining upon it. They are rendered very obvious if cataract takes place. In some cases the adhesions are white. These changes must necessarily affect the figure and motions of the pupil; but such alterations are not at all injurious to vision. Sight is just as good with the most irregularly shaped pupillary aperture, as with one perfectly circular; and we often see perfect vision with great and permanent contraction of the opening. I am supposing, of course, that the retina is uninjured, and that the pupil, however irregular or small, is clear. When much alteration has occurred in it, there is reason to apprehend other changes in the organ.

In conjunction with pupillary adhesions, or without them, the iris may be permanently altered in colour, especially in its inner ring; and its motions are at the same time impaired or entirely lost.

Lastly, by proper treatment, the iris may be completely restored, recovering its brilliancy, original colour, and motion, the pupil contracting and dilating as usual.

When the inflammation has been violent, there is some danger of permanent opacity of the cornea. Opacity of the crystalline capsule may be produced, independently of the effusion of lymph upon that structure, from the extension of the inflammatory action. The iris lies almost in contact with the capsule, to which the ciliary processes and corona ciliaris, are closely connected, so that we cannot be surprised if severe inflammation in the one should extend to the other.

Causes.—The causes of iritis are the same as those of other ophthalmic inflammations; they are, *first*, direct injuries done to the organ by the various surgical operations and incidental injuries; *secondly*, the iris will suffer from the injurious influence of over exertion, as in the long employment of the eye on minute objects, and in this way iritis is often produced on those whose occupations are attended with continued close application of the sight. It is difficult to point out any circumstance that should predispose to inflammation of the iris rather than of the retina, or *vice versa.* However, with respect to iritis, we know that it is particularly apt to occur in certain states of the constitution, and some have even questioned whether there is any such thing as idiopathic iritis, except as the result of direct mechanical injury. The unhealthy conditions of constitution are those produced by morbid poisons, as in syphilis, or those occurring in individuals who are subject to gouty and rheumatic complaints. In these cases there is a disposition in certain textures to become diseased; observation discloses to us that fact; but I can give you no reason why the iris should particularly suffer in these unhealthy states of constitution. In corroboration of this remark, I may observe to you, that iritis is rare in young subjects, in whom these states of the system do not exist; it is comparatively uncommon before puberty. It may become affected by extensive inflammation from the external coats under neglect or improper treatment: but I am now speaking of genuine iritis, of inflammation commencing in and confined to that structure, and that certainly is a rare affection in young persons. I think there can be no reasonable doubt that iritis does occur in adults from the operation of common causes, although perhaps more frequently in those who exhibit the conditions of constitution before alluded to.

Prognosis.—The prognosis is favourable in proportion as the affection is recent and confined to its original seat in the iris. Continuance of the inflammation is necessarily accompanied by greater contraction of the pupil, and by augmented effusion of coagulable lymph, and by its organization into those adhesions and new opaque substances, which, together with the contraction, so frequently injure or destroy sight. The progress of the affection is further injurious by affording opportunity for extension of inflammation to the cornea, which may be thus rendered opaque, and to the posterior parts, including the retina, so as to extinguish vision in its very seat. However considerable the changes may be, if they are confined to the iris, you need not entertain apprehension for the result. The inflammation may be controlled; and, when it is arrested, extensive changes of colour, large effusions of lymph, matter and blood, and great contraction of the pupil, will be removed. The mere quantity of effusion is of little moment. Before pronouncing the prognosis, we should closely examine the organ, and inquire into the symptoms, to decide the question whether the posterior tunics are involved. The state of vision alone will not decide this; the affections of the cornea and pupil impair vision considerably, and the patient is often unable to distinguish objects, and reduced to the mere power of discriminating light and darkness in cases where sight is completely recovered.—Indeed, such a state of vision is sometimes seen, where the cornea is clear, and the pupil not visibly obstructed, and yet the sense is recovered; so that even affection of the retina is not necessarily a ground of unfavourable prognosis. A change of colour in the whole iris, with considerable contraction of the pupil, and an opaque substance in it, with intense external redness, great and deep-seated pain, and complete extinction of light, presents a hopeless case. Great contraction and general adhesion of the pupil, a protruded and puckered state of the iris, are very unfavourable circumstances. Great imperfection of sight may be removed if the case be recent, but not if it be of long standing. Cases differ so much in their rapidity, and the violence of the symptoms, that we can hardly speak of definite periods. We confidently expect to arrest the inflammation and restore the organ when iritis has lasted a fortnight, or three weeks, and we often succeed in cases of a middle kind as to severity, at the end of a month. We must take a combined view of the activity and duration of the inflammation before we decide on the probable termination. The young practitioner must guard against a hasty unfavourable opinion: the power of treatment is very great. We often see cases apparently desperate successfully treated.

Treatment.—In an acute case, where the inflammation is strongly marked,—where there is great vascular congestion, with severe pain and constitutional disturbance; where we have reason to fear that inflammation may extend from the iris to the posterior tunics, or more particularly if we should suppose that such extension has already happened, we must immediately adopt the most active antiphlogistic treatment in all its parts. You must take blood by venesection and by cupping from the temples, and repeat these, or the use of leeches, as long as the active state of the inflammation may require such measures; give an active purge, and afterwards saline medicine with antimony; put the patient on a low diet; and guard the eye from all injurious external influences; keep the body perfectly at rest as well as the organ itself. Local applications cannot be of much service in so serious an affection of parts comparatively internal: tepid washes will perhaps be most soothing to the patient, who may, however, employ cold applications if he finds them more agreeable. With the free employment of these depleting measures, we may combine the effect of counter-irritation by blisters. The constitutional measures now described will lessen the local disturbance, and moderate the accompanying general excitement, but they do not stop the inflammation, or arrest the effusion of lymph. They moderate the violence of the inflammation, and give great relief to the patient, but the action of the capillary vessels, the essential agents of the mischief, is found to continue; the effusion of lymph goes on, and the alterations of structure before described are the result. Some further power is necessary to put a stop to this destructive and disorganising action, and that power is afforded by *mercury*, not however when employed as a purge merely, nor in those small doses given at considerable intervals, which have been called alteratives, but in such a way as to produce a decided effect upon the system in a short period of time. Now the mercurial action thus speedily produced cuts short the inflammation, puts a stop to the effusion of lymph, and causes the absorption of that already effused; thus not only preventing further morbid changes, but remedying those already produced. The redness diminishes, and the patient is easier; the effused lymph, in whatever form, begins to lessen and is speedily removed; the distinct masses are absorbed; the adventitious layer is removed from the pupil; the colour of the iris is restored last. The zone of vessels on the sclerotic begins to look pale and soon disappears. Small doses of mercury are quite inadequate to the production of these changes, and I do not know how it has happened that such doses have been called *alteratives*, for they certainly will produce no alteration in a decided inflammatory attack of this kind; they will not change or stop the inflammatory action, while on the contrary, if any such effect is to be produced by mercury, it must be employed in *large doses*. After the bleeding, either from the arm or locally by cupping and leeches, and after clearing out the bowels by purgative medicines, you may commence the use of mercury, and the best form of employing it is *calomel* combined with *opium*, as two, three, or four grains of the former, with one-fourth, one-third, or one-half a grain of the latter every eight, six, or, in important cases, every four hours. In this mode of employment, the influence of the remedy will soon be perceived upon the system. You may, under peculiar circumstances, give blue pill, or the hydrargyrum c. creta, if calomel should disagree with the patient. Under similar circumstances, or if from any cause the internal use of the remedy cannot be borne in the requisite extent, mercurial friction may be resorted to, either alone or in conjunction with the calomel and opium, or blue pill. In conjunction with the employment of mercury, you should also use the *belladonna*; if the inflammation be active, smear the moistened extract upon the brow; when the organ is no longer irritable, you may drop the solution of the extract, in the way I before mentioned, between the lids. The use of the belladonna will prevent that contraction of the pupil to which there is such a powerful tendency in iritis. It is of the greatest importance, not only in preventing further contraction, but because its influence on the iris is so great, that where adhesions have already taken place, if the effusion be very recent, the contraction of the iris will elongate the masses of effused lymph, stretch them out, and frequently completely liberate the pupillary margin. But the belladonna cannot do this alone; two conditions are necessary in order to the accomplishment of this desirable object; the case must be recent, and, with the employment of the belladonna, you must produce, as quickly as possible, a full and decided mercurial effect upon the system. Under these circumstances, I have seen the whole edge of the pupil detached from the capsule of the lens, to which it had been adherent; and as a proof that adhesion had taken place, the capsule has remained marked by the separation of this dark colouring matter from the uvea. In addition to the general employment of mercury, the local use of it has been recommended; it has been advised to make a solution of the oxymuriate, and apply it as a lotion to the eye, but that is a practice I should not recommend. There is one mode of using mercury locally which is attended with advantage; in those cases in which the patients complain of severe pain over the orbit at night, the mercurial ointment, combined with opium, may be rubbed over the eyebrow with great benefit. About gr. vi. of the mercurial ointment, with gr. ii. of finely-powdered opium, should be rubbed over the eyebrow before the recurrence of the nocturnal pain; and for this mode of employing mercury we are indebted to the Germans. Now although it is an excellent application to relieve this particular symptom, it is not to be relied on for producing that beneficial effect which the general employment of mercury produces.

A question has been raised, how mercury should stop iritis, and whether it acts in the same way as in curing syphilis? But that question leads us to another, How does mercury cure syphilis? If we search the books, which have been written on the subject, we shall find it said, that mercury cures syphilis by its specific power. Again, if we wish to learn what is the specific power of mercury, we are told it is that of curing syphilis; and such statements are what is called explanations! By saying that mercury cures iritis in a manner analogous to its influence on syphilis, no light is thrown on the subject. In iritis, we see that mercury arrests the adhesive inflammation, that it puts a stop to the effusion of lymph; and we see also that the lymph already effused, becomes absorbed under the influence of the mercurial action. We cannot say precisely what kind of action the mercury does exert on the capillaries of the part, but I should say, that we have no better instance afforded us in the body of the effects produced by disease, and of the influence of a remedy in counteracting and removing them, than we have afforded in the employment of mercury in iritis. There are many other affections analogous to this inflammation of the iris, as croup, inflammation of the peritoneum, pleura, &c. Can we trust to mercury to arrest their inflammation? The beneficial action of the remedy in that adhesive inflammation of the mucous membrane of the trachea called croup, is sufficiently established; but in the other cases, we have not yet sufficient evidence to enable us to decide. As far as I have seen mercury used in such diseases, I have had reason to believe that *it does* exert the same kind of controlling power over them as in the disease we have been speaking of. It is well known that mercury is one of the most active therapeutic agents we can employ, and that we can more safely trust to it, than to any other, for the removal of inflammation; and I think that its beneficial influence in iritis is an example of the general power which it has over the capillary vessels in arresting inflammatory action. Does mercury assist in the absorption of the effused matter? That is difficult to answer; it arrests the inflammatory process, by which the matter is effused, and then absorption begins, and that is all we know. Blood and matter are rapidly absorbed from the eye without any use of mercury.

How long should the use of mercury be continued? and to what extent should it be carried? The more powerful its action on the system, the more effectually does it control the disease, putting a stop to the excited capillary circulation, diminishing the size of the distended vessels, preventing the farther effusion of lymph, and its organization into those new structures, which are so injurious to sight. Often these ends are not accomplished with a slight action on the mouth, when a more powerful influence will quickly do the business. Full salivation, quickly produced, cuts short recent disease, as if by a charm. You may then suspend the remedy, and let its effects slowly subside, which will take two or three weeks; you need not give any more mercury. Salivation, however, is only necessary in some severe and obstinate cases. In general, it will be sufficient to make the mercurial action sensible in the mouth. In cases of longer standing, the influence of the remedy is not so immediate, nor so quickly effectual. You must persevere with it until the lymph is absorbed, until the natural colour of the iris is restored, the red zone round the cornea gone, and vision restored. This will require four, six, eight, or more weeks in some instances. A longer time is usually necessary in relapses and second attacks, than on the first occurrence of the complaint.

[Mr. Lawrence detailed a case of iritis, in which the disease yielded rather slowly, but was well in six weeks. It recurred in consequence of premature exposure to cold, and the patient was obliged to keep the house for twelve weeks in a state of salivation, recovering perfect vision, which has continued unimpaired from that time, now many years ago.]

You will be inclined to inquire why inflammation of the iris should require a different treatment from other inflammations, and whether this free use of mercury be absolutely necessary. It is not absolutely necessary. Iritis may go through its course, and come to an end, without the employment of any means: it may be controlled and brought to a conclusion by ordinary antiphlogistic treatment. But the latter does not act so quickly nor effectually in stopping that peculiar action of the capillary vessels, which is evidenced by the effusion of lymph. Hence, although the inflammation may not be violent, the pupil will contract, and new matter will be effused from its margin; the disease may be checked, and subside, leaving the organ apparently recovered, but the adhesions and adventitious membrane in the contracted pupil, resulting from the organization of the newly deposited substance, permanently destroy or impair vision.

[Mr. Lawrence mentioned a case of iritis, which he treated several years ago without the use of mercury, and in which the inflammatory symptoms were not violent. They yielded rather slowly to the means employed, a partial opacity of the capsule remained, much injuring vision.]

Patients are daily presenting themselves at this Infirmary, who have been treated by common means, and in whom general disorganization of the iris, contracted, closed, or partially adherent pupil, obstruction of that aperture by adventitious organisations, opacity of the crystalline capsule, and loss or serious injury of sight have resulted from inflammations that might have been checked by mercury, without leaving any permanent ill consequence. Let me observe to you that iritis is a very manageable affection; that it rarely fails to yield to proper treatment, even when the case has been originally neglected; and that the serious effects just detailed are chargeable to injudicious management only.

The good effects of the mercurial treatment appear most obvious when it has been resorted to after the failure of other means. [The lecturer here gave an example in point; that of a gentleman, who had undergone for three weeks very active depletion, so as to become pallid and very enfeebled, without any good effect on the local complaint. His sight, on the contrary, had grown more and more dim. The pupil had an hour-glass shape from two adhesions of its edge, the red zone, and the nocturnal pain were unabated, and sight was nearly extinguished. The use of mercury and the belladonna, with more generous diet and wine, very speedily stopped the disease; the adhesions gave way, and the natural figure of the pupil was restored, with perfect vision. He had three relapses in the course of twelve months; the last being the worst; the organ was ultimately uninjured, and remains so at the end of three or four years.]

In conclusion, I recommend to you the free use of mercury in iritis, from the fullest confidence in its efficacy and safety, founded on the very ample experience afforded by this Institution, as well as extensive trials in private practice. I know no treatment that can be more safely depended on for producing the desired effect in any disease, and I am convinced that no remedy nor combination of remedies will supply its place. At this Infirmary it was first employed in syphilitic iritis. Its beneficial effects in that form of the disease naturally led to the extension of its use to other modifications of the disorder. Its beneficial agency, and the particular mode of its action have not escaped the notice of attentive observers in other quarters. [The lecturer here read some quotations from Beer's Repertorium, published at the very end of the last century, in which the virtues of the remedy, in preventing lymphatic exudations, and internal suppurations are very warmly and pointedly extolled.]

REVIEW.

The Anatomy of the Brain, with a general View of the Nervous System. By G. SPURZHEIM, M. D. of the Universities of Vienna and Paris, Licentiate of the Royal College of Physicians of London. Translated, at the request, and under the immediate superintendance of the Author, from the unpublished French M.S., by R. WILLIS, Member of the Royal College of Surgeons. With Eleven Plates. 8vo. pp. 234. London, 1826. S. Highley.

FEW men can bring with them sufficient energy of mind, patient industry, and freedom from the trammels of their predecessors, to investigate, with much prospect of success, so vast and intricate a subject as the structure and functions of the nervous system. Dr. Spurzheim, however, like his predecessor Gall, (who, as our readers know, is the author of a new physiological doctrine of the brain,) possesses no ordinary share of these rare and inestimable qualities. By the labours of these and other eminent anatomists, much light has been thrown on the structure of the brain and nerves, and on many of their functions. Towards the conclusion of the last century, Gall discovered the ground-work of his system, and had done much to raise the superstructure before 1804, when our author, who had long devoted his attention to the subject, became his associate.— Since the year 1813, each has prosecuted the subject by himself, but it would appear that Dr. Spurzheim has latterly outstripped his preceptor, at least he is better known in England than Gall. We consider the labours of these anatomists as the germ of all the additions which have been made to our knowledge of the nervous system, and shall therefore be particular in marking the commencement of their inquiries.— For this purpose we quote the following narrative from Dr. Spurzheim's Preface:

> " It was in the year 1800 that I attended for the first time the private course of lectures which Dr. Gall had been in the habit of delivering occasionally at his house for four years. At this time he spoke of the necessity of the brain to the manifestations of mind, of the plurality of the mind's organs, and of the possibility of discovering the development of the brain by the configuration of the head. He pointed out several particular organs of different memories, and of several sentiments, but he had not yet begun to examine the structure of the brain.[*] Between 1800 and 1804, he modified his physiological ideas, and brought them to the state in which he professed them at the commencement of our travels.[†]
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> Dr. Gall having met with a woman, fifty-four years of age, who from her infancy had laboured under dropsy of the brain, and who, nevertheless, was as active and intelligent as the generality of females in her own rank of life, and being convinced that the brain was the indispensable organ of the soul, expressed himself in terms similar to those which Tulpius had used before him, on observing a person afflicted with hydrocephalus, who exhibited good intellectual faculties, viz., the structure of the brain must be different from what it is commonly supposed to be.[*] He now felt the necessity of examining the mind's organ anatomically. As his medical practice occupied his time, he employed M. Niclas, a student, to dissect for him; but the spirit of this gentleman's researches was merely mechanical, as is allowed in our joint work, entitled, ' Anatomie et Physiologie du Système nerveux en général, et du Cerveau en particulier.'[†]
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> Having completed my studies in 1804, I was associated with Dr. Gall, and devoted myself especially to anatomical inquiries. At this period, Dr. Gall, in the Anatomy, spoke of the decussation of the pyramidal bodies, of their passage through the pons varolii, of eleven layers of longitudinal and transverse fibres in the pons, of the continuation of the optic nerve to the anterior pair of the quadrigeminal bodies, of the exterior bundles of the crura of the brain diverging beneath the optic nerves in the direction which Vieussens, Monro, Vicq d'Azyr, and Reil[‡] had followed, the first, by means of scraping, the others, by cutting the substance of the brain. Dr. Gall showed further, the continuation of the anterior commissure across the striated bodies; he also spoke of the unfolding of the brain that happens in hydrocephalus. The notion he had conceived of this, however, was not correct; for he thought that the convolutions resulted from the duplicature of a membrane, believing that the cerebral crura entered the hemispheres on one side, expanded there, and then folded back on themselves by the juxtaposition of the convolutions. The true structure of the convolutions, and their connexion with the rest of the cerebral mass, were not described until our joint Memoir was presented to the French Institute in 1808.
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> The mechanical direction which the anatomical investigations had taken did not appear to me satisfactory. Guiding myself in my inquiries by physiological views, always comparing structure with function, I discovered the law of the successive additions to the cerebral parts; the divergence in every direction of the crural bundles towards the convolutions; the difference between the diverging fibres and those of union; the generality of commissures; the true connexion of the convolutions with the rest of the cerebral mass, and the peculiar structure which

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[*] Exposition de la Doctrine de M. Gall, par Froniep, 3me edit. 1802.

[†] Bischoff Exposition de la Doctrine de M. Gall, sur le Cerveau et le Crane, Berlin, 1805; et Blœde, la Doctrine de Gall sur les Fonctions du Cerveau, Dresden, 1805.

[*] Lib. 1, cap. xxiv.

[†] Preface to the first vol. p. 16.

[‡] Gren's Journal, 1795, i. p. 102.

admits of the convolutions being unfolded (an event that occurs in hydrocephalus of the cavities), whilst the mass lying at their bottoms, and belonging, for the most part, to the apparatus of union, or of the commissures, is pushed by the water between the two layers composing them; lastly, I demonstrated the structure of the nervous mass of the spine, and I flatter myself with having arrived at the best method of dissecting the brain and exposing its parts."

Since Dr. Gall and the author published their system, they, as well as other physiologists, have ardently prosecuted the study. Dr. S. himself has made many discoveries, which are embodied with the present work, as are much of the matter and many of the plates of its predecessor.

This work is equally adapted to the student and the anatomist; but before we proceed to analyse its contents, we may observe, that Drs. Gall and Spurzheim have not always received that courteous treatment which, from their indefatigable exertions to unfold the arcana of the nervous system, and the success which has followed their inquiries, they so richly deserved. But if justice be tardy, Dr. Spurzheim possesses too philosophical a mind to despond, to be diverted from his purpose by the taunts of the ignorant, or to relax his energies, although neglected by those who pretend to be the patrons of science. Ignorance may triumph and prejudice blind for a while, but truth must ultimately prevail. The consummation is inevitable.

Here is no metaphysical uncertainty, but palpable and living proof of the anatomist's accuracy, and if not of the entire doctrine of phrenology, at least of the principles upon which it is founded; those persons, therefore, who range themselves as its adversaries, have no occasion, we should rather say excuse, for carping at what may only have been rendered probable, or require time to elucidate while they coolly appropriate to themselves what has been proved. Dr. Spurzheim, one of the most liberal and candid of writers and of men, justly complains of this paltry conduct; but his language forcibly pictures the serenity, which a mind studiously devoted to philosophical pursuits must ever enjoy.

He says:—

"The influence our labours have had on the study of the nervous system is incontestable. To be convinced of this, it is enough to examine the state of knowledge in regard to the anatomy, physiology and pathology of the brain and spinal marrow, when Dr. Gall and I developed our ideas on these matters, whether it was by teaching orally, by dissecting publicly, or by means of our writings. I confess there is great satisfaction in the consciousness of having contributed to the important reform that has been effected in regard to the nervous system. I am only sorry to observe, that many of our ideas are appropriated by the authors of recent publications, without any mention of the source whence they were derived, or of the individuals who first struck them out, or reduced them to certainty by direct proofs. We are commonly enough mentioned, it is true, when such of our assertions as appear weak, are the subjects of criticism, but our names are kept in the back-ground when points of importance become the matter of discussion. The public, for instance, by referring to the proper place, may judge whether M. J. Cloquet, in his 'Anatomy of Man,' has been sufficiently explicit in stating, that he has copied every one of the plates of the human brain contained in our large work. M. Serres, whose memoir was deemed worthy of its prize by the Academy of Sciences of Paris, in the first volume of his work, uses our names no fewer than fifteen times, in connexion with a *single idea*, which he fancies he can refute; and generally along with every fact that looks unfavourable to our opinion, he names us, but he always forgets to cite us in relation to very many fundamental conceptions which we had announced at the same time. They who have written to the following effect—'M. Serres has proved clearly the erroneousness of M. Gall's observations, and replaced them by others,' may undeceive themselves by attending to the remark I have just made.

M. Serres's publication forces me likewise to request the reader to distinguish between a multitude of words and facts on the one hand, and the corollaries which result on the other. I agree with those who, in works of science, pay especial regard to truths demonstrable to others, to ideas available in practical life, and to clearness and simplicity of style. What purpose can the following passage serve, which occurs in the preliminary discourse of M. Serres, when after having said, that a monster may be a vegetation of its like, that it may have two heads, two tails, and six or eight extremities, but that it would remain strictly confined to the limits of its class, he exclaims:—'This wonderful phenomenon is undoubtedly connected with the general harmony of creation. What may be its cause? We know it not, and in all likelihood we shall remain ignorant of it for ever. It is one of the mysteries of creation, whose surface is meted by man, but whose depths are sounded, and known to God alone.*'"

This phenomenon does not appear to me more extraordinary than that a kitten is not a puppy, or that the crab-tree does not produce pears. If the egg of a bird in its ordinary state cannot produce a mammiferous annimal, why should the germ of this same egg, if it chance to be imperfectly developed, produce a deformity like to one of the mammalia? Were the case thus, there would be some cause for an amazement, but the universal fact of every animal producing its kind, is not, in my eyes, more astonishing than any other natural event.

Further, the mass of facts cited, the number of dissections made, ought never to impose on us, nor be made a means of concealing the truth. Many of the anatomists who had lived before us, dissected some hundreds of brains, and they made a boast of their doings in this way; but they did not perceive that which I pledged myself to have discovered before I had dissected a dozen; for instance, the successive additions to the cerebral parts, and the two kinds of fibres, to wit, the diverging, and the fibres of union. Anatomists and physiologists had certainly looked upon heads without number; but before Dr. Gall's appearance, had failed to discover the seat of a single cerebral organ. A solitary individual, a beggar, enabled him to detect the organ of self-esteem, precisely as the fall of a single apple revealed the law of gravitation to Newton. Anatomists had seen many human brains, without remarking any differences among them; these, however, are, to say the least, as constant as similarities. The point that essentially interests science is, *the discovery of the truth*, and this is then *confirmed* and established by all ulterior observations."

The work is divided into nine sections; in the first of which the author makes some general remarks on the nervous system; in the second, speaks of the division of the nervous apparatus; in the third, of the nerves of voluntary motion and of the external senses; in the fourth, of the best method of examining the structure of the brain; in the fifth, he particularly describes the cerebellum, and in the sixth, the brain; in the seventh, the commissures; in the eighth, the communication of the nervous parts with each other; and, lastly, he remarks on the "anatomico-physiological relations of the nervous apparatuses." Of these we shall endeavour to furnish our readers with something of an outline, as a sort of introduction to a work which we are persuaded will be generally perused and studied.

The nervous system comprises a pulpy (cineritious) and gelatinous (medullary) substance, the one of a greyish or brownish hue, the other fibrous and more or less perfectly white. The intimate structure of the first substance is unknown. Ruysch, Vienssens, and almost all the contemporaries of Haller, regarded it as a tissue of very fine blood-vessels. Ackerman of Heidelberg, and Walter of Berlin, suppose it to consist of an extremely attenuated prolongation of vessels, becoming more and more minute, so as ultimately to compose the white or fibrous substance. This idea may be traced as far back as the age of Praxagoras, who fancied that where arteries terminate nerves commence. Albinus and Sœmmerring have proved, by their injections, that besides very minute blood vessels, there is also a peculiar substance in this nervous mass; it is therefore only permeated by innumerable blood vessels. Vicq d'Azyr thought he could trace fibres in the pulpy substance, but what he saw, says Dr. Spurzheim, "was the white or truly fibrous substance intermingled or united with the gray."

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* 'Cet étonnant phénomène est sans doute lié à l'harmonie générale de la création. Quelle peut en être la cause? Nous l'ignorons et vraisemblement nous l'ignorerons toujours. C'est un des mysterés de la création, dont l'homme mesure la surface, mais dont Dieu seul sonde et connait la profondeur.'

Anatomists have differed much in opinion respecting the intimate nature of the white nervous substance. Some maintaining that it is tubular, and others solid; some that it possesses no blood vessels, and others that it is entirely composed of them.

According to Lewenhœck, Vieussens, and Steno, the white nervous substance is fibrous, and this opinion Drs. Gall and Spurzheim have espoused.

"By scraping it in the brain," says the latter author, "according to the direction of its fibres, these may be seen with the naked eye, and if the scraping motion be oblique or transverse to their course, they will be seen to be drawn from their natural direction, or to be torn. If the brain be boiled in oil, or macerated in diluted nitric or muriatic acid, or in vinegar, or alcohol, or if it be frozen, the fibrous structure of its white substance will be rendered extremely apparent. Some, however, say, that the fibrousness is then the consequence of a chemical change. As the same result, however, is constantly obtained, and as the fibres, whichever of the processes be employed, are regularly disposed in corresponding situations in a similar manner, the fibrous structure must of necessity be recognised as natural and inherent.

A few authors have attributed the fibrous appearance of the white substance to the impressions of blood vessels. This mistake may be detected at once by comparing the course of the blood vessels with that of the cerebral fibres.

The reality of the fibrousness of the white substance is further opposed, by saying that when the brain is cut, it does not appear, and that it is produced by the force employed to tear the tougher cerebral masses asunder.

To this I reply, that it is impossible, by means of a clean and smooth cut, to discover the structure of any extremely delicate and soft part whatsoever. Such a method is not even available in those cerebral parts that are incontestably fibrous, as the pyramidal bodies, the annular protuberance, the peduncles of the brain, &c.

M. Bogros, of Paris, read a paper to the Academy of Sciences, on the 25th of May 1825, in which he maintained that every nervous fibre is perforated by a canal from its origin to its extreme termination. The accuracy of this statement is far from being ascertained.

The white nervous substance is generally called *medullary*. This name, however, ought to be discontinued for two reasons: in the first place, the idea we form of marrow excludes the conception of fibrousness; and again, the functions of the nervous fibres are so superior to those of the marrow, that it is a pity to designate both by the same word. The name is evidence of the error that was anciently committed, when every thing contained in an osseous cavity was considered as marrow."

Ever since the times of Vesalius and Piccolnomini, very different opinions have prevailed respecting the use of the pulpy or grey substance. Some have regarded it as a secreting organ, either of vital spirits or a nervous fluid. Upon this point, says Dr. Spurzheim, it is probable that unity of sentiment will not be readily obtained.

"———— but seeing that the rudiments of each new shoot in trees are developed in a deposition of mucilaginous-looking matter; that the cartilages in animal bodies are successively liquid, gelatinous, and cartilaginous, and that several turn into firm bone; that anatomists, in many instances, have agreed in deriving the nerves from ganglions; that the brain, too, is at first fluid, then gelatinous, and ultimately fibrous; in fine, that the pulpy nervous substance is always found where the white fibres become more numerous; that these are implanted, so to say, into it, and that a great quantity of blood vessels are expanded on it; Dr. Gall and I have said, that to us it appears to be the source or nourisher of the white fibres. Let us, however, distinguish in this, as in every other place,

> between facts and inferences. Supposing that our ideas concerning the inference were really inexact, the peculiarities I have mentioned, and the essential importance of the pulpy substance to the nervous functions must ever be admitted."—p. 7.

The gray colour, according to Dr. Spurzheim, not being essential to the pulpy substance, no objection to this notion of its uses can be derived from the fact of its absence in the ganglia of the *asteriæ*, which some comparative anatomists have asserted. "A gelatinous, or pulpy matter," says Dr. S., "does certainly enter into their constitution, and that is sufficient." He continues,—

> "The white substance is also said to be present in the brain and spinal chord before the pulpy or gray appears. If by this the existence of the nervous masses that become white prior to an evident separation into two substances, and to the development of convolutions, be understood, I agree; but if the rudiments of the brain, cerebellum, and spinal chord be said to be white, and not gray in the first instance, I positively deny the assertion. The nervous masses of the head and spine are pulpy or gelatinous, and decidedly grayish in colour before they are white. Neither Dr. Gall nor I have ever thought of saying, that the portion of the completely-developed nervous system, which is pulpy and gray, gives birth to that which is white and fibrous. We did but intend to announce the fact of a gelatinous and grayish state of the brain preceding its fibrous and white condition, precisely as we should say of its entire mass, that it is liquid before it becomes gelatinous.
>
> Our idea of the formation of the nervous system seems more especially plausible, when it appears to be perfectly analogous to what takes place in the osseous. Bone begins by being gelatinous, it is then cartilaginous, and ultimately solid and earthy. I repeat, however, that no one can be more impressed than myself with the difficulty of drawing general conclusions; I am, therefore, very far from anxious to impose such as I do infer upon others. I only insist on the necessity of exactness in regard to the facts related. Putting our theory of the formation out of the question entirely, then Dr. Gall and I still assert our title to be considered as the first who discovered and made known the general relation that prevails, in man and the mammalia, between the pulpy and fibrous substances of the brain and its several parts.
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> Messrs. Foville and Pinel Grandchamp have of late inferred, from pathological observations, that the superficial cineritious substance of the brain presides over intellectual functions, and its white and deep-seated gray mass over locomotion.
>
> I am disposed to set much store by pathological observations, yet I do not see that we dare place unlimited confidence in them alone. Truth is, I conceive, universally harmonious; truth consequently cannot have been attained in any case until anatomy and physiology and pathology accord exactly. Now, who will maintain that the locomotive powers of animals are great in proportion as their brains contain more of the white nervous substance, and as the striated bodies and the supposed origins of the optic nerves (thalami) are large? Or who will say that the locomotive capacities of inferior tribes, in whose brains the gray substance predominates, are less remarkable than their intellectual endowments? These positions are alike untenable. Dr. Gall and I suppose that each nervous apparatus is composed of the two peculiar substances, the pulpy and the fibrous, and that both are necessary to produce an instrument adequate to perform a particular function."

Of the origin of the Nervous System.—It is not necessary to recapitulate the errors of the older anatomists, who supposed the brain to be the origin of all the nerves. In their eyes the spinal chord was a prolongation of the cerebral mass and the great sympathetic, and nerves of the abdomen and thorax continuations of the encephalon and spinal chord. Their opinions, however, were soon questioned.

> "Winslow separated the great sympathetic from the spinal chord and brain; he regarded the bundles which run between its ganglions or masses as simple branches of communication, and said, that all the ganglions ought to be considered as peculiar origins of nerves, and consequently as so many little brains.
>
> Sœmmerring also observes, that the sympathetic, having an independent existence, may rather be said to go to than to come from the spinal chord. He adds, that it never forms a trunk in any way proportionate to the number and size ot its communicating branches, and that it

never loses itself among muscles, but follows the course of the blood vessels."—(*Hirn und Nerven.*)

Bichat has expressed his opinion in the most positive manner on this subject.

"The ideas of anatomists," says he, "upon this important nerve, seem to me very little accordant with what nature proclaims to be just. All agree in representing it as a medullary chord, extending from the head to the os sacrum, sending various branches, in its course, to the neck, the chest, and the abdomen; having, in short, a distribution analogous to the spinal nerve, from which, or from those of the neck, it is said by some to derive its origin. Whatever the name chosen to designate it may chance to be, sympathetic, intercostal, trisplanchnic, the mode of considering it will still be found to remain unchanged.

This mode I regard as altogether erroneous. In fact there exists no such nerve as these names are used to signify. That which is taken for a nerve is, in truth, but a suite of communications between different nervous centres, situated at various distances from each other.

These centres are the ganglions, scattered through the different regions of the body. They have all an independent and isolated action. Each is a particular magazine, sending a multitude of ramifications, to carry into the respective organs the irradiations of the centre whence they proceed.

'What anatomist,' he continues, 'has not been struck by differences among the nerves? Those of the brain are larger, whiter, more dense, less numerous, and offering few varieties; whilst extreme tenuity, great number, especially around the plexuses, grayish colour, peculiar softness of tissue, frequently occurring varieties, are, on the other hand, the distinguishing characters of the nerves that issue from the ganglions. The only exceptions in either case are in the branches of communication between the cerebral nerves, and in a few of the twigs that unite the little nervous centres."

The brain cannot be the origin of the entire nervous system, for many of the inferior animals have nerves, although they possess nothing that bears the semblance of a brain. There are also many descriptions of human acephali on record who had very perfect nervous systems. Some writers, however, relying on the authority of Morgagni, Haller, and Sandifort, have maintained that the brains of acephali exist in the first instance, but that, together with the membranes and bony coverings, they have been destroyed by dropsy of the cavities.

"But no one," says Dr. Spurzheim, "ever saw an acephalic child whose brain and skull exhibited traces of such destruction. The integuments of the upper part of the head, where the destructive process is principally supposed, are commonly entire and healthy. Neither has any one in these cases discovered the cicatrices of ulcers, nor of traces of erosion, nor of simple absorption. The bones that compose the basis of the skull, when they exist in acephali, are smooth and round at the edges. The whole inferior part of the encephalic mass, too, and the optic, auditory, olfactory, and other nerves, occasionally occur in a perfectly sound and natural state. How did these nerves and tender cerebral parts resist the action of a fluid that dissolved or caused the absorption of membranes and firm bone? It must be allowed then, that the brain may be primitively wanting, just as may the legs or arms, and that the nervous apparatus of the body does not derive from the brain.

The first anatomical principle in regard to the nervous system therefore is, that *it is not an unit, but consists of many essentially different parts, which have their own individual origins, and are mutually in communication.*"

This principle Dr. Gall and our author regard as essential to their physiological researches and deductions, and they conceive that they have proved it as satisfactorily with regard to the brain as Bichat had done before them to the nerves of the chest and belly. Besides this first anatomical principle, three other subjects are separately considered. These are—1st, the mode in which the individual parts of the nervous system are formed; 2nd, the order in which they are developed; and 3rd, their reciprocal relations.

Drs. Gall and Spurzheim have always spoken in a general way of the mode and order in which the cerebral parts are formed and developed; but their attention has been more especially directed to the plurality of the nervous apparatuses, of their communications and mutual relations. M. Tiedemann, and after him M. Serres, has written particularly on the formation and progressive development of the several parts which compose the nervous system. According to the latter, the spinal chord, the cerebellum and the brain, are developed from the circumference towards the centre, and not, as anatomists suppose, from the centre to the circumference. He says there are many centres of formation, and that each apparatus is composed of several parts which are joined together, the extremities commencing, the middles terminating the union. According to this author, the arteries exert a directing influence over the development of the nervous system. He thinks the spinal chord is formed under the guidance of the intercostal, the cerebellum under that of the vertebral, and the brain under that of the carotid arteries. He says that the vessels of the spinal chord appear first, and that the outline of this part is first apparent, the common carotids next, and that their internal branches, which are distributed to the crura of the brain and to the quadrigemina, are then evolved. The vertebral arteries reach the cranium last, and the cerebellum is formed. He says, the brain is developed from before backwards, and the cerebellum from behind forwards, according to the direction of the blood vessels. From this it comes that the callous body is evolved from behind forwards as the arteria callosa gradually appears. M. Serres differs from Tiedemann upon a very important point, for while the former states that the brain is developed from the circumference towards the centre, the latter reverses the order, and Dr. Spurzheim inclines to his opinion. Against a part of this doctrine it may be observed that Dr. Baron lately showed the body of an hydrocephalic child to the Academy of Sciences at Paris, and proved, that although the carotid arteries existed, the anterior cerebral lobes were wanting.*

After describing the structure of ganglions, Dr. Spurzheim makes the following observations on their uses.

"Anatomists," says he, "have always entertained very different opinions upon the uses of the ganglions. Some, with Willis, have ascribed to them the secretion of what they style vital spirits; others, with Vieussens, conceive them destined to separate and to strengthen the nervous fibres; many of the moderns again, Bichat, Reil, and others, think with Johnstone, that they serve to isolate from the influence of the brain the parts which receive their nerves from them. The latter authors divide the nervous systems into two parts; a cerebral and a ganglionary."

"The opinion in regard to the use of the ganglions, which Johnstone, Bichat, and Reil entertained, and which others have adopted from them, is by no means exact. They do not interrupt the reciprocal influence of the brain and nerves of the spinal chord, nor of the brain and viscera of the chest and belly, either in the healthy or pathological state of the body. They most certainly do not prevent impressions made on parts supplied with nerves from them, or diseased sensations of the viscera from being felt. On the contrary, the ganglions would appear essential to the structure of nerves of sensation. They, however, abstract the parts they furnish with nervous energy, from the influence of the will. They also originate nervous fibres; and serve, farther, as points of communication between different nerves. Lastly, as the existence of a nervous fluid is not impossible, nay, as in all likelihood such a fluid does exist, the ganglions may probably aid in its secretion or evolution, and modify its circulation or distribution."

Having established his first principle, viz. that "the nervous system is not a simple unit, but composed of many parts," Dr. Spurzheim proceeds in the next section to the special consideration of these parts, as they perform particular functions, and these he divides into two great classes, vegetative or organic, and phrenic or mental. To the first class belong the great sympathetic nerve, and the ganglions and plexuses of the thorax and abdomen; to the second, the brain, cerebellum, medulla oblongata, and spinal chord, together with the nerves of these parts. In Dr. Spurzheim's apprehension, this arrangement is founded in nature. He regards the nervous masses of organic as independent of those of phrenic life, and allots a specific kind of nerve to each organic function. These nerves communicate with each other, and with those of the second class called phrenic or mental.

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* Bulletin des Sciences Medicales, Juin 1825.

"The nervous masses of vegetative life," he says, "are very simple in the lower tribes of beings; they are more numerous as we mount in the scale, and as the functions of vegetative life become complicated. Their general arrangement, as was to be expected, varies according to the form and disposition of the viscera in species and individuals. If visceral functions, locomotion, and manifestations of sensibility be united, it is also conceivable, that to separate the peculiar nerves of these dissimilar operations from each other, would be next to impossible. This consideration shows why some anatomists have compared the nerves of the caterpillar and worm to the great sympathetic; whilst others have likened them to the intervertebral ganglions, or to the spinal chord itself.

In the vertebral classes of animals, and especially in the mammalia, the nervous masses are distinctly separated, first, into those of vegetative life, and, second, into those of phrenic functions. Each of these may farther be subdivided into two parts: the first into nerves of viscera, or, as M. de Blainville expresses himself, into a *visceral* portion, and into nerves of communication; that is, an apparatus which establishes sympathy among the visceral nerves mutually, and between these and the nervous masses of the external senses, and of the affective and intellectual functions."

M. de Blainville divides the nervous masses of *phrenic* life into *central* and *ganglionary*:

"'The first, or central,' says he, 'is susceptible of three degrees of development; is always situated above the intestinal canal, begins with the œsophagus, or pharynx, and is prolonged, more or less, backwardly, so as to correspond to a greater or smaller number of rings of the body when they exist.

'The second, or ganglionary, consists of a very variable number of pairs of ganglions, disposed in a slightly different manner on each side of the first.

'The central portion is always composed of two similar halves, situated, the one to the right, the other to the left, and more or less intimately united, or drawn together by means of the peculiar apparatus, styled commissure. It is divided into two *rigorously similar* portions: a *vertebral* and a *cephalic*, included, as their titles imply, the one in the vertebral canal, the other in the cranium. Both contain gray and white substance, and longitudinal and transverse commissures.

'The cephalic portion consists, 1st, of an inferior bundle called pyramidal, which passes under the annular protuberance, continues long distinct from the cerebral peduncles, and runs to terminate in the anterior, or olfactory lobe, of the brain. 2d. Of a superior bundle, which continues, in the first place, under the name of prolongation of the quadrigeminal bodies, to the cerebellum, and running on the outer sides of the internal geniculated bodies, is lost on the hemispheres; and, in the second, of a deep bundle, which may be followed to the mammillary bodies, and from thence into the optic thalami. The bundles named peduncles of the pineal gland, which are expended on the optic thalamus, are also to be regarded as belonging to this cephalic portion.'"

This author subdivides his second, or ganglionary portion, into ganglions without, and ganglions with, external apparatus. Among the former, he reckons the olfactory masses, the hemispheres, properly so called, the quadrigeminal bodies, and the cerebellum. According to him, the olfactory nerve is a cerebral mass, in which the inferior central bundle terminates. The hemispheres he conceives form another ganglion, having no external apparatus but one transverse, (the corpus callosum,) and two longitudinal commissures (crura cerebri et fornicis.) It is to this ganglion that the convolutions belong. He regards the corpora striata as appertaining to the convolutions, but remarks that, for certain, their fibres do not originate there, to go to the hemispheres. The quadrigemina and the cerebellum form the third and fourth ganglia, without external apparatus. Upon this author's views, Dr. Spurzheim makes the following observations:

> "The title, *visceral part of the nervous system*, appears to me well chosen, but I do not think that the division into central and ganglionary parts, or the other subdivisions proposed, deserve the same approval.
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> In the first place, I cannot see that they are based on anatomical observation; I do not believe, for instance, that M. de Blainville can demonstrate the continuation of the inferior bundle, or pyramidal body, into the olfactory nerve, nor that he can trace what he calls the deep bundle (*faisceau profond*) of his central portion into the mammillary bodies. Neither do I think that his divisions and subdivisions of the nervous mass pertaining to phrenic life, are consistent with physiological facts; but this, in anatomical classification is quite essential: it is even acknowledged by M. de Blainville himself as its basis. 'We ought,' says he, 'to consider the nervous system as subdivided into as many parts as there are grand functions performed by the animal body.'"

According to M. Desmoulins, the complete cerebro-spinal system of mammalia, consists, 1st, of the spinal chord; 2d, the cerebellum, which is itself composed of three parts; 3d, the optic lobes, or quadrigemina; 4th, the lobes of the brain; 5th, the olfactory lobes. He admits, however, that these five parts are not always complete in the other classes of vertebral animals, and that one of them may be wanting without detriment to the rest. The sturgeon, lamprey, frog, and some other creatures, have, he says, no cerebellum; the skate and shark no cerebral, and many bony fishes no olfactory lobes. In short, he considers the notion of an unity of the nervous system a chimera.

Dr. Spurzheim thus recapitulates the opinions he has advanced:

> "In my apprehension, the cerebro-spinal system is not a simple unit, but a compound of many distinct apparatuses, each of which has particular functions, which, being taken together, constitute phrenic life. The several instruments are formed after a general plan, but the physical qualities, as the density, form, size, and colour, of all, individually, differ not only in the classes and in the species, but also in the members composing each kind; the number of particular organs is likewise greater or smaller in the classes and species, according to the amount of the primary functions, or faculties; lastly, each of the apparatuses is simple, or it is compound.
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> No one, however, can be said to be perfectly simple; each is, at least, double, or one of a pair. The organs of motion and of touch are evidently multiplied.
>
> It is essential, in dividing and subdividing the parts of which the cerebro-spinal system is composed, to keep in harmony with physiology and pathology, and to distinguish between what is common to all, and what is peculiar to each of them. The first grand division must embrace the instruments of motion, and of the five external senses; the second comprise the organs of the affective and intellectual functions.
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> I think they do wrong who confound the spinal chord with the cerebral masses, and designate both by a common title, such as *encephalon* or *brain*. It is long since Dr. Gall and I pointed out this error, but it is still very generally sanctioned by the French Academy of Sciences, for instance, so late as 1820, its prize having been accorded to the memoir of M. Serres upon the following title.—"Donner une description comparée du cerveau dans les quatre classes des animaux vertebrés, et particulièrement dans ceux des reptiles et des poissons, cherchant à determiner l'analogie des différentes parties de cet organe, en marquant soigneusement les changes des formes et des proportions éprouvées, et suivant aussi profondement que possible les racines des nerfs cerebreaux." Here the brain and its nerves only are evidently spoken of. M. Serres, however, deemed it proper to consider the nervous mass of the spine as well as of the cranium, and he has designated these two systems by the same name, without any objection being made by the Academy to this arrangement.
>
> Let us turn to the facts that prove the brain and the spinal chord to be perfectly distinct and independent of each other,

These facts are anatomical, physiological, and pathological. I here assume, as an established point, that the functions of the spinal chord differ entirely from those of the brain. The development and demonstration of this truth belong to physiology. I have, accordingly, examined it particularly in my work on Phrenology. Physiological experiments and pathological facts tend equally to show that the brain and spinal chord are masses possessed of distinct functions that cannot be confounded. This volume being destined solely to the discussion of anatomical views, I shall, at present, confine myself to such evidence as anatomy affords of the mutual independence of each of the nervous masses mentioned.

And first—all that has been said, in a general way, upon the origin of the nerves, and their existence, independently of the brain, applies particularly in the case of the spinal chord. The spinal chord sometimes exists in part, sometimes entirely, when the brain is altogether wanting. If, to this, it be objected that the brain had been removed by absorption, the answer I have given to the same proposition, in reference to the nerves in general, must be repeated here. There is also one, and but one, case on record, in which the brain existed without the spinal chord.* It occurred in a child, whose head or heads are preserved in the Hunterian Museum, in London; this child was born with one skull placed vertically upon another. Each of these contained a brain invested with its usual membrane; the dura mater of each brain adhered closely to that of the other, and both were supplied by blood vessels issuing from common trunks. Parts, consequently, as the brain and spinal chord, that exist, or not, independently of each other, cannot constitute one and the same apparatus.

2. The nervous masses of the spinal canal and cranium bear no regular proportion to each other. Man, with his voluminous brain, has a smaller spinal chord than the ox or horse, whose brain is so much less. Bartholin in former times, and Sœmmerring in our own days, made this remark; nevertheless, they both continued to speak of the spinal chord as a process or continuation of the brain.

3. The spinal chord is well known not to decrease in size as it descends in the vertebral canal, and as it sends off nerves. Its volume is even augmented, where its nerves are largest and most numerous; this is obvious, especially towards its sacral end, as may be seen by turning to plate i. fig. 2, where this part of the spinal chord of a fowl is represented; and yet the spinal chord is commonly considered as a prolongation of the white substance of the brain and cerebellum!

4. The direction of its nerves, especially in the mammalia, proves to a certainty, that the spinal chord is not a continuation of the nervous mass of the cranium. Every pair of spinal nerves is made up by several bundles (this is shown by a plate of the spinal chord of a calf); some of these issue from below and run upwardly; others come from above and proceed down and outwardly. Now it would be absurd to suppose that these bundles were continued, or derived either from the lower or upper extremity of the spinal chord. They undoubtedly originate at the place whence they issue individually.

In regard to the fifth, sixth, seventh, and other pairs of nerves, styled cerebral (pl. vi. fig. 1), their direction also shows that they do not come either from the brain or cerebellum. Santorini, when speaking of the course of the fifth pair, remarks, that after descending from the brain, it turns back and runs upwards; and he adds—‘ if it do not probably come from below, entirely like the accessory nerve.’

The proofs, confirmatory of the mutual independence of the spinal chord and hemispheres of the brain and cerebellum, serve also to demonstrate the propriety of separating the nerves, styled cerebral, from the brain itself. The evidence in this, as in the other case, is anatomical, physiological, and pathological. For the reasons already given, I here rest on anatomical testimonies alone; for information on the others, I refer to my physiological and pathological treatises.*

To proceed, then, we see monsters, occasionally, born without any of the proper cerebral masses, but with olfactory, optic, and acoustic nerves, either severally or altogether perfect; and on the contrary, these nerves, individually or generally, have been found in a state of atrophy, whilst the brain was sound and well developed in all its parts. There is no proportion, whatever, between the cranial nerves and the true cerebral mass. Many animals have them much larger in proportion to their brain than man.

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* See Philosophical Trans. for 1790, March 25th, and for 1798, Dec. 13th.

* Phrenology; or, The Doctrine of the Mind; Lond. 1825. Observations on Insanity; Lond. 1816.

I repeat, therefore, that I divide and subdivide the nervous masses according to their offices: first, into nerves of vegetative functions; secondly, of external sense, and locomotion; lastly, of affective and intellectual operations: these last inhere in parts, which I style truly cerebral, superadded to the nerves of the senses.

We shall, afterwards, see that the masses belonging to the last-named class of functions require subdividing into instruments of particular functions, after the manner of the external senses.

This principle of the plurality of the nervous apparatuses is the basis of these anatomical considerations, and is indispensable to the physiological researches in which Dr. Gall and I have so long been engaged. It has been, and is still contested, and at the same time it is brought forward as new. A reference, however, to the date and matter of our publications, will assign it to those who can claim it by right. The general idea of a plurality of organs, indeed, must be allowed to be very ancient, and not the discovery of any modern author; before Dr. Gall appeared, however, none of the cerebral functions had been specified, and before our combined investigations were made public the structure of no special apparatus had been demonstrated; for the parts of the encephalon that bear distinguishing titles, do not, by any means, constitute particular organs. The special determination, as well anatomical as physiological, consequently belongs to Dr. Gall and myself."

Thus far we have endeavoured to lay before the reader the groundwork of Dr. Spurzheim's views of the nervous system, and as far as possible in his own words. In our next number we shall hastily pass over what remains of the volume, since we should occupy our paper to little purpose were we minutely to analyse what will be generally read and studied, valued and admired as a whole.

FOREIGN DEPARTMENT.

ARCHIVES GENERALES DE MEDECINE.

Case of Anastomosis of the General Venous System with the Venous System of the Abdomen.

On opening the body of a man, 45 years of age, who had died from a chronic inflammation of the membranes of the brain, the following anatomical peculiarity was observed:

At the place where the external iliac vein of the right side passed under the crural arch, there was a trunk, as large as the fore finger, sent off at a right angle from its inner side, which, following the direction of the superior edge of the os pubis to the symphysis, there changing its course and mounting between the abdominal muscles and peritoneum along the linea alba as far as the umbilicus, entered the posterior edge of the triangular ligament of the liver, and terminated in the sinus of the vena portæ.

From its lower origin to the level of the umbilicus, this venous canal maintained its first magnitude, and thus far was furnished with several valves, the situations of which were marked externally by opaque whitish transverse bands. The coats of this portion of the vessel were very thin and even transparent. From the umbilicus, however, to the termination of the vessel, its anatomical characters were very different; its calibre first diminished by a half, but then increasing gradually in diameter, it assumed the form of a lengthened cone, the basis of which terminated in the vena portæ; the coats of the vessel too, in this part of its course, were thick, opaque, of a yellowish hue, very compact, and without any of the transverse bands which in the lower portion indicated the seats of the valves, for of these the superior or supra-umbilical part was entirely deprived. A semi-lunar valve situated directly behind the umbilicus, marked the limits between these two very dissimilar, though continuous vessels. This valve was capable of closing about two-thirds of the diameter of the venous canal; the clot of blood, with which it was completely filled, extended without any interruption from its origin to its termination.

The vena cavæ, the iliacs, and the trunk of the vena portæ, were all found in their natural state, as were also the right cavities of the heart, so that the anomaly described cannot be attributed to any mechanical cause.

This I at first considered was the only case of such a preternatural distribution of the venous system which had been observed, but I soon learned that M. Manec, the prosecteur of la Pitié, had met with one which resembled it almost in every particular. M. Manec's preparation is preserved in spirit, and he kindly permitted its examination. The subject of the case was a man of some 60 years of age.

The right external iliac vein a short way above the crural arch, sent off two branches, each as large as a common quill, between which the obturator artery, which arose from the epigastric, passed; the two venous branches soon anastomosed, and then mounted in a tortuous manner, along the usual track of the epigastric artery, to the umbilicus. The epigastric artery, as well as its small accompanying veins, did not differ from their natural condition. The preternatural vessel thus far was large and irregular, its sides extremely thin and transparent. Within a few lines of the umbilicus it turned forwards, passed though this opening, and formed a subcutaneous tumour as large as a walnut. The vessel then entered the abdomen by the same passage, proceeded along the posterior edge of the triangular fold of the peritoneum, ascended along two-thirds of the length of this fold, began to increase sensibly in diameter, and at length opened into the sinus of the vena portæ. The portion of the vein which constituted the hernia, as also that which advanced from thence to the liver, was of a colour, opacity, and thickness, very different from what it was observed to possess in its sub-umbilical portion; there it was very thin; here, on the contrary, its sides were thick, fibrous, and opaque, characters the very opposite of those belonging to the inferior part. The superior half of the vessel was about the size of the little finger. The venous system of the abdomen was examined with care, and in all other respects was found in its natural state.

The anatomical disposition described in these two cases is undoubtedly congenital. Let us glance at the practical conclusions which may be formed from the statements made: in the first subject it is evident that the operation for a crural hernia, in case of its necessity, would have been followed by consequences the more serious, as they would have been unexpected and irremediable. We have seen that the preternatural venous canal, passed from the external iliac vein directly behind the crural arch in its course to the median line; now, from the course commonly taken by a hernial tumour, it is plain that the vessel in the present instance would have been situated on the inner side of the neck of the sac, and any incision in the direction of Gimbernat's ligament would certainly have implicated it. A moment's reflection, on the consequences of such a lesion, will more than ever impress the necessity of using every precaution in dividing the stricture in this species of hernia. The case in question resembles, in other respects, that in which the obturator artery arises from the epigastric, and turns round the inner side of the neck of the hernial sac.

Various other reflections, in regard to umbilical hernia, might here be made. The rule for liberating an inarcerated umbilical hernia is to incise the stricture outwardly and to the left. This precept is founded on the risk that is run of encountering the umbilical vein in a permeable state. The injunction, however, it is evident, would lead into error in case the hernia were to the right, and pushed the umbilical vein, or a canal such as that which occurred in these two cases, to the left. In M. Manec's case too, the tumour formed by the preternatural canal passing though an opening of the linea alba might very readily have been mistaken for an epiplocele. We know that tumours of a similar appearance, and in similar situations have given rise to fatal mistakes. In a case of this kind related in a thesis of Dr. Bigot, an inflammation of the peritoneum was taken for the symptoms of a strangulated epigastric hernia, and the patient died. The supposed hernia was a mere fatty tumour situated exteriorly to the peritoneum. The same mistake would have been as easily committed in M. Manec's case, and the consequences would certainly not have been less lamentable. Such cases are no doubt of rare occurrence, but their possibility ought to be foreseen and the conquences guarded against.

To the remarks of the French author we would further call attention to the possibility of wounding such a vessel as has been described, with the trocar when tapping in the linea alba. The course to be pursued in such a case will suggest itself to the mind of every practitioner.

Case of Melanosis of the Stomach. By M. Andral, jun.

A female, about fifty years of age, who had come into the hospital (La Charité) with anasarca and ascites, died during the course of the bygone month. The cause of the dropsical affection had been sought for in vain; the pulsations of the hear seemed to be perfectly natural; no symptom indicated disease of the liver, and no other viscus appeared to suffer. Neither was the patient's story calculated to throw any light upon the nature of her complaint: the dropsy had come on gradually; she had never felt any pain in the stomach; her breathing had always been unimpeded until the ascites became considerable. During the six weeks which elapsed between the date of this woman's entrance and that of her death, the dropsy never decreased; the general strength declined greatly, the bowels were relaxed from time to time, the appetite was entirely gone, but there was no pain of the epigastrium, and no vomiting; the tongue, too, was natural. The patient sank gradually, and died without exhibiting any symptoms besides those which have been mentioned.

The dissection showed no evidences of lesion of the heart, or of its dependencies; the lungs, somewhat loaded posteriorly, were, however, healthy; the thoracic duct, traced through its whole course, was free, and contained, as usual, a small quantity of colourless limpid serum; the peritoneum was distended with a large quantity of a similar fluid, but it offered no traces either of acute or of chronic inflammation. The liver, spleen, pancreas, mesenteric glands, and urinary apparatus, were all healthy. But the stomach showed a species of alteration which was by no means to have been anticipated. At the moment of dividing its greater arch, a quantity of a fluid as black as ink gushed out. This fluid stained linen and paper precisely as the choroid membrane of the eye would have done. The internal surface of the stomach having been washed and wiped, was found covered with a great many deep black, regularly circular or oval spots of various sizes, from the magnitude of a two-franc piece to that of a millet seed. Around the largest spots, the mucous membrane was of a dark livid hue, which declined gradually, till lost in the pale colour of the rest of the mucous surface, which, neither in thickness nor in consistency presented any peculiarity. The black colour was entirely confined to the mucous membrane, but both of its sides were tinged in an equal degree; where the membrane was thus stained, it was rather firmer than wont. There was nothing else remarkable detected in the course of the alimentary canal.

On the first view of these spots, black as ebony, we were struck with their resemblance to true gangrenous patches, and particularly to the eschars which the ingestion of concentrated sulphuric acid produces in the stomach. But there was entire absence of every thing like the gangrenous smell; and the nature of the patient's death left no room for suspicion of poisoning by any corrosive substance; on the contrary, we perceived the possibility of connecting the black spots with the effusion of the inky fluid contained in the stomach, and then we renounced all idea of a gangrenous affection, an idea, indeed, which neither harmonized with the nature of the symptoms observed during life, nor with that of the lesions themselves, when they were more carefully examined. In this case, then, we only saw an instance of melanosis of the stomach, or, in other words, of a secretion of black colouring matter which, on the one hand, had been deposited in the tissue of the mucous membrane itself, and, on the other, had been exhaled from its free surface into the cavity of the stomach.

I have been induced to publish this case for the following reasons:—1st. There are but few cases on record of a similar deposit of *pigmentum nigrum*, under the form of circumscribed spots in the tissue of the gastric mucous membrane; 2dly. Because the case is not without importance in a medico-legal point of view, as presenting lesions similar in some respects to those which may be produced by sulphuric acid; 3d. Because the case proves, that a fluid similar to that which constitutes the black stuff vomited in certain cases of cancer of the stomach, may be exhaled into this organ, without there being any cancerous, or even true inflammatory affection conjoined.

Another remarkable circumstance connected with this case, is the existence of general dropsy, without any appreciable lesion, whether mechanical or chemical, to account for its occurrence. We cannot arrive at the cause of this dropsical affection, for, to say that it depended on excessive activity of the exhaling vessels, or on atony of the absorbents, or on a want of equilibrium between the action of these two classes of vessels, is to fabricate pure suppositions. All that we can see is, an increase in the quantity of the fluid which fills the areolæ of the cellular, and bedews the abdominal serous membrane. In spite, therefore, of the abundant light which recent labours have shed over the etiology of dropsies, our present case compels us still to admit a certain number of cases, where neither accompanying symptoms nor pathological appearances disclose their cause.

External application of the Acetate of Morphine in a particular affection of the Stomach and Intestines.

Rosa S., 18 years of age, entered La Pitié, with a burning skin, small and frequent pulse, the tongue dry and brown on the edges and point, complaining of violent pain upon pressure in the epigastrium, and over the whole abdomen, cardialgia, nausea, and vomiting of every thing, whether liquid or solid, taken into the stomach; the belly was distended, bowels constipated; there was constant pain between the shoulders, and complete extinction of the voice; the urine high coloured and scanty; the countenance animated; continual restlessness, and total absence of sleep.

After a protracted labour, this patient, about twelve months ago, had had a violent attack of peritonitis, which was combated by the most vigorous antiphlogistic means. Since this time the belly never recovered its natural suppleness, and the menstrual discharge only appeared at irregular intervals. To these remains of a serious disease, Rosa S. was attacked about two months ago with a gastro enteritis, (or at least an affection which resembled it,) for which she passed six weeks in a Maison de Santé, where she did not pay strict attention to the physician's prescriptions, and whence she departed as she had entered, vomiting every thing she swallowed, and going on from bad to worse. On entering La Pitié, we conceived we had to do with a chronic inflammatory affection of the stomach, intestines, and peritoneum. M. Serres gave a very unfavourable prognosis, and conceived that the only chance the patient had of recovery was, the observance of a very strict regimen for a long period of time. A large cataplasm was applied over the umbilical region, and all the food ordered was some mucilaginous drink, and a little milk. The moment the liquids were swallowed, however, vomiting, which continued long, was excited. A blister was then applied to the epigastrium, and some jelly of lichen was retained in the stomach. Fourteen days after her entrance, a glass of Barege water, mixed with milk, was tried, divided into three parts, but it brought on such violent vomiting, with convulsive efforts, after the last dose, that the house surgeon, M. Lambert, had to be called. He, being actually engaged in inquiries upon the effects of certain medicines and vegetable salts and alkalies applied to the skin, when he found that the patient had a blister open, seized the opportunity of trying to allay the distressing symptoms by means of the acetate of morphine. He, therefore, took about half a grain in powder, and sprinkled it over the surface, deprived of its epidermis. In a few moments the retching ceased as by enchantment; the patient also passed a better night than she had hitherto done. M. Serres, anxious to ascertain the effects of the morphine, authorized its continued use; half a grain was once more applied, and the patient slept during the whole of the day. Sugar and lichen jelly were still, however, the only aliments that remained on the stomach. The quantity of the acetate employed was gradually increased to two grains, when the patient began to eat bread, preparations of milk, and oranges, without any symptoms of vomiting; the tenderness of the abdomen disappeared by degrees; the patient, on awaking one morning, to her great surprize, recovered her voice on a sudden; the belly became more supple; more nourishing food was allowed, and every thing promises return to perfect health, if the patient submits for a little longer to the prescribed dietetic rules.

THE LANCET.

London, Saturday, May 13, 1826.

On the 14th of last March, Mr. Abernethy, in the theatre of the College of Surgeons, desired the Members to "*suspend their judgment for a while,*" on the alleged abuses—he spoke of the *disinterestedness*, and the honourable intentions of the "Ruling Powers," and further said Mr. A., "we are preparing an answer to all that has been advanced against us, and you shall soon have an explanation of our motives." That *answer*, at length, has been published, and we take this early opportunity to present it to the insulted, vilified *Members* of the Royal College of Surgeons in London.

This *answer* was not at first intended for the public eye, it was to have been confidentially distributed only, to the "Remonstrators," to the Hospital toad-eaters, to his Majesty's Ministers, and to all the influential Members of the House of Commons. We are indebted for our copy to a Member of the Privy Council, who in a polite note states, that "he considers it will prove of much greater service in our hands than in his." We assure the Honourable Gentleman that we will endeavour to render it serviceable in the attempt to obtain a NEW COLLEGE CHARTER. Where are they who would present a *Memorial* to the College after reading this *Refutation*—where will be found the "Remonstrators"? We really think the *arrogance*, the *impudence*, and the *mendacity* of this "Refutation" are unparalleled. We will here insert the precious document, but, before doing so, let us record the names of the worthies by whom it has been written and promulgated. We ought not to forget persons who confer on us so much distinguished honour, and earnestly desiring that the Members of the College *will not forget them*, we present to their view Messrs. A. COOPER—CLINE—ABERNETHY—FORSTER—CARLISLE—HEAVISIDE— HAWKINS —THOMAS —-HEADINGTON —-KEATE—-VINCENT-—M'GREGOR—HOME—WADD—BLIZARD—NORRIS—LYNN—LUCAS—KNIGHT--HARVEY—GUTHRIE; and now for their Refutation.

"ROYAL COLLEGE OF SURGEONS, IN LONDON.

"*Observations in Refutation of Charges, publicly made by certain Members of the College, against its legally constituted Authorities.*

"IT is asserted that the College has not performed those duties for which it was incorporated.

"That this assertion is unfounded, will be acknowledged by all reflecting and unprejudiced persons, who compare the present state of surgery throughout the country, with that, which existed when the College received its charter in 1800; for it appears that the increased respectability of the profession may be principally attributed to the acts and regulations of the College. This advancement may be mainly ascribed to the more extended education which has been progressively required of the candidates for its diploma; to the zeal and talents of its professors, in displaying and communicating by public lectures, a scientific knowledge of the subjects connected with the healing art; and to the labour and time devoted to the explanation of the contents of its Museum; by which a strong desire for increase of knowledge has been excited.

"The inquiry into the professional education and attainments of candidates, has been rendered more strict in proportion to the general increase of knowledge.

"During one period of the late war, when the applicants for examination were unexpectedly and unprecedently numerous, in consequence of the demands of the public service, many candidates were necessarily examined at the same court; but since the peace, not more candidates have been admitted to examination at any court, than could be examined in an ample and satisfactory manner; and for some time past, each candidate for the diploma, has been separately examined in the presence and hearing of the whole court; which is now the established practice.

"The examiners have so frequently referred candidates to a continuance of their studies, as to induce students in general to think seriously of their examination, and to prepare themselves for it, by a proportionate degree of diligence.

"Had inquiry been made, it would have appeared, that the examiners have not any pecuniary interest in the admission of candidates as members; and it cannot be improper to mention, that the remuneration received by the examiners is a very inadequate recompense for the time and labour bestowed upon the execution of their arduous and important duties.

"There is no profession into which dishonest and dishonourable persons have not at times gained admission; but the council are not aware of a single instance of an empiric having been admitted as a member; and not until lately, has it been understood, that the College possesses the power of removing any member who has been guilty of disgraceful conduct.

"It has been made a subject of complaint, that certificates of summer courses of lectures are not received by the court of examiners. That certificates are not indiscriminately received from every anatomical teacher, and that certificates of attendance on provincial hospitals are not admitted by the court; and such regulations have been censured as unjust bye-laws of the College.

"The coun cil have in the first instance, to correc this error. There are no bye-laws on these subjects; these are regulalations of the court of examiners. The council have been assured by the court of examiners, that so many certificates of attendance on lectures had been presented to them, purporting to be signed by teachers wholly unknown to them, as to render it imperative to define the certificates which in their judgment, it would be proper with a view to the public good, and respectability of the profession, to acknowledge and to receive.

"The council believe, that not any persons except the court of examiners are able to judge correctly on this subject; and while they wish to correct the erroneous supposition of the regulations in question being bye-laws of the College, they cannot but give credit to the court of examiners for the most pure and conscientious motives; and for an earnest desire to promote the dignity of the profession; and necessarily the welfare of the community; in the legitimate exercise of their discretion on these subjects.

"The court of examiners, anxious that students should attend instructions capable of giving them enlarged and scientific views of their profession, knew not how they could obtain from distant places, any evidence of the teacher having, himself, received a liberal professional education, but by the means which they have adopted; yet, notwithstanding such regulations, it cannot be doubted that any member of the College, possessing in an eminent degree the requisite qualifications for becoming a teacher of anatomy, physiology, and pathology; which are united in the recognized schools; would so distinguish himself, as to justify the admission of his certificates. The regulations of the College must always change with the circumstances of the times.

"The subject of attendance on provincial hospitals, had repeatedly engaged the consideration of the court of examiners; but with every respect for, and the highest opinion of, the medical officers belonging to most of these excellent establishments, the council would witness with regret the indiscriminate admission of such certificates.

"The court of examiners, have under certain conditions, recognized attendance on the practice of some of those hospitals; and the council are of opinion, that it would injure the cause of chirurgical science, where the court of examiners to be controlled in the exercise of their discretion on this subject.

"In reference to the complaint of the Museum not being more freely and frequently opened to the public, and of the want of a catalogue; answers to such accusations are contained in the triennial reports from the Board of Curators to the council, in the last of which is the following summary of proceedings, with respect to the catalogue.

"'The following recital of facts will show the council how solicitous the curators have always been that the collection should be properly explained.

'When the Hunterian Collection was received by this College, it was accompanied by two catalogues; one, explanatory of the preparations in the gallery; the other, of the morbid preparations. These had been compiled by Mr. C. Clift, under the direction of Sir Everard Home, from old catalogues, formed under the superintendance of Mr. Hunter; as is proved by his hand-writing in many parts of them. The transcript must have appeared to the curators, and must be allowed, by every one, to contain a very excellent and perfect account of Mr. Hunter's views and opinions in the formation of his collection; though it must also appear very deficient in the explanation of the individual preparations.

'No one, however, supposed, until within a short time, that Mr. Hunter left any other writings of importance explanatory of his Collection, than the before mentioned two catalogues.

'On the completion of the Museum, and the admission of visitors, the want of a descriptive catalogue was soon felt and expressed; and the Board of Curators, in the year 1813, prepared a printed syllabus to gratify scientific inquirers.

'The Curators also consulted Dr. Shaw, who, at the instance of the Board, prepared a third catalogue of objects in the department of natural history.

'A descriptive catalogue of the preparations, which was earnestly desired by the Trustees, has ever been a desideratum of great interest and consideration to the Board of Curators, as may be seen by its minutes.

'The Board regarded Sir Everard Home, as executor of Mr. Hunter, to be the person most proper, and best qualified to undertake the task of preparing the catalogue, which he repeatedly engaged to do.

'At length, in 1816, it was proposed, that all the Curators should become joint labourers in this great work, when Sir Everard Home declared, that it was his special duty, and that he would admit of no participation in its performance. The result of his labours was the production of a synopsis, which, doubtless, the members of the Council have perused.

'When in 1817 Sir Everard Home became a Trustee, he resigned the office of Curator; and the Board, anxious for the completion of a descriptive catalogue of the contents of the Museum, resolved to engage the Conservator in preparing one under their own superintendance.

'In order to allow him more time for this undertaking, the Board appointed his son to be assistant in his ordinary duties. They directed that the specimens of monstrosity should be removed from the closet in which they were arranged, that it might be appropriated, during the necessary time, to the receipt of books, papers, and other things subservient to the preparation of the catalogue.

'The Board decided, that the contents of the galleries should be arranged in two divisions, each containing sub-divisions, which sub-divisions should also contain series and sub-series.

'The Board further appointed Sir William Blizard, Mr. Cline, and Mr. Abernethy, to be a sub-committee for the special purpose of superintending the formation of the catalogue; to report to the Board from time to time the progress made in it, with such observations relating thereto, as they should consider proper; which sub-committee has presented to the Board the description of the first sub-division of the gallery, comprehending seventeen series, containing 261 preparations, which was approved by the Board, and also by the Trustees.

'When, however, the Conservator began his task of preparing the catalogue, he expressed the wish to obtain some of Mr. Hunter's manuscripts, and thus did the Board of Curators learn for the first time the extent and nature of the manuscripts left by Mr. Hunter, with relation to his collection.

'The Curators, on applying to Sir Everard Home, were informed by him, that he had burned all Mr. Hunter's manuscripts, in consequence of a promise made to Mr. Hunter to that effect.

'Amongst these manuscripts were ten volumes in folio, viz. nine on the anatomy of animals, and one on vegetables. That Mr. Hunter considered these books to be valuable, and not otherwise than creditable to himself, may be inferred by three of them being placed on the table beside him, when his portrait was painted by Sir Joshua Reynolds.

'It is said, that Sir Everard Home has even burned Mr. Hunter's manuscript lectures, which he read to his class. But the Curators cannot believe that Mr. Hunter could intend that these works should be burned as unimportant manuscripts. It must, therefore, always remain a subject of deep regret, that Sir Everard Home should have felt himself bound by his promise to Mr. Hunter, to have carried destruction to the extent to which he is said to have done; yet Sir Everard Home has not felt the same obligation to destroy all the writings on morbid anatomy; for the Curators have obtained, through the interposition of the Trustees, two folio volumes, and two solanders of cases and dissections explanatory of a considerable number of the morbid preparations.

'These books contain a careful record of the symptoms and effects of disease during life, and the alterations of structure produced, as ascertained by examination after death. They are highly creditable to Mr. Hunter, as expressing that thirst for knowledge, which led him constantly to seek it by means which we know to be the most certain, but also the most tedious, laborious, disgusting, and unostentatious.'

"The want of a catalogue, as explained in that report, is, in the opinion of the Council, a most satisfactory reason why the Museum has not hitherto been more freely opened to the profession, and why it cannot be for some time, admitting the completion of that catalogue, to be of such paramount importance as the Council deem it to be.

"It may be further observed, that the study of comparative anatomy had been formerly so little prosecuted in this country, that, though many persons were consulted, none could aid in giving a description of the individual preparations in the Hunterian Collection. The Conservator has, however, for a considerable time, been engaged in such researches and inquiries, as have enabled him, not only to give an exact account of each preparation, but also to explain Mr. Hunter's intentions in the formation of his Collection; and the more the time of the Conservator shall be occupied in explaining the contents of the Museum to visitors, the longer necessarily must the completion of the catalogue be retarded.

"With respect to the Library, its formation has been the act of the College, and is intended to aid the professional inquiries of its members, for which purpose it will, when in a proper state, be opened.

"It may be added, that of the numerous applications made by members, for permission to refer to publications therein, every one has been most readily complied with; and the same may be observed of applications to examine and to make drawings from preparations in the Museum.

"With regard to the supposed indignity offered to the members at large, by their being admitted to the theatre by a door at the back of the building, the Council, aware that any want of respect to its members would be a failure of respect to the institution itself, did not imagine that umbrage would be taken by such an arrangement; at the same time they regret that the present construction of the building precludes the practicability of an alteration.

"It is proper to observe, that no official complaint or remonstrance on this subject has ever been made to the Council. Some years since, indeed, it was mentioned to the board of curators; upon which the members, during one course of lectures, were admitted to their seats from Lincoln's Inn-Fields, through the Museum; the dust occasioned thereby, was found to be injurious to the collection, in consequence of which, the present arrangement was adopted; certainly with a view to the comfort and convenience of the members, and for the preservation of the preparations. When the theatre was built, the great influx of persons into the profession, which has since taken place could not have been anticipated; and it was then thought that the building would be more than adequate to the accommodation of all who would attend.

"It is represented, that the constitution of the College has been the cause of the alleged injuries and grievances.

"The evident object of this representation, is the subversion of the present government of the College, and the substitution of elections to offices of control and responsibility, by members, who for the most part exercise the professions of apothecaries and accoucheurs. There can be little doubt, that in the event of such an innovation, the Institution would soon cease to be a College of Surgeons or of Surgery, and a system of continual intrigue and cabal amongst the profession in general would be introduced.

"The constituted authorities of the College are conscious that they have uniformly exerted themselves to increase the scientific knowledge and respectability of the profession; and that they have never been influenced by the unworthy motives imputed to them; had any of the members of the College expressed dissatisfaction at their proceedings, they would have willingly explained the reasons of their conduct, as well as their future intentions, and have altered whatever could have been shown to be wrong; but when meetings have been convened to subvert the Charter of the College, "under the sanction of which," it is said, "injustice and tyranny have been perpetrated"—when, at these meetings, the most dishonourable motives have been attributed to the members of the Council, they feel it due to themselves to offer this brief, and they trust satisfactory, explanation of their conduct.

By order of the Council,
(Signed) Edmund Belfour,
Secretary."

"Lincoln's-Inn Fields,
26th day of April, 1826."

This is your "*Refutation*," mighty Council, is it, "of charges publicly made by certain Members of the College, against its legally constituted authorities"? Now, we ask, has it refuted a single charge advanced against the College? No, it has not; but on the contrary, it supplies us with ample testimony of the truth of the whole of them. We have not space in our present number to enter into an analysis of this detestable, fraudulent, and impudent production; it will, however, in conjunction with the *new regulations* of the Court of Examiners, and the *new bye-laws* of the Council, furnish the profession with many a rich treat. The College is now fairly before the public, it has attempted a defence of its conduct, to accomplish which, the "Ruling Powers" have not hesitated to insult forty-nine fiftieths of its Members. We beg to direct the attention of the GENERAL PRACTIONER to the last paragraph but one of the "Refutation," where it states that the subversion of the Charter "*would lead to the substitution of elections to offices of control and responsibility, by Members who for the most part exercise the professions of* APOTHECARIES *and* ACCOUCHEURS. *And in the event of such an innovation, the institution would soon cease to be a College of Surgeons or* (and) *of surgery*. Such is the manner in which the great body of Members are spoken of by GUTHRIE—LUDFORD HARVEY—VINCENT—LUCAS—WADD and Co.

What will the MARTINEAUS, CROSSES, DALRYMPLES, HEYS, and HODGSONS, say to this? in fact, will it not be denounced, by all the respectable and well informed Members of the College, as a direct personal insult offered to each Member? To be twitted with professional incapacity to fill offices of "control and responsibility" by such men as LUDFORD HARVEY, THOMPSON FORSTER, LYNN, VINCENT, and Co., things have come to a pretty pass indeed.

The GENERAL PRACTITIONERS, by certain great men, are spoken of as "*draff*," "scum of the profession," "ignorant herd," "pestle and mortar surgeons," &c. &c. &c. Let them come forward manfully, and show the "Ruling Powers" that they can resent insult, vindicate their honour, and maintain their rights; let them join the standard of Messrs. LAWRENCE, WARDROP, YOUNG, CARPUE, KEY, and Co., and they will speedily be spared the taunts of that opprobrious oligarchy, by the imbecile and disgraceful practices of which they have for so long a period been depressed and degraded. Already has the war reached the enemy's camp, and even there our cause has some staunch supporters; to one of whom we are indebted for the following statement:

At a Quarterly Meeting of the Trustees of the Royal College of Surgeons, held on Saturday 6th of May, His Grace the DUKE OF SOMERSET in the Chair, Dr. RAMADGE, a Censor of the College of Physicians and Trustee of the Hunterian Museum, having briefly stated many facts relative to the complaints which were daily made by nearly the whole of the medical profession, in consequence of their limited access to the Museum, &c., proposed that the Museum should be opened four days in the week to the Members of the Medical Profession, to all scientific persons and foreigners; that a regular assistant should be chosen to aid Mr. CLIFT in the Museum, and that no time should be lost in forming a descriptive Catalogue of its contents. He had intended bringing forward this proposition at a former meeting, at which Mr. PEEL was present, but was prevented from so doing, by a circumstance which retarded his attendance, until the Board was about to separate.

Dr. R. felt more particularly interested in the subject, as he had himself devoted the greater portion of his professional life to the study of morbid anatomy, and to the formation of a Museum, and was consequently capable of appreciating all the advantages to be derived from the frequent inspection of a collection so rich in specimens of human and comparative anatomy as that possessed by the College. Dr. R. concluded, by referring to the disputes which had taken place between the members of the surgical profession, and felt confident that very few, if any, concurred in the views of the court of examiners.

Dr. ELLIOTSON said, that he could not conscientiously discharge his duty as one of the Trustees, without entering most completely into the views of Dr. Ramadge, and in using his best efforts to afford greater facilities to the profession by a more frequent admission to the invaluable collection of JOHN HUNTER. He added, that had not Dr. Ramadge anticipated him in the proposed alterations, it was his full determination to make a similar proposition. He particularly dwelt on the length of time which had elapsed since the Government entrusted the Museum to the College, during which, no disposition had been shown by its Curators to render it really useful to the Members, either by allowing them a more frequent access to it, or in forming a Catalogue.

Dr. AGER concurred in the observations of Dr. ELLIOTSON.

On some questions being put to Mr. CLIFT by Dr. RAMADGE, he acknowledged *that the Museum was so circumstanced, that in the event of his decease, there was no one sufficiently acquainted with its contents to be able to write a description of the preparations, or even to point them out to visitors.* This at once excited the surprise of the Duke of Somerset and the other Trustees, one of whom, DEAN GILBERT, immediately said, that on proper application being made to Parliament, he had no doubt a yearly sum would be granted to defray the expense of an assistant to Mr. CLIFT. Dr. RAMADGE briefly observed, it was a notorious fact, that the funds of the College, if properly applied, were quite adequate to that and every other necessary purpose. He conceived that the number of Trustees present was sufficient to effect the proposed alterations, but he thought it would be a breach of courtesy to the other Trustees to complete the change without their participation, for which purpose he proposed an extraordinary meeting, which was fixed by HIS GRACE for May 20th, and the following notice was directed to be sent to all the implicated parties:

"A meeting extraordinary of the trustees of the Museum of the Royal College of Surgeons, at *which the curators are directed to attend*, will be held at the College on Saturday, May 20th, at one o'clock precisely."

At the Guy's Anniversary Dinner, a report of which will be found in this day's number, it will be seen that after the toast "The MEMBERS of the College of Surgeons" had been received with great applause, DAME FORSTER returned thanks *on behalf of the College!*—Poor old creature—true it is, that "When age is in, the wit is out;" we could laugh heartily at this ludicrous occurrence, did not senile reverence say it were profane. How *could* DAME FORSTER suppose that the Students of Guy's had applauded the *College of Surgeons*—the *Council!* Had they done so, they would have proved themselves to be a disgrace to the surgical profession.

By the way, our friend SUTLEFFE was at this Dinner, and stated that he should have been delighted with the pious conversation of a gentleman who sat near him, had not "his skin been rather too short for his body."

AT a general Meeting of the LONDON OPHTHALMIC INFIRMARY, held on the 18th of June, 1823. It was resolved—"That certificates to pupils be in future countersigned by the Chairman, or by the secretary, and registered by the latter; that a fee of five shillings be paid and set apart towards the *increase of the library.*" Three years, within a month, have now elapsed, since this resolution was adopted, *and yet, not a single book has been purchased*, either for the use of the surgeons or of the students. As the money is ordered to be set apart, we should like to know where it is collecting, and who have the control of the fund.

Is it true that Dr. FARRE receives ONE THIRD of the fees paid by students for witnessing the SURGICAL PRACTICE? If so, it certainly is a most liberal reward for a *triennal rhubarb prescription*; this is indeed, FARRE-*fetched* liberality, and caps, with one exception, every thing of the kind with which we have the happiness to be acquainted. The exception we allude to, is to be found in the ST. GILES'S INFIRMARY, where the *nominal* surgeon (fascinating creature!) positively OGLES the Governors out of one hundred guineas a year; whilst the *actual* surgeon who performs, in a most efficient manner, all the duties of the charity, cannot TWEEDLE them out of one hundred pence. Verily the *charitable* institutions of this metropolis are queerly conducted.

We are compelled, from the very great length to which some of our articles have extended, to postpone our intended comments on the proceedings of the Associated Apothecaries.

TRANSFUSION.

An experiment was tried on the dead subject, at Guy's Hospital, on Saturday last, by Mr. Scott, of Newington Causeway, with an ingenious instrument which he has invented for the operation of sanguineous transfusion. The peculiarity of Mr. Scott's apparatus consists chiefly in its capability of transmitting blood from the vein of one person into that of another, without the usual intermedium of a basin or other vessel. The instrument subservient to the operation is *Read's Syringe,* into the extremity of which slides a hollow flexible tube, 14 or 15 inches long, armed with a silver pipe for entering the vein of the *emitter*. A similar tube is screwed to the lateral branch of the syringe, and has a silver pipe, which is inserted into the vein of the *receiver* or patient. The two pipes being inserted, and the syringe put into action, the blood is made to pass freely from one person to the other. To provide against a preference for receiving the blood into an open vessel, Mr. Scott has constructed a small metallic funnel-shaped basin, from the bottom of which runs a brass tube, terminating in a short hollow stem, supported upon a base resembling the foot of a candlestick. This stem being inserted into the extremity of the syringe forms, with the funnel and flexible tube, a free channel for the blood, which is received from the arm into the funnel, and conveyed by the silver pipe into a vein of the patient; the velocity and power of the current being regulated by the action of the syringe, at the discretion of the operator. The pipes are exceedingly well shaped for passing readily into the vein through the orifice made by a lancet.

GUY'S HOSPITAL.

ANNIVERSARY DINNER.

On Wednesday last, the gentlemen educated and educating at Guy's Hospital dined together at the Albion Tavern, Adersgate-street. About 130 sat down to an excellent dinner. Dr. CHOLMELEY presided on the occasion, being senior physician of Guy's Hospital.

All the medical staff of Guy's Hospital were present, with the exception of Sir Astley Cooper and Dr. Back. One feeling of regret seemed to pervade the company at the absence of Sir Astley, which was not well accounted for. Dr. Back was absent from ill health.

As soon as the cloth was removed "Non nobis Domine" was sung by the professional singers present.

The usual loyal toasts were drunk with much enthusiasm, royalty being pledged in four successive bumpers.

The CHAIRMAN rose to propose a toast, which he was confident all would receive with delight. In the first instance, however, he said he must express his gratification, at witnessing so many old friends, gentlemen who had been many years extensive practitioners. To meet with the friends of early life at such times, and on such occasions as the present, awakened all his former recollections, and induced him to exclaim with the Latin poet—

"Hoc est vivere bis."

He would proceed, however, to the more immediate object of his rising, namely, to propose the "Health of the President, Treasurer, and Governors of Guy's Hospital." The toast was drunk with much applause.

The CHAIRMAN next proposed "Prosperity to the School of Guy's Hospital;" prefacing this toast with some pertinent observations. He observed there was an old adage which implied that each succeeding generation deteriorated. In these times, however, when science is cultivated with so much ardour, when more pains are taken and *more rivalry exists*, he was confident the adage might be reversed, instead of being "progenies vitiosior," they would become "progenies locupletior." By industry they would obtain that knowlege, and those acquirements, which would render them able practitioners, and by attention to the sister sciences—elegant scholars.

After this address commendatory of study, a song was given, rather malapropos, of "the joys which sparkle in the bowl."

"The College of Physicians" was next drunk; and a gentleman, whose name we could not learn, returned thanks.

The next toast proposed was, "The Members of the Royal College of Surgeons;" which was received with great applause.

Mr. THOMPSON FORSTER, one of the "ruling powers," rose to return thanks on behalf of the College.

The CHAIRMAN next gave "The Worshipful Company of Apothecaries." When these *worthies* were named, there was a burst of laughter from all parts of the room, in which the worthy Chairman was at length compelled to join.

(This toast we learn was not intended to be given; it should have been the "Licentiates of the Society of Apothecaries.")

The CHAIRMAN next toasted "The Physicians of Guy's Hospital."

Dr. BRIGHT rose. He said somebody had told him he *must* return thanks. "Gentlemen," said the Doctor with great energy, "*I will* return thanks: to hold the situation of Physician to Guy's Hospital is to be placed at the pinnacle of the profession. I am thankful—I am proud of a situation which has produced a Saunders, a Babington, and a Cholmeley. In the name of all my professional brethren, with all my heart, I thank you. Two of my colleagues I see here, one is absent on account of his health, but he begged me to assure you that his heart is with you. Gentlemen, may you ever continue to be the ornaments of Society—the stars, light and life of man; and may you continue to shower down those blessings on mankind, which your situations enable you so freely to dispense.

"The Surgeons of Guy's Hospital" was given by the Chairman, and received with great applause.

Mr. KEY returned thanks on behalf of his colleagues. He said, that the complimentary manner in which their healths had been received was an evidence that they had at least attempted to discharge their duties faithfully. He was well aware that the success of their exertions mainly depended on the support which they received from old friends. "We are," said Mr. Key with much feeling, "young, and new in office; there are, probably, errors and defects which the hand of time alone can rectify. In return for your kindness, Gentlemen, I pledge you all in a bumper.

"The Lecturers of Guy's Hospital" followed as the next toast.

Dr. ADDISON returned thanks in a well directed and energetic speech, in which he commented on the present defective system of medical education. Although he was conscious of having discharged his duty to those whom he had the honour to teach, and was proud to receive their acknowledgments, still, he said, justice could not be done to the pupil, until a more enlightened and rational system of education should be adopted. (Loud cries of hear, hear.) Until the present incubus was shaken off. It was impossible to contemplate the present system without feelings of horror. A period only of twelve months allotted to the study of the profession, and this received as a qualificatien for a diploma to practice.

The healths of the Chairman, Sir Astley Cooper, Dr. Babington, the worthy Chaplain of the Hospital, Mr. Stocker, the Demonstrators, and Stewards, were afterwards drunk with a suitable meed of applause.

It is almost impossible to describe the enthusiastic manner in which the health of Sir Astley Cooper was received and drunk.

Mr. BRANSBY COOPER returned thanks on behalf of the worthy Baronet; he said that he had told Sir Astley again and again, that it would be right for him to attend the dinner; but such was Sir A. Cooper's excessive anxiety on the subject, that he could not summon up resolution to come. He was sure, however, that great would be his regret, when he heard of the numerous old friends who would have greeted him.

The conviviality of the evening was kept up to a late hour, and the worthy Chairman, after announcing the names of stewards for the ensuing Anniversary, left the chair about eleven o'clock. Mr. B. Cooper was then unanimously called to the chair, but was soon compelled to leave, in consequence of a professional engagement, when Dr. Addison ably filled the situation during the remainder of the evening.

LONDON PHRENOLOGICAL SOCIETY.

ON Thursday evening, two interesting children were introduced to the Society as characters of very rare cerebral conformation.

One of them, Eliza Henderson, a child only six years and a half of age, possesses a power of declamation truly surprising. At the request of the President, she recited two didactic pieces of considerable length; her mode of delivery called down the plaudits of the whole

Society. Although, from the impressive mode in which she delivered the various parts, she displayed an unusual command of natural language, yet, we cannot but think she occasionally evinced a slight tincturing of artificial tuition. The organs of the frontal space were beautifully developed.

The other child, Master Herbert, who has so distinguished himself by the great facility with which he cuts profiles. In him the organs of size, imitation, form, and constructiveness, are particularly large. In answer to a question put to him by Dr. Spurzheim, he said, that he could recollect the features of any individual for a considerable length of time, even a year, although he might have seen the person only once, and be able to cut out his likeness. (Does not this show that memory is a compound power?) After applying himself for a certain number of hours, he always feels a pain in his forehead, and on being requested to point to the particular part, he placed his finger over the organ of form. This occurrence is not unusual when any particular organ is very active.

A cast from the skull of a New Zealander was presented to the Society by Mr. Wendam, on which a few observations were made.

In the course of the evening, from some observations advanced by Mr. Wendam, Dr. Spurzheim was called on to give his opinion as to the best mode of detecting the frontal sinus. He observed, "The frontal sinus, if it existed, might be very generally detected, by the projection of the bony crest, which could be felt just above the eye-brows. Generally, in young people about the age of 14 or 15, the two tables of the skull will be found to be so near to each other, that you may calculate the strength of the organ as it presents, without making any allowance for the frontal sinus. Again, the distance, in some adults, between the two tables, is so very small, that whether it is filled up by diploë or not, it is of no importance.

In young people, you never find the distance between the two tables very considerable, but as they grow older it enlarges, and although no marked projection may be observable externally, yet in most people who have passed the meridian of life, a frontal sinus will be found. Do you think that in my skull you would find a frontal sinus? (Some answered yes, others no.) I think that in me you would find the two tables very separate, at my age, which is 50. In a great number of persons, the sinus is so low down, that it is rather seated in the orbit than in the forehead, but yet it is called the *frontal* sinus, whereas it ought rather to be called the *orbitar* sinus. With respect to the sutures as a means of discovering the age of the skull, I think it is a very uncertain and incorrect indication."

Dr. Power remarked, that he had the skull of an individual who died at the advanced age of 104, and in this skull the frontal suture was as distinct as either of the others.

At 10 o'clock the Society adjourned.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

The cases admitted into the Hospital by Mr Key, on Wednesday, April 26th, were as follow:—

Males—Ulcer of the leg; two cases of permanent stricture in the urethra; disease of the bladder; opacity of the cornea, with entropium; disease of the tongue; fistula in ano; disease of the ancle joint; disease of the hip.

Females—Ulcers of the leg; disease of the knee; amaurosis.

We shall have occasion to give extended reports of the majority of these cases, as they are in many respects interesting, and are under particular plans of treatment.

The *ulcer of the leg* is of long standing, and of an indolent nature. The usual treatment employed in indolent ulcers at this Hospital, is to poultice the part until a healthy granulating surface is obtained, and then to apply strapping and a roller. If a stimulating application is required, the nitric acid lotion is used, which is prepared by adding 60 drops of the strong acid to a quart of water. It is the duty of the dresser to bandage and strap the leg, but this is in general left to the patient, and hence it is done improperly; in some cases, the strapping is merely stuck on, and in other instances it is applied so that irregular pressure is made;

and consequently many cases remain in the Hospital for several months, which, by proper attention, would be cured in the same number of weeks.*

The ulcers on the leg in the female case, are of a cachectic nature, and are supposed to arise from a syphilitic taint of constitution. The patient is a delicate looking girl, and a few months since was in the hospital with a foul ulcer on the lip, which had all the characteristics of a *primary* venereal sore. Sir Astley Cooper, who saw it, supposed it must have arisen from the direct application of venereal virus. A report of this case was given in THE LANCET. The ulcers on the legs are superficial; there is much pain in the limbs, and the constitution is altogether depraved. Mr. Key has directed the application of mercurial ointment with opium to the sores, and the exhibition of sarsaparilla.

Disease of the Tongue.

P. R. ætat. 26, has had disease of the tongue about five months. About one third of the tongue, commencing from the tip, is very hard; there is not, however, much swelling, it appearing to be rather an induration of the natural substance, than arising from any additional deposition. It is attended with much pain, and indeed has been painful from its commencement. There is a fissure on the right side of the tongue, which looks like an incision, and the patient says, when this first appeared, there was a discharge of matter from the opening, and that previous to this, a similar circumstance occurred on the left side, the opening there becoming closed in the course of a few weeks.

Mr. Key has put this patient under an alterative plan of treatment; it does not appear to be his opinion that the disease is of a carcinomatous nature.

ST. BARTHOLOMEW'S HOSPITAL.

Small Pox.

The power of vaccination may be said to have been fairly put to the test, within the last few weeks, by the occurrence of small-pox in this hospital. A female child, afflicted with disease of the spine, had been in the house nearly a fortnight, when she was attacked with the small-pox in its worst form. The child was unable to sustain this additional malady, and on the 9th day of the attack she died. This child had not been vaccinated, but all the other females in the ward, had. In an opposite ward there are two other children, one of them has been vaccinated and the other not. About a fortnight after the death of the first child, the other two were attacked; the one who has not been vaccinated, and is now labouring under the disease in its confluent form, and will in all probability die; whilst the other, which has been vaccinated, had only a few slight pustular eruptions. On the fifth day these began to desquamate, and as the nurse aptly remarked, vanished " like a flash in the pan."

A man, having small-pox in its confluent form, had been admitted into a private ward, on the opposite side of the building, about three weeks before the first child was attacked; this is supposed to be sufficient to account for the disease occurring amongst the children.

This man also died.

Operations—Amputation of a Diseased Knee.

Robert Smith, of the fraternity of gipsies, 29 years of age, came into the Hospital a fortnight ago, with a disease of the left knee joint, which he stated had existed for eight months. At the time of the attack, he was in Herefordshire. The pain was most severe, and prevented him having any rest, for which the *parish doctor*, " good quiet soul," ordered for him *two blisters and a strengthening plaster!* and these have been the only remedies which have ever been applied. As might be expected, the disease continued, absorption of the cartilage and other morbid changes have taken place, so as to render the joint perfectly useless. The day subsequent to his admission, Mr. Lawrence proposed an operation, to which the man readily assented, and the following day (Saturday) it was performed. It was found necessary to secure as many as *ten vessels* before the bleeding of the stump could be arrested,

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* The following dialogue took place in our hearing a few weeks since, between one of the surgeons and a patient who had an ulcer in the groin. *Surgeon.* Does your dresser attend to the dressing of this sore?—*Patient* I have not seen him yet, Sir.—*Surgeon.* How long have you been in the Hospital? *Answer. Nearly three weeks!*

THE LANCET.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXVI.

Of Local Diseases.

Gentlemen,

Having, in the preceding Lectures, treated *fully of inflammation, hæmorrhage*, and *dropsy*, which, as I remarked, may be termed *general diseases*, as being liable to occur (though at different times) in all, or, at least, in various parts of the body, I shall now proceed to speak of the affections of individual parts, or what are called *local diseases*, in contradistinction to the former; not admitting the existence of *universal diseases*, in the sense commonly understood, that is, as primary affections of the whole system, for reasons which I before stated to you.

Every individual part or organ, besides being subject to the general affections already described, has likewise its particular affections, arising out of the peculiarity of its structure and functions, and which are marked by appropriate signs or symptoms in each case. And thus there are at least as many different diseases, as there are parts or organs in the body. But, in fact, diseases are far more numerous than this; as most parts may be affected in different ways, according as the structure and functions are more or less complicated: while every variety will be found to have more or less influence on practice. It becomes necessary, therefore, to study diseases individually, and in all their varieties; thus rendering it a subject of great extent, as well as difficulty. In an inquiry of so extensive a nature, it is of advantage to adopt some kind of arrangement, were it only for the purpose of aiding the memory, which is always much assisted by method, however artificial. But the advantage of method is still greater, when some natural connexion can be traced, so as to allow of an arrangement being formed upon principle; and this you will find to be the case, on the present occasion.

Whenever a number of parts are engaged in the performance of a common office, they are always observed to be linked together by strong ties of sympathy, in consequence of which, they mutually influence each other, both in health and in disease; and are therefore best studied in connexion, both physiologically and pathologically. Thus a basis is laid for an arrangement, or classification of organs, and, at the same time, of the diseases to which they are liable, founded on a community of function. According to this plan, diseases, numerous as they are, may be all reduced to a few general heads or classes, by which the study of them is greatly facilitated, and in some degree abridged. This mode of arranging diseases is both natural and scientific, as being founded on *physiology*, which, as I formerly observed to you, is the only proper basis upon which the science of medicine can be built.

The first effect of the proposed arrangement, if successful, will be, the assigning the proper seats of diseases; for every disease, however obscure its intrinsic nature or essence, must of necessity be an affection of one or more of the corporeal organs; or, to express it differently, every disease must have its particular seat in the body, though it may not be at all times easy, or even possible, to assign it: there may be still a few, that we are unable to refer to their proper seats; and this appears to be the case with some of the diseases unmeaningly termed *nervous*. Such, in the present state of our knowledge, must be considered as anomalies in the general system, which time, and the further advancement of physiology, may reasonably be expected to elucidate, and bring within the general rule.

Agreeably with the principle now laid down, the following *classes* of diseases may, I think, be usefully established, which will be found to include all those of which we have any tolerably distinct knowledge. The order I have chosen, appears to be supported by an obvious dependence, and natural succession of phenomena; as will, I trust, be obvious to you on a little reflection.

1. We may begin with the organs engaged in supplying the waste that is continually taking place in the body, the *chylopoietic*, or *digestive apparatus*, the diseases of which, therefore, constitute the *first class;* including those of the whole tract of the alimentary canal, as well as of the subsidiary organs, the *liver, spleen,* and *pancreas.*

2. Then comes the *absorbing system*, (the *lacteals,* with the mesenteric glands,) by which the newly-digested matters are taken up from the alimentary canal, and carried into the general circulation. To this head belong likewise, the *lymphatic absorbents,* and the glands devoted to them.

3. The *organs of respiration,* by which the new matters are further assimilated, and converted into real blood: these organs comprise the *air-passages,* the *lungs,* and the *respiratory muscles.*

4. The *sanguiferous system,* serving to distribute the blood from the heart to every part of the body, and back again; after having performed its destined offices, of adding new matter to the body, and furnishing the materials, out of which the different *secreted* fluids are formed by their respective organs. This group consists of the *heart, arteries,* and *veins*; the diseases of which, if not numerous, are yet of considerable importance.

5. The *excretory organs*, or *emunctories,* as they were formerly called, for the purpose of carrying out of the body the superfluous or useless matters, which, by retention, might become noxious. The chief of these are the *intestinal canal,* and the *urinary organs;* both of which are the seats of many of our most painful and formidable diseases.

All the parts now enumerated, may be considered as serving the purposes of the individual, almost exclusively; and which he may be said to possess in common with the whole of living nature, vegetable, as well as animal: and hence they have been called by some physiologists, the organs of the *vegetative* functions, which include both the *vital* and *natural functions*, of the older writers.

But there is another order of parts that are destined to higher purposes, the establishing a communication of the individual with the rest of nature; by which alone, we become conscious of the existence of other beings,—are enabled to judge of their qualities and fitness,—and to approach or avoid them accordingly. To these, the term *nervous system* has been applied. It includes not only the structures termed *nerves,* but the *encephalon,* or general contents of the cranium, together with the *spinal chord,* usually termed *marrow,* but which may with more propriety be considered as a prolongation of the united portions of the *cerebrum* and *cerebellum.* This order of parts is not only most important in regard to the functions which they perform, and which are of the highest kind, namely, *sensation, voluntary motion,* and *mind* (called altogether the *sensorial functions,*) but as being, in its different parts, the seat of a great variety of the most striking and formidable diseases to which the body is liable.

The disordered states of the *nervous system,* therefore, make a 6th *class;* to which the affections of the *voluntary muscles*, as the effective agents of this system, essentially belong. Nor, indeed, can the *bones*, with their appendages, the *ligamentous structures*, be altogether excluded from this head; for they may be considered as the *mechanical* instruments, by which the ultimate purposes of the will are accomplished. As the diseases of the *osseous* and *ligamentous* structures, have some striking peculiarities in regard to practice, it becomes necessary to consider the subject apart; the morbid affections of these, therefore, may constitute a 7th *class.* An 8th, might be made of the diseases of the *organs of reproduction,* or the *generative system,* a subject on which I shall probably not enter. The common integument, the *skin,* performs offices of so various a nature, as to require separate consideration. The *skin* is the chief seat of one of the most important of the senses, the *sense of touch,* and at the same time, affords a common covering to the body, forming it into one whole, and serving, to a certain extent, to defend the more delicate parts beneath, from external injury. The diseases of this part, therefore, make an additional, or 9th *class.*

There are still some diseases which, although their seats may be determined, are yet of so peculiar a nature, and so different in their characters and treatment, as to demand a separate consideration; while, for the purposes of practice, they can scarcely be connected with any of the preceding classes. Such are *scrofula, syphilis, scurvy, cancer,* and perhaps others that we are less acquainted with. These may be termed *specific diseases*, and make a part at least of the *anomalies*, before spoken of. These, therefore, will constitute a 10th *class*.

In pursuance of the plan laid down, I shall now direct your attention to the *first class*.

Diseases of the Digestive System.

The *digestive apparatus* consists of the alimentary canal, commencing at the mouth, and terminating at the anus; including the tongue, teeth, salivary and lymphatic glands, the fauces, œsophagus, stomach, and the small and large intestines; together with the accessory organs, the liver, pancreas, and spleen.

These parts differ more or less from one another, in structure and in office; and are, in consequence, the seat of a number of diseases, sufficiently distinct in their nature and treatment, to require separate consideration. To enable you the better to understand the subject, I shall point out, as briefly as possible, the uses of the different parts just enumerated, and then proceed to speak of the diseases to which they are liable.

The *mouth* is the first receptacle for the food, the quality and fitness of which is judged of by the *tongue*, or organ of *taste*, (as had indeed been previously done by the organ of *smelling*.) The food is then masticated by the *teeth*, and moistened by the secretion from the *salivary glands*; being carried back into the *fauces*, it is thence passed into the *œsophagus*, down which it is conveyed by the muscular contractions of this tube. On reaching the *stomach*, it is retained there, commonly for some hours, and subjected to the action of the *gastric* fluid, when it is said to be *digested*; after which, it passes from this organ into the beginning of the *intestinal canal*, the *duodenum*, where it becomes mixed with the *pancreatic* fluid, and the *bile*, each furnished by its respective organ. The food thus altered and converted into a milk-like fluid called *chyle*, is in a fit state to be absorbed by the *lacteals*, and carried into the veins near the heart, where it is mixed with the venous blood, and, along with this, sent to the lungs, in order to be subjected to the influence of the atmosphere in respiration; by which, it becomes *arterial* blood, and is thereby fitted for the general purposes of the system.

The refuse part of the food, that which has not been taken up by the lacteal absorbents, is gradually carried onwards through the intestines, by the muscular action of the tube, (called the *vermicular* or *peristaltic motion*,) until it is at length evacuated by the anus.

Now the whole of the *alimentary canal*, (like the *air-passages*,) is lined by a *mucous membrane*, which is subject to the affections that belong to this kind of structure in general; namely, inflammation, with its consequences, and which has received different names, according to the particular part it occupies. These, which are mere *varieties*, have been considered as different *species* of disease; although, pathologically considered, they are essentially the same, and require a treatment, in all essential points alike, doubtless with some modifications, arising out of their relative connexion with other parts. We have no general term in common use like that of catarrh to express an inflammation of the lining membrane of the alimentary canal altogether; but the affections of particular parts of it, have had *specific* names given to them. Thus, when that part of the mucous membrane which lines the mouth, is affected with inflammation, it constitutes the disease termed *aphtha*, or the *thrush*. When the fauces are similarly affected, the disease is termed *cynanche* or *angina*; in common language, the *sore throat* or quinzy.

In the œsophagus and stomach, the affection is termed *cardialgia* or *heart-burn*, in the small intestines, *diarrhœa*; in the large intestines, *dysentery*. And when the whole alimentary canal is at once similarly affected, the disease has been termed *cholera morbus*.

Now, although the affection is essentially the same in all these cases, and governed by the same general laws, there are nevertheless peculiarities in regard to each, which require notice, and which arise partly from some differences in their functions, and partly from their connexion with neighbouring parts; we must therefore take them in order, beginning with the *mouth*, the inflammation of the lining membrane of which, is termed *aphthæ* or *thrush*.

1. This disease (*aphthæ*) is characterized by the appearance of minute vesicles, scarcely larger than pins' heads, of a whitish or pearl-like hue, with a red base. They commonly are first seen on the tongue, and spread gradually to the gums, the inside of the cheeks, and the fauces, as far back as can be seen; at first, the white vesicles are solitary, and more or less thinly scattered over the surface; but by degrees they increase in number and are thickly clustered, so as in some cases to cover the whole of the surface, giving it a milk-white appearance altogether. In some instances the co-

lour of the incrustations is dark or brownish, indicating a more unfavourable state of the disease. A similar appearance is sometimes observed at the extremity of the rectum, and then the nurses say "the thrush has gone quite through the child," meaning, that the whole tract of the alimentary canal is in a similar state. This, however, is not probable, as the structure is different. The vesicular character belongs to the skin exclusively, which can not be traced beyond the fauces, nor but a little way within the anus. On many occasions, however, the whole alimentary canal is in a state of great disorder and irritation, if not of actual inflammation; though, if examined, it would not probably present the same appearance as in the mouth. The disease is attended with considerable soreness of parts, and generally with more or less of a febrile state of system. If the crusts are forcibly rubbed off, they are soon reproduced, by a fresh production of cuticle, of which the crusts appear to consist.

This disease is sometimes a *primary* affection, arising without any obvious cause, and is then of little moment. It is of far more frequent occurrence in infants than in adults, and generally makes its appearance soon after birth; it is mostly owing in them to the use of improper food; as in children that are brought up "by hand," as the expression is, that is, upon vegetable food, instead of the mother's milk. In many cases, *aphthæ* are a secondary affection, arising out of some general febrile state of system, especially when this has been of long standing; as in cases of *hectic fever*. It often appears also towards the end of ordinary idiopathic fever, especially those of a violent or malignant kind, when the crusts commonly assume a brown appearance, and are then justly supposed to indicate danger.

The treatment of this inflammation of the mucous membrane, (for such it is,) is sufficiently simple. When a *primary* affection, it calls only for the use of mild antiphlogistic remedies. When it is a symptom merely of other diseases, these require our chief attention. The best local treatment appears to be the application of very mild *stimulant* and *astringent* remedies; bearing in mind the great sensibility and irritability of the parts concerned. When the disease is the result of improper feeding, the only rational or effectual mode of relief, consists in the restoration of the proper diet. The disease called "canker of the mouth," is only an aggravated state of the same disease, and requires the same general treatment.

2. The *fauces* are the seat of inflammation of different kinds, as well as degrees. This part of the subject, therefore, demands a more detailed consideration. The terms *cynanche* or *angina*, are employed technically, to express inflammation seated in these parts; and which is called in common language, *sore throat*, or quinzy, according to the degree of severity. The varieties of this, I shall proceed to explain to you in my next lecture.

LECTURE XXVII.

Diseases of the Fauces.

The *fauces*, as I observed to you at the termination of the last lecture, are the seat of different diseases, all of them, however, consisting in inflammation, or the consequence of this. The parts concerned are the *tonsil glands*, the *velum palati*, or dependent curtain that separates the mouth from the fauces; the *uvula*; and the *pharynx*, or commencement of the gullet. Inflammation in these parts is termed, in a general way, *cynanche* or *angina*, in allusion to the choking that attends such affection. The mucous membrane is the principal seat of the inflammation in these cases, although the disease often spreads into the cellular membrane beneath it, and then not unfrequently terminates in suppuration.

Inflammation in the fauces has commonly been divided into two *species*, according as the disease is superficial and diffused, or deeper-seated and circumscribed in its extent: the one called, accordingly, the *erysipelatous*; the other, the *phlegmonous* or *inflammatory sore throat*. But these can hardly be considered as different *species* of disease, since they originate in the same cause, and are variously blended together; the difference between them appearing to depend rather upon the habit of the individual than any thing peculiar in the nature of the disease itself. There is, however, a *specific* form of inflammation in those parts that is essentially different from the ordinary kind, and which will be described hereafter.

The general, and indeed the only obvious cause, of common inflammation in the fauces, is the taking cold, as it is called, a cause that, as on other occasions, is extremely uncertain in its action. If the habit is strong and not very irritable, and the disease occurs in winter or spring, the inflammation is usually of the phlegmonous kind. There is then much pain felt in swallowing, to which there is a constant propensity, from the copious secretion of a viscid mucus; while the swelling is so considerable as to render swallowing difficult as well as painful. The imperfect state of deglutition often occasions a part of the food, or drink, to be regurgitated through the nostrils.

In some instances, the swelling is sufficient to press upon the jugular veins, so as to impede the return of blood from the head, and thus occasion a degree of stupor, or even delirium. Now and then, though rarely, respiration is impeded by the swelling; and another danger is, the spreading of the inflammation into the larynx, so as to destroy the voice, and even to induce symptoms of croup. *Pyrexia* usually attends, (except in very slight cases,) and is of the active or *inflammatory* kind, as it is termed; (though without much propriety, for these terms are equally applicable to the *diffused* species, to be next mentioned); the pulse is strong and full, with only a moderate degree of frequency. This is the *cynanche tonsillaris* of Dr. Cullen, though by no means confined necessarily to the *tonsils*, but equally liable to affect the neighbouring parts — the *inflammatory sore throat* of common language. It has a strong tendency to go into suppuration, and generally does so after it has continued for two or three days in any considerable degree.

This disease is rarely attended with danger, though it is proper you should know, that it does sometimes prove fatal, and this may happen either from the affection of the brain, or from impeded respiration.

The treatment of this variety of *cynanche* is very simple. It requires little more than the common treatment of inflammation, applied according to the degree and stage of the disease. Slight cases require little or nothing to be done, beyond a common attention to regimen. If the brain should appear to suffer, opening the external jugular vein promises the most effectual relief; and if respiration should be rendered so difficult as to endanger life, even tracheotomy may become necessary. In all urgent cases, you should watch narrowly the approach of suppuration, in order to open the abscess as early as possible; and scarification of the parts may be useful, as tending to diminish the swelling in some degree. Gargles are of little use; and the too frequent employment of them is hurtful, while it adds to the distress of the patient.

When the subject of the disease is rather weak than strong, and at the same time of an irritable habit, the inflammation, instead of being circumscribed and phlegmonous in its character, is more likely to be superficial and extensive, so as to occupy all the parts within view; the redness is intense at first, but with little swelling or pain, as compared with the former. White vesicles are apt to form on the inflamed surface, very like the thrush, and which often go into ulceration, with sloughing, to a greater or less extent. These changes are often gone through in the space of a few hours; and the ulcers heal as rapidly. Swallowing is not very difficult in this case; nor is respiration apt to be impeded, unless from the spreading of the inflammation into the larynx, to which indeed there is a stronger tendency than in the former. There is much *pyrexia*, or symptomatic fever, but it is of a different character from the former, being of an irritative kind, and marked by a very quick and frequent pulse, which is also small, if not weak. The skin is usually very hot, and there is much head-ache. This is what has been called the *erysipelatous sore throat*, an improper appellation, as the term *erysipelatous* should be confined to the skin. In this form of the disease, the brain appears to be much disposed to inflammation; this, therefore, is one source of danger; and another is, the spreading of the inflammation into the larynx, giving rise to croup, as before remarked. Slight cases of this kind require only attention to regimen. Strict abstinence, however, is not necessary: the patient may in general be safely left to follow his inclinations on this head. A general prejudice exists against *bloodletting* in this kind of sore throat, from a belief that it will do harm, the disease being supposed to be essentially connected with debility. This is, however, hypothetical. Bleeding, indeed, is not generally required in these cases; but I know, from many trials, that, provided it is done to a moderate extent only, it is not at all prejudicial, but, on the contrary, often salutary. So that if the symptoms, either the local or general ones, are unusually severe, you need not fear to bleed to a moderate extent, proportioned to the general circumstances of the patient.

The same views that led to the rejection of *bloodletting* in this variety of sore throat, led also to the use of *tonics*, and even of active *stimulants*, such as *ammonia* and the *capsicum*; and likewise wine. But there is no more foundation, in theory, for the one opinion than the other. The use of these means is not perhaps so injurious, in all cases, as might be expected; but they are in general at least unnecessary. The moderate use of wine diluted, and also a light preparation of the *cinchona*, where the pulse is soft and weak and the tongue moist, are, I believe, useful; but not in other circumstances. It is of importance that the skin should be kept cool, and a pure air admitted to the patient.

The two varieties of sore throat which I have now described to you, are merely cases of common inflammation, generally produced by cold, and modified by the habit of the patient merely. There is, however, another very distinct *species* of *cynanche*, or *angina*, of a more formidable nature, but which makes a part only of a more general affection—one of the *specific fevers*, along with which it will be hereafter considered. It has received different denominations, according to its degree, and its combination with a scarlet efflorescence on the skin, with which it is generally attended. *Scarlatina simplex*, *Scarlatina anginosa*, *scarlet fever*, *malignant*, *putrid*, or *ulcerated sore throat*, are all epithets that have been applied to it.

The *cynanche parotidea* of Dr. Cullen (vulgarly, the *mumps*) ranks also with the *specific fevers*, and is not now to be further noticed. The *cynanche pharyngea* differs only in seat from the *cynanche tonsillaris*; the inflammation occupying the *pharynx* more particularly.

The fauces are likewise the seat of some more indolent and chronic affections, which require notice. One of these is the *venereal sore throat*, which must be distinguished from the former, on account of the great difference of treatment that is called for. The distinguishing characters of the *venereal sore throat* can only be sufficiently understood, when the history of the *venereal disease* is given. I may observe, at present, that when deep and foul ulcerations are observed in the throat, the edges of which are abrupt, and their progress slow; without much general disorder of system; and which do not yield to common antiphlogistic treatment; there is much reason to suspect them to be of a syphilitic nature; such characters should lead you to make a more minute inquiry.

The *tonsils* are sometimes much enlarged, from a chronic kind of inflammation; with the inconvenience, at times, of occasioning deafness, by pressing upon the openings into the *eustachian tubes*. The *uvula*, in like manner, often becomes elongated, and, by coming in contact with the back part of the tongue, occasions frequent efforts to vomit, that, unless the cause be known, are apt to excite alarm in the mind of the patient. These states may generally be relieved by astringent applications; or by scarifications; or even a slight application of the *lunar caustic*. In some cases, a removal of the part becomes necessary; but this belongs to surgery. Such affections generally occur in lax habits, that require the use of *tonic*, or even moderately *stimulant* remedies. Occasional purgatives are also useful.

Diseases of the Œsophagus.

The *œsophagus* or *gullet* is of course liable to inflammation, to which, however, no distinct appellation has been given. The inflammation may affect either the lining membrane, or the substance of the part; and the symptoms will vary accordingly. In the former case, there will be a sense of heat and soreness, and which will be aggravated when any thing hot or acrid is swallowed. This affection is commonly occasioned by food or drinks of too stimulating a nature; as it may be also by any other irritating substance swallowed. It in general quickly subsides, and calls for nothing but the simplest antiphlogistic treatment.

Inflammation of the substance of the œsophagus, is a disease of greater moment, on account of the impediment it may afford to deglutition, as well as in other ways. It is not so extensive an affection as the former, but confined commonly to a small portion of the canal, the exact seat of which may be ascertained by the feelings of the patient, especially during the act of swallowing, which is rendered difficult as well as painful, by the contraction of the part, the natural consequence of the inflammation. The pain is often referred by the patient to the back; so that the real seat of the disease may be overlooked, unless attention is paid to the state of deglutition. The inflammation is in some cases productive of much general disorder, and may terminate in suppuration; which indeed is to be suspected, if the symptoms continue with severity for many days. The treatment is exactly that of inflammation in general, and needs not therefore be again particularized. It is obvious that the part should be left at rest as much as may be, and therefore that swallowing should be avoided as far as possible.

The œsophagus is liable also to a slow or chronic kind of inflammation, which produces its usual effects on such a structure, namely, thickening and contraction, and, of course, impeded function; that is, painful and difficult deglutition. The disease generally comes on slowly, so as for some time to escape notice. The patient then finds a difficulty in swallowing his food, unless it be thoroughly masticated, or is of a soft and liquid kind: there is also felt a degree of heat and soreness in the part: and thin saliva flows abundantly from the mouth. As the disease advances, deglutition becomes more and more difficult, and at length nearly or altogether impossible. The general system begins to be disordered, by the irritation occasioned by the local disease; the pulse becomes frequent, the skin hot, and the tongue furred. The body wastes, partly by the febrile disorder present, but chiefly from the interrupted supply of food: and from these combined causes, the patient is at length destroyed, after lingering for an uncertain period; it may be a few months, or the disease may be protracted even for years. Upon examination after death, the part is found in the state I have mentioned; namely, thickened and contracted, and often ulcerated. Sometimes the tube is found considerably dilated, above the diseased part, and that unequally, either on one side or the other; so that the strictured orifice is not in a line with the upper portion of the tube; making it difficult to pass an instrument into the stomach, for the purpose of keeping the passage open. This chronic inflammation of the gullet has been variously denominated; *dysphagia*, that is pain or difficulty of swallowing; *stricture* of the œsophagus; and even *schirrus* or *cancer*, with which in point of fatality, if not in other respects, it may indeed be compared.

This disease appears to arise spontaneously, that is, from no obvious cause. It very generally proves fatal, as I before stated. The treatment altogether is very unsatisfactory. Inflammation of this kind is hardly within the power of common antiphlogistic means, though such alone hold out any reasonable hopes of success. As long as a tolerable share of general strength remains, it will be proper to employ anti-inflammatory means with caution. Mercury may be subsequently tried, in the hope that it may effect a beneficial change in the disease. It is, however, an equivocal remedy in such cases; quite as likely to do harm as good. There is always much empirical practice resorted to on these occasions: such as the giving *hemlock*, or the *blue pill*, &c.; the use of which can hardly be attended with advantage, but often with injury to the general health.

It becomes necessary at times to use instruments, for the purpose of keeping the passage to the stomach open; but this practice, however necessary, is attended with disadvantage to the disease itself, which cannot but be aggravated by such mechanical violence. There is the uncertainty besides, of passing the bougie in the proper direction, and the chance even of perforating the sides of the œsophagus, if much force be used in a wrong direction. It is of importance to exhibit food of a liquid kind, and which is at the same time the most capable of affording nourishment to the body. Such, unquestionably, is milk, in preference to all others.

Some persons are particularly subject to inflammation in the fauces, upon taking cold. In such, the early use of brandy, as a gargle, often puts a stop to the disease. I have found the internal use of the cinchona, continued for a length of time, prevent, apparently, the recurrence of such attacks, probably, by diminishing the general irritability of the system.

The œsophagus, from its muscular structure, is of course liable to spasmodic contraction. Its natural motion, also, may be inverted, so as to occasion regurgitation of the contents of the stomach, without actual vomiting. Such states are too trivial to be dwelt upon.

FOREIGN DEPARTMENT.

ARCHIVES GENERALES DE MEDECINE, AND JOURNAL DE PHYSIOLOGIE EXPERIMENTALE ET PATOLOGIQUE.

Dr. Serres on the bursting of Aneurisms of the cerebral arteries.

I have divided those cases of apoplexy which are accompanied by an effusion of blood, into two genera. The first I call meningeal apoplexy, (hemato-meningie,) the second, cerebral apoplexy, (hemato-encephalie.) Both of these forms of the disease may be the consequence of the rupture of a vein, of an artery, or of an aneurismal tumour evolved on one or other of the arteries of the encephalon. The first species of the disease, as its name proclaims, especially affects the envelopes of the brain or spinal marrow; the second particularly interests the substance of the cerebro-spinal axis of the nervous system. Each is distinguished from the other by characteristic symptoms. In the meningeal apoplexy, the voluntary motions are not affected with palsy. In the cerebral form of the complaint, on the other hand, the voluntary motion is always paralysed in a greater or less degree, and is differently affected, according to the situation in which the fibres of the cerebrospinal axis are ruptured. In both, the effused blood occurs in clots or coagula; in the cerebral apoplexy, it is circumscribed, and lodged in excavations of the encephalon, whilst in the meningeal apoplexy, it is diffused, and may extend over the entire outer surface of the brain, and even into the interior of the ventricles: this difference in the nature of the extravasation is quite characteristic; for in the first case the blood is collected within a circumscribed cavity; and in the second, as the fluid issues from the ruptured vessel, it makes its way between the arachnoid and pia-mater, and gains every point penetrated by these membranes.

Cases of meningeal apoplexy are rare; and even in those which are known, the vessel whose rupture occasioned the hæmorrhage has not been particularized. The cases in which the blood has been shed from an aneurism of some cerebral artery, are still more uncommon. I know but of two cases; one of them I have already published, the other I shall immediately lay before the reader. This circumstance has induced me to join the two together.

Case I.—*Rupture of an aneurism of the Basilar artery.* G. B. Espert, aged 59, a brass-founder, with a strong constitution, short, and very muscular neck, had long been subject to a peculiar sense of weight in the head, to which he could not apply any definite title. This sensation was increased when he made any great exertion, when he walked quickly, or when he had been drinking, a vice to which he was much addicted. On the 4th of February he had an attack of acute pneumonia, and on the 6th, he entered la Pitié. The disease yielded to two venesections, and three applications of leeches to the seat of the pain.

He was soon convalescent, and even thinking of quitting the hospital, when on the 26th he received intelligence of the death of a child to which he was greatly attached.

This news, which reached him unexpectedly, brought on a fainting fit, which continued for some hours. In the evening, symptoms of fever appeared, and the day after, on making my round, I found him with the face flushed, the jugulars swollen, the breathing high, and the chest slightly painful on the right side, the principal seat of the late inflammatory attack; the pulse was hard, full, and quick, and the mental faculties appeared to be greatly blunted. This last symptom occupied my attention but slightly, for it had continued through the whole acute stage of the former complaint. A copious bleeding relieved the patient. Dozing during the night.

28th. Permanent apoplectic state; respiration tardy, pulse frequent, bounding, and very hard, the artery vibrating under the finger; the face red and tumefied. The patient died suddenly at one o'clock, the symptoms never having diminished in intensity.

Before proceeding to open the body, I was induced, from an analysis of all the symptoms, to prognosticate the rupture of some artery within the cranium, and I only erred in regard to the existence of an internal aneurism, of which the annals of science did not to my knowledge record a single instance. No sooner was the cranium opened, than we perceived an immense quantity of black coagulated blood at the basis of the brain. The spinal marrow being divided, the brain was turned back, and then the basilar artery, near the place of its division into branches, was seen to be affected with aneurism. The aneurismal dilatation was an inch in diameter every way, and the sac might be about the size of a small hen's egg. Its form was round, but a little flattened on its superior surface. It was quite empty, and presented a circular opening, with ragged edges, about a line and a half in diameter. The sides of the sac were thin and uniform. The middle tunic possessed that cartilaginous character so frequently observed in the arterial polygon of the basis of the brain. The effused blood might be estimated at about a pound; it had followed all the foldings of the membranes, and along with them had penetrated and distended the lateral ventricles. In other respects the brain and cerebellum were healthy.

Case II. *Rupture of an Aneurism of the anterior communicating Artery of the Brain.*

M. N. Gervais, aged 53, on the morning of 3d January, 1826, fell to the ground in a senseless state. On the 4th, she was brought to La Pitié; the student in attendance ordered twelve leeches to the neck, and blisters to both the legs.

5. The patient was in a state approaching stupor; the face was injected as in advanced organic affections of the heart. This state differed from the ordinary course of apoplectic patients, inasmuch as the eyes were open, the respiration almost natural, and the pulse small and not very frequent. The patient lay on her back without motion, and appeared

to notice nothing that passed around her; although the eyes could be moved freely in every direction, the sight seemed confused, if it were not altogether annihilated; neither did she appear to hear. The jaw could be moved, but with the greatest difficulty. The face, nevertheless, remained sensible at every point, as were the limbs also; the left arm looked as if contracted upon the breast, but it could be placed in any position without an effort. The left leg exhibited no signs of rigidity. As the patient, when excited, did not move a muscle, it was concluded that she was generally paralytic. The left side especially seemed more relaxed than the right. At intervals, some slight convulsive movements were observed, and there was constipation of the bowels and retention of urine.

6th. Same state; the mouth now drawn to the left; the skin cold, the face rather discoloured than red, the pulse small and scarcely to be felt, the patient exhaling a fœtid odour. She died at eleven, a. m.

A very slender acquaintance with the practice of medicine would enable any one to say that this patient had died apoplectic, but in the present state of our knowledge, I deemed it better to be silent upon the species of apoplexy which had here proved fatal, than to hazard mere conjecture in regard to its nature. When the skullcap was removed, we perceived the meningeal veins gorged with blood, and an effusion of the same fluid surrounding the hemispheres, and penetrating into the cerebral anfractuosities; the extravasation was particularly conspicuous about the posterior and lateral parts of the left hemisphere. The brain was removed with every care from its situation; the coagulated blood was washed away by means of a stream of water, and the arteries examined from the basilar forwards. Arrived at the left communicating branch of the arterial polygon, we perceived an erosion of the vessel, but its internal tunic had remained untouched, so that the blood could not have escaped from this point. At length the true source of the hæmorrhage was attained; it had proceeded from an aneurismal pouch, about the size of a musket ball, developed on the right side of the anterior communicating artery of the brain. Pursuing the dissection, I found that the left cerebral artery had also given way. The blood had therefore been shed from two openings. The fluid had penetrated the fissure of Sylvius on both sides, and been effused in this direction along the course of the middle cerebral artery. Anteriorly it had followed the track of the arteria callosa, and been shed over the basis of the anterior lobe of the brain. Posteriorly it had filled the anfractuosities of the posterior lobe of the brain, and those of the surface of the cerebellum. In the vicinity of the pineal gland, the coagulum was a little thicker than elsewhere; the blood had penetrated the lateral ventricles by the cleft that occurs between the thalami and corpus fimbriatum. The choroid plexus contained very little. The pia mater was every where uninjured, a circumstance which makes it probable that the effusion had been rather slow and gradual than very sudden.

The blood had also surrounded the upper part of the tubercular quadrigemina, had penetrated the fourth ventricle, bathing the pons varolii, and. still following the pia mater of the spinal marrow, had flowed around this part to some considerable distance. This enormous extravasation of blood was undoubtedly reason sufficient for the death of the patient. But it did not afford so satisfactory an explanation of all the symptoms; the loss of motion of the left side, the general insensibility could not depend on the presence of the extravasated blood. The brain had, therefore, to be examined in relation to these symptoms. The brain being incised then, we found an alteration in the right half of the centrum ovale, towards the middle part of the radiations of the corpus striatum and optic thalamus. In this situation the brain was disorganized, of a yellowish colour, through an extent of about five lines, and the medullary substance surrounding the altered nucleus, charged with numerous red points. The posterior part of the fornix was also softened; the disorganization here extended to the upper part of the cornu ammonis. The commissura mollis was red and marbled through its whole depth; this appearance stopped suddenly at the point of its origin from the optic thalamus.

The heart was affected with hypertrophy on both sides. The intestinal canal was healthy.

The hemiplegia of the left side was therefore accounted for by the alteration of the right part of the centrum ovale. If there was really general palsy, there would be much more difficulty in accounting for it.

These are, so far as I know, the only two cases of aneurismal dilatation with rupture of the cerebral arteries, which are on record. Morgagni saw an aneurismal dilatation of the internal carotid and basilar. Vieussens found the first of these vessels affected with aneurism in the cavernous sinus, but in both cases the aneurismal sac was entire.

REVIEW.

The Anatomy of the Human Brain, with a general View of the Nervous System. By G. SPURZHEIM, M.D.

[Concluded from page 211.]

BEFORE Gall and Spurzheim, anatomists had separated the nerves of four of the external senses, viz. of smell, taste, sight, and hearing, from those of the fifth, or of feeling, they had also assigned the third, fourth, and sixth pairs to motion, and all the other trunks of the medulla oblongata to sensation. Erasistratus had observed perfect voluntary motion in the absence of feeling, and *vice versa*. Pathological facts then directed the attention of physicians to the complexedness of the nervous system, long before anatomists had displayed its structure, or physiologists attempted to assign a station and a name severally to the functions of its parts. The subject has occupied the attention of Gall and Spurzheim, Bell and Magendie, and in their hands the subject has at length assumed much of the harmony and beauty of a system. “ Physiological and pathological facts,” says our author, “ being strikingly and universally favourable to the idea of distinct nerves of feeling and motion, and four of the senses being evidently provided with peculiar nervous apparatuses, I have always maintained the probability of the same law obtaining in regard to the fifth, and even invited anatomists to use their endeavours to verify the point, and to demonstrate the muscular (motores) as distinct from the cuticular nerves,” or those of sensation.* To this it has been objected, that the nerves of sensation and of motion issue together, and that every fibre of the pair must therefore be alike. “ But to this” says Dr. Spurzheim,—

> “ I always answered that the objection is neither valid on the strength of the fact, nor on that of the inference from it. For the spinal pairs are composed of two roots, the one dorsal, the other abdominal; and further, each root is itself composed of many bundles. I also stated that this structure is less conspicuous in the fifth cranial nerve than in the spinal pairs; but that, nevertheless, the difference of its bundles, and their dissimilar functions, were recognized. One, all allow, is appro-

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* There is a remarkable semblance between this passage and the conclusion of the following of Hunter:—“ The nerves,” says this illustrious physiologist, “ being in themselves perhaps the most difficult parts of an animal body to dissect, becomes a reason why we are still unacquainted with many of the minuter ramifications; yet if a knowledge of these, together with that of their origin, union, and re-union, is at all connected with their physiology, the more accurately they are investigated, the more perfectly will the functions of the nerves be understood. I have no doubt, if their physiology was sufficiently known, but we should find the distribution and complication of nerves so immediately connected with their particular uses, as readily to explain many of those peculiarities for which it is now so difficult to account. What naturally leads to this opinion is, the origins and number of nerves being constantly the same, and particular nerves being invariably destined for particular parts. The fourth and sixth pair of nerves are remarkable instances of this; and we may reasonably conclude, that every part has its particular branch allotted to it, and that however complicated the distribution may be, the complication is always regular. There are some nerves which have a peculiarity in their course, such as the recurrent and chorda tympani; and others which are appropriated to particular sensations, as those which go to four of the organs of sense,—seeing, hearing, smelling, and tasting; and some parts of the body having peculiar sensations, (as the stomach and penis,) we may, without impropriety, include the fifth, or sense of feeling. This general uniformity in course, connexion, and distribution, will lead us to suppose that there may be some other purpose to be answered more than the mere mechanical convenience.”—*Observations on the Animal Œconomy*, 1786.

priated to taste, while the rest belong to sensation in general. In conformity with the above view, the glosso-pharyngeal has always appeared to me destined to the third sort of the lingual functions, that is, to general feeling. The above ideas were published in my English work, "the Physiognomical System," (p. 23,) and in 1818, in my French work, entitled "Phrénologie," (p. 236.) In all the courses of lectures I have delivered since these works issued from the press, I have broached similar ideas, and encouraged those of my auditors, when opportunity favoured to enter on the inquiry, and to endeavour to trace the nervous fibres from their peripheral expansions to their origin in the spinal chord."—pp. 39, 40.

Hence it appears that Dr. Spurzheim is entitled to the merit of having first assigned distinct offices to the anterior and posterior portions of the spinal marrow. Bell and Magendie have since prosecuted and advanced the inquiry. The former has distingushed an order of nerves which he calls respiratory from those of sensation and motion in general. According to this author, the spinal chord is made up of six columns of nervous matter.

"Each lateral portion of the spinal marrow," he says, "consists of three tracks or columns; one for voluntary motion, one for sensation, and one for the act of respiration, so that the spinal marrow comprehends in all six rods intimately bound together, but distinct in office, and the capital of this compound column is the *medulla oblongata*. The anterior column of each lateral division is for motion, the posterior for sensation, and the middle one for respiration. The two former are extended up into the brain, and are dispersed or lost in it; for these functions stand related to the sensorium; but the latter stops short in the medulla oblongata, being in function independent of reason, and capable of its office independent of the brain, or when separated from it.

It is the introduction of the middle column of the three, viz. that for respiration, which constitutes the spinal marrow, as distinct from the long central nerve of the animals without vertebræ, and which is attended with the necessity for that form of the trunk which admits of the respiratory motions."—pp. 22, 23.

Mr. Bell traced the anterior column of the spinal marrow to the brain, and finds that all the nerves which arise from it are for motion.

"We trace the column," says he, "up into the corpus pyramidale, and find there the origin of the ninth nerve. We see that this nerve has only one series of roots, corresponding with the anterior roots of the spinal nerves, and that these roots come from the *tractus motorius*, and we cannot forget that this nerve is entirely devoted to the muscles of the tongue; that it is the motor of the tongue.

Following up the corpus pyramidale, we find issuing from it the sixth nerve, a muscular nerve of the eye. Still following up the *tractus motorius* through the *pons varolii*, we come to the roots of the third nerve, the motor nerve of the eye. *Thus all the nerves arising in one line from the crus cerebri to the cauda equina are muscular nerves.*"—pp. 33, 34.

"There is an obvious division of the spinal marrow, corresponding to the cerebrum and cerebellum; every regular nerve has two roots from the anterior of these columns, the other from the posterior; such are the fifth pair; the suboccipital; the seven cervical; the twelve dorsal; the five lumbar; and the six sacral; viz. thirty-one pairs of *perfect*, *regular*, or *double nerves* in the human body. They are common to all animals, from the worm up to man; and are for the purposes of common sensation and motion, or acts of volition; they run out laterally to the regular divisions of the body, and never take a course longitudinal to the body.

For the sake of arrangement the remaining nerves are called *irregular* nerves. These are distinguished by a single fasciculus or root; that is a root from one column. These are *simple* in their origin, irregular in their distribution, and deficient in that symmetry, which characterizes the first class. They are superadded to the original class, and correspond to the number and complication of the superadded organs. Of these there are the third, fourth, and sixth to the eye; the seventh to the face; the ninth to the tongue; the *glosso pharyngeal* to the pharynx; the *nervus vagus* to the larynx, heart, lungs, and stomach; the *phrenic* to the diaphragm; the *spinal accessory* to the muscles of the shoulder; the *external respiratory* to the outside of the chest."—pp. 44, 45.

Mr. Bell has shown, by his experiments, that the facial nerve (portio dura of the seventh pair) may be cut without diminishing the sensibility of the parts on which it is distributed, the effect of the operation being to divest them of the respiratory motions. On dividing the fifth nerve, however, on the face of an ass, no further sensibility remained than was communicated by certain fibrils of the spinal nerve, which are distributed to the integuments of the jaw. He shows that, like the spinal nerve, the fifth, has an anterior and posterior origin, that "it is in fact the uppermost nerve of the spine."

Mr. Bell has paid particular attention to the facial nerve, as influencing the functions of respiration in those parts to which its ramifications extend. He styles it, in particular, a "*nerve of expression*," and, being a nerve of motion, it may certainly merit the appellation, but since it, "arises by a series of *single* roots," according to Mr. Bell's own theory, it should not perform *two* functions.

"I chanced, very lately," says Dr. Spurzheim, "to see a case where the voluntary motion of the right side of the face was lost, whilst its sensibility remained; both feeling and motion of the left side were intact; the movements of the tongue were also natural, but if the person attempted to spit, the saliva was always thrown to the right side by the action of the left and healthy half of the cheeks and lips."—p. 42.

M. Serres relates the case of an epileptic young man who had a slight affection of the right eye, which gradually increased, and in fine destroyed his vision. The other organs of sense and motion, on the same side, were successively paralysed; the eye, eye-lid, nostril, and half of the tongue lost their powers, while on the left they retained their wonted integrity; the patient died, and his dissection discovered that the ganglion of the fifth pair was enlarged, of a yellow colour, and vascular below; that the nerve itself, at its insertion into the annular protuberance, was converted into a yellow gelatinous looking matter, which penetrated, in little processes, the substance of the protuberance in the direction of the nervous insertions. The muscular branches of the nerve were healthy on the otherwise affected side. Mr. Bell is undoubtedly entitled to the merit of having distinguished the functions of the fifth and facial nerves, and thus of having afforded a certain proof of the difference between nerves of feeling and of motion, but it must be conceded that Dr. Spurzheim first spoke of the spinal column as made up of an anterior and posterior portion, and of the double origin of its nerves.

This distinction of the nervous roots accords with the functions of the spinal mass but the subject requires further elucidation, for as M. Magendie remarks,

"'When the posterior roots, covered even with their sheaths, are irritated, signs of extreme suffering are manifested; and, what is particularly deserving of notice, contractions of those muscles that receive nerves from below the place so irritated are excited; these contractions, too, only occur on the side of the body the nervous fibres of which are pricked.' According to the observations of the same author, (says Dr. Spurzheim,) the abdominal surface of the spinal chord is not altogether insensible when irritated. The communication between the spinal chord and the nerves of the vegetative functions is also known to be established by means of fibres, which communicate directly with the abdominal roots of the spinal nerves; nevertheless, the will has no influence over the functions of the viscera. Moreover, the fibres of the dorsal roots are evidently larger than those of the abdominal; both are in proportion to the volume of the parts to which they are distributed, and both send off branches that run into muscles. It is improbable, therefore, that the dorsal roots are solely destined to general sensation. Neither does it seem to me at all likely, that the spinal chord and its nerves are mere conductors of sensation, and of volition in reference to motion. I rather conceive that they aid in maintaining the powers of those parts to which they are distributed; for instance, that the muscles, or instruments of motion, acquire their power, in part, through the influence of their nerves, whilst the will to make the muscles act resides in the brain. Thus

I do not believe that the only office of the spinal chord, with its nervous roots, is to establish a communication between external impressions and the brain, and between the brain and the instruments of motion—the muscles. To me it seems probable, that a very small part of the spinal chord suffices for these purposes; the particular portion, or organ, however, cannot, in the present state of our knowledge, be specified. The experiments of M. Magendie prove the abdominal roots to include the conductors of volition; but as each of these is composed of two halves, the one superior, the other inferior, and, in man, of two distinct chords, it would be interesting to repeat and to extend the experiments, and by cutting the halves separately, to ascertain whether both propagate the dictates of the will; or if this task is limited to one, to that namely, which does not communicate with the intercostal nerves. The ganglions of the intercostal nerves, as well as those of the dorsal roots of the spinal chord, may possibly prevent the will influencing the functions of the parts, to which these nerves are distributed."—pp. 47, 48.

Having, as we trust, rendered this part of the subject intelligible, we shall pass over the next of our author's chapters, or "general considerations on the spinal chord of man and animals," which can only be duly appreciated by a diligent perusal, aided by the plates, and proceed to the description of the "pretended cerebral nerves," premising, however, that the above remark applies to this as well as every other part of the volume, and that the pyramidal, olivary, and restiform bodies, are examined in connection with the cerebellum and brain, of which they are parts.

"The opinions of authors upon the origin of the nerves of the head are very various. In general they are derived from the brain, hence their name *cerebral*. But some writers limit the title *brain* to the hemispheres, and join the striated bodies, the optic thalami, the cerebral legs and annular protuberance to the medulla oblongata; or, otherwise, they look on all these as parts of the spinal chord, and then say that no nerve whatever arises from the brain, that is, from the hemispheres immediately. By thus extending the limits of the medulla oblongata and spinal chord, however, parts that belong essentially to the brain are included. The principle we lay down, therefore, that no nerve originates in the brain, and that every nervous part has its own origin, so that the nerves can no more be derived from the brain than can the various nervous pairs from each other, cannot possibly be confounded with any of the foregoing opinions of authors.

The proofs we adduce in support of our position, as to the independent origin of the various nervous parts, are constantly the same; all, therefore, that has been said to demonstrate the spinal chord to be no continuation of the brain, applies to the nerves of the head, and proves that they do not owe their being to the brain, and that no one pair derives its existence from any other. In the first place, the nerves of the head bear no proportion to the brain in size; and then, these nerves exist in acephalous monsters, whose brain never had being. Moreover, the course taken by the nerves towards the cranial holes through which they pass, proves in the most positive manner that they are not continuations of the cerebral fibres. In examining the individual nerves, I shall speak of their several peculiarities, as origin, structure, and connection are concerned.

The nerves of the head, as of the spine, have been long classed into pairs. The number of pairs reckoned, however, varies considerably; sometimes they are said to be seven, sometimes eight, or nine, or according to M. Sœmmerring's method of counting as many as twelve. However, the mode of indicating the several pairs of nerves numerically, and speaking of the first pair, the second pair, the third pair, and so on, possesses no practical advantages, because, besides the number, the functions of each pair must still be learned. It is better, therefore, to designate each pair of the cranial nerves in succession from its functions or its destination.

Some authors have divided the nerves according to their places of detachment, into nerves of the brain, of the cerebellum, of the annular protuberance, and of the medulla oblongata. This attempt at classification was necessarily very deficient, for it is based upon an error in regard to the origins of the nerves; the actual place of origin being confounded with that at which they issue immediately from the general mass."

Gall and Spurzheim maintain, that every nervous part has its peculiar origin, and that the nerves do not *arise* either from the brain or spinal marrow, or the latter from the former; that they are merely in intimate connection with each other. Hence the latter speaks of "supposed cerebral nerves."

1. The *accessory* nerve, which Mr. Bell calls the superior respiratory nerve of the trunk, arises from the posterior portion of the cervico-spinal mass, and medulla oblongata*. Its filaments vary much in thickness and length, and sometimes it is considerably longer on one side than the other. It recedes from the spinal chord and medulla oblongata, as it approaches the vagus, with which it passes out of the cranium to be distributed on the neck and shoulder.

2. The *pneumogastric* (par vagum) is found in all vertebral animals. In man it issues by numerous filaments between the olivary and restiform bodies, nearer, however, to the latter than the former. Its communications and distributions are well known, but from comparative inquiries, Mr. Bell infers, that it is not essential to the stomach, "as it does not exist but where there are heart and lungs to associate with a muscular apparatus of respiration."

3. The *glosso-pharyngeal* in man, and the mammalia, arises from the medulla oblongata, just before the pneumogastric, by a great many filaments, which, soon uniting, form a trunk to be ramified on the pharynx and muscles of the tongue.

4. The *hypoglossal nerve* (motor linguæ) in man arises partly near the olivary and pyramidal bodies, and partly lower down by several filaments, which are united after the manner of the cervical nerves.

5. The *abductor nerve of the eye*, from the anterior column of the medulla oblongata.

6. The *facial* nerve (communicans faciei) arises from the spinal chord in the same manner as the last. "Its true origin," says Dr. Spurzheim, "is seen in the lower animals, but in man it *seems* to come from the annular protuberance," in consequence of its being either partially or wholly covered by the transverse fibres of that part.

7. *Motor nerve of the eye.* The filaments which afterwards compose this nerve, issue from the blackish body of the crura cerebri. It supplies five of the muscles of the eye.

8. The *nerve of the superior oblique muscle of the eye* (patheticus,) by several filaments from behind the posterior tubercles of the corpora quadrigemina in the mammalia, and from behind the bigeminal bodies in the other classes of animals. Although a nerve of motion, "it arises from the dorsal surface of the nervous mass."

9. The *trigeminal nerve*, from the medulla oblongata*, but we shall set down what Dr. S. says of this nerve in his own words.

"Its place of origin is apparent in those animals, as reptiles, birds, and fishes, which have no annular protuberance, and also in the mammalia, which have it of small size; but in man, the monkey, and other tribes, where this part is very large, the trigeminal *seems* to arise from it; the nerve, however, is, in fact, only covered by some of its transverse fibres, (plate viii. fig. 1,) and the origin of the nerve is, in fact, the same in all animals. To show it in the human kind, the fibres of the annular protuberance that cover it, must of course be dissected away.

The trigeminal nerve is distributed to every part of the face, to the muscles of the forehead, of the eye-lids, nose, lips, jaws, and ears; it communicates with the organs of all the five senses, and of voluntary motion, and brings these and the other parts of the body, the face, neck, trunk, and extremities, into mutual relationship. One branch of the trigeminal is ramified on the tongue, and is regarded as the true gustatory nerve. It is therefore, destined to cognize an impression of a specific kind, viz. taste. If some feel disposed to regard taste as a sort of touch, they must at least admit the impossibility of confounding or assimilating this species of perception with sensation in general."

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* According to Mr. Bell, all the nerves of respiration arise in a line with each other, that is, from the middle column of his nervous mass.

* By two distinct origins, "one root coming from the crus cerebri, and the other from the crus cerebelli," the latter having a ganglion like the spinal nerves.—C. Bell. This gentleman's views shall be more fully explained at another opportunity.

10. The *auditory* nerve comes from the fourth ventricle, and traverses in its course a band of gray substance, lying between the restiform body and the cerebellum. Piccoluomini first described certain white lines, which may commonly be observed in the ventricle, and supposed them to be the origin of this nerve, an opinion now pretty generally adopted.

11 and 12. The *optic nerve*, and *quadrigeminal bodies.* Most anatomists, since Varolius and Eustachius, have supposed the optic nerve to originate in what has been called its thalamus. Others, however, have traced some of its fibres backwards to the anterior of the quadrigemina, and, as Dr. Spurzheim remarks, without much difficulty. The nerve receives many additional fibres, from the tuber cinereum, which joins it without decussating. Gall and Spurzheim agree, that there is "a *partial* decussation of the optic nerves," the fibres of the outermost portions continuing "their course onwards, without decussating." They have come to this conclusion after considering numerous facts and cases which they have themselves witnessed, and which others have recorded.

It seems that the nerve originates in the anterior of the quadrigemina, but that the posterior of these bodies reinforces or perfects it, at least this is the opinion of Dr. Gall, who allows, however, that "the modes in which these two pairs (quadrigemina) assist the function of vision must differ, for they occur in various proportions to each other, in the different species of animals; in some, indeed, the posterior two are scarcely perceptible, or are even entirely wanting, although vision be perfect, as happens in birds."* In delivering his opinion upon this subject, after referring a good deal to comparative anatomy, Dr. Spurzheim remarks, that

> "The mammalia alone have quadrigeminal bodies; both pairs, however, have not, I conceive, similar offices, for there is no proportion between them indiscriminately, nor between the bundles of fibres which issue in different directions from each. The fibres of the anterior pair join the optic nerves, those of the posterior plunge under the optic nerves, and are lost in the middle lobes of the brain. The optic nerves communicate by means of superficial bands, while the posterior pair of the quadrigeminal bodies, with the internal and external geniculated bodies, with the middle and anterior cerebral lobes, and with the mass called tuber cinereum."

13. The olfactory nerve, by three roots, one from the fissure of Sylvius, and the others from a sulcus at the posterior part of the anterior lobe.

Having gone over the cerebral nerves, and observed that Drs. Gall and Spurzheim regard them as independent of each other, and, as far as origin is concerned, of the brain, the latter, however, and the cerebellum as added to the nerves of the external senses and of motion; and the entire nervous system, in short, as an aggregate of units intimately connected and in contact with each other, but having no continuous existence, we shall hasten to a close by taking a rapid view of their "method of dissecting the brain," which, however, can hardly be rendered intelligible without a reference to the plates.

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* Sur les Fonctions du Cerveau, 8vo. VI. 55.

"The brain should be removed from the cranium, care being taken not to tear the crura at the superior edge of the annular protuberance, (an accident that is very apt to occur,) nor to injure the medulla oblongata at the lower edge of the same part, and to cut the spinal mass so low down as to obtain, besides the entire medulla oblongata, the upper part of the true spinal chord. The brain thus freed from the skull, is then to be put into a plate, with the basis uppermost. The cerebellum and medulla oblongata having lost the support of the bone, now fall backwards. (Pl. vii. fig. 1.) In this position, all the appearances presented at the base of the brain are visible. Having considered the cranial nerves in the manner described in the preceding section, the structure of the true cerebral masses is to be examined, commencing with that of the cerebellum."

There is a collection of white and cineritious matter, which has been called corpus rhomboideum, dentatum, zig-zag line and kernel of the cerebellum at the union of this organ with the medulla oblongata, and this mass Dr. Spurzheim calls the ganglion of the cerebellum. Vicq d'Azyr thought that this ganglion was only to be found in man, but Gall and our author have shown that it exists in all the mammalia. In man it may be demonstrated running towards the vermiform process (the primary part) of the cerebellum, and it is very conspicuous in birds, although the lateral parts of their cerebella be merely rudimentary.

"This ganglion," says Dr. S. "is not situated in the middle of the cerebellum, but commences where this mass is connected with the medulla oblongata. Vicq d' Azyr commits a capital error in his plate (xxx. fig. 20.) in representing the ganglion of the cerebellum as placed so much externally, so near to the anterior edge of the organ to which it belongs, and so far distant from the medulla oblongata. In forming the cerebellum nature has, in all animals, followed the same plan. Two bundles constantly bring it into connexion with the two sides of the medulla oblongata; these are of variable size; they meet a greater or smaller quantity of gray substance, and proceed, strengthened in proportion to the quantity of this substance encountered; they then regularly compose a primary portion, which in the lowest tribes is smooth superficially, but which as the scale is mounted in, appears furrowed transversely, or divided into lamellæ, and gets complicated by the addition of lateral masses, laminated in like manner. This lamella structure is exposed by a vertical cut through the cerebellum; it bears the name of Arbor vitæ, on account of its supposed resemblance to the thuya, or tree of life.—(Plates.) Although the human cerebellum be very complicated, the elements of a precisely similar formation to that of the lower animals, may without difficulty be traced. One slip from the ganglion forms, with its fellow of the opposite side, the vermiform process, or primary portion, which, by a cut carried through the middle line, may be seen afterwards, dividing commonly into seven principal parts.—(Plates.) These divide into branches, and then again into leafets, differing in each case in number, length, and volume generally.

The other slips or bundles that issue from the ganglion proceed backwards, upwards, downwards, and outwards, and expand into layers, which are disposed horizontally. Those that come from the middle of the ganglion are the longest, the others are successively shorter as they issue nearer to the commencement of the ganglion. (Pl. viii. fig. 1, pl. ix, 1 and 2, and pl. xi. fig. 1, B.)

The peripheral extremities of the bundles thus disposed in lamellæ, are, as well as when they expand and form an uninterruptedly smooth surface, covered with a layer of cineritious substance.

By a section carried vertically through the middle of the ganglion in the direction of its bundles, eleven principal trunks or branches are commonly exposed. The nearer the cut runs to the middle, or posterior edges, of the cerebellar hemispheres, the greater will be the number of branches discovered, as their quantity will be fewer in proportion as it passes nearer to the mesial line of the body. Two branches may frequently be seen intimately united near the base of the ganglion (pl. ix. fig. 2, and pl. xi. fig. 1. B.), and forming, for some little way, a common stalk; but in other cases they proceed quite distinctly from the very beginning. Still greater varieties are to be detected in the interior divisions and subdivisions, which are unimportant, and require no particular mention.

The ganglion of the cerebellum varies considerably in form, and this, not only in different species, but even in different individuals of the same kind of animals. Its appearance also changes according to the mode in which it is cut; horizontally incised, it has the figure expressed in pl. viii. fig. 2, B. *s.*; obliquely, the form represented in pl. xi. fig. 1, B. *s.*; and, vertically, the contour given in pl. viii. fig. 1, and pl. ix. fig. 1 and 2 *s.* A horizontal cut shows it in its greatest extent.

Although the portions or ramifications of the cerebellum be divided into parallel lamellæ, they do not ultimately lie parallel to each other; each portion thus considered is placed obliquely. Neither are the furrows on the outer surface parallel. (Pl. vi. fig. 1 and 2. Pl. viii. fig. 1, B.) Sœmmerring has remarked, and exposed the error generally committed by anatomists in this matter in their drawings. It is also a mistake to suppose, that the furrows of the cerebellum penetrate deeply into its substance. They only do so in the clefts that mark its principal divisions."—pp. 122—125.

No one can deny to Gall and Spurzheim the merit of having first detected the relations which exist between the annular protuberance and the hemispheres of the cerebellum. M. Tiedemann, however, insists, that it is an error to derive the transverse fibres of the annular protuberance from the cineritions substance covering the leafets of the cerebellum, because, as he says, these transverse fibres are visible before any division into lamellæ can be recognised To which Dr. Spurzheim rejoins, that the reasoning is inconclusive; " since the annular protuberance and cerebellum are developed at the same time;" and that he (Tiedemann) is " himself mistaken in supposing the transverse fibres of the annular protuberance to come in part from the corpus dentatum (ganglion of the cerebellum,) they being altogether derived from the lamellæ of the hemispheres."

Anatomists describe two soft and thin layers, one uniting the upper part of the posterior pyramidal bodies with the lower portion of the vermiform process, the other connecting the cerebellum with the quadrigemina, and called the valve of Vieussens. Reil calls them the superior and inferior medullary veils.

The valve of Vieussens may be distinctly traced through all the four classes of vertebral animals. The inferior veil is conspicuous in the mammalia, though hardly perceptible in birds. After dwelling a good deal on the development of the parts composing the cerebellum, and clearly explaining its structure by numerous references to the plates, Dr. Spurzheim thus concludes the section, and with it this part of the subject.

" To demonstrate the connexion of the cerebellum with a bundle of the restiform body, the medulla oblongata must be pushed to one side, and the auditory nerve and a thin layer interposed between the medulla and the cerebellum, scraped off with the handle of the scalpel. The second bundle of the restiform body, reckoning from the posterior pyramid, will then be seen to plunge into the cerebellum. By entering the point of the knife at the insertion of this bundle, and cutting the cerebellum vertically, so that about two thirds of its substance may be left externally, and the other third remain internally, the communication of the cerebellum with the medulla oblongata; its ganglion, from the entrance of the connecting bundle of the restiform body to about its middle; the ramifications of the white substance; and the peripheral extremities of the various branches universally covered with cineritious matter, constituting the appearance denominated arbor vitæ, will all be exposed. These peculiarities are represented in pl. viii. fig. 1.

To see that the uniting fibres of the cerebellum, composing the annular protuberance or commissure, are distinct from those of the bundle that connects it with the medulla oblongata, the last-named part must be turned aside, and the vocal, glosso-pharyngeal, facial, and auditory nerves removed with the handle of the scalpel; the fibres of union will now be seen gathering themselves from the peripheral parts, and lying over the bundle that springs from the medulla oblongata, and plunges into the cerebellar ganglion. Finally, every cut in the direction of the cerebellar lamellæ exhibits a white surface, as is pictured in pl. viii. fig. 2."

The Brain.—Dr. Spurzheim divides the functions of the brain into two classes, affective and intellectual; and gives to each a particular department. He considers the anterior pyramidal bodies to be the "rudiments of such parts as belong to the intellectual operations; and the other bundles of the medulla oblongata (in man consisting of the olivary and part of the restiform bodies) which run across the annular protuberance to communicate with many of the cerebral masses, as the roots of those which pertain to the affective manifestations."

He commences with the bundles devoted to the intellectual functions, remarking "that the separation into two systems of parts is very evident from the medulla oblongata upwards as far as the pretended optic thalami in man and the mammalia."

"The pyramidal bodies are scarcely to be demonstrated in birds, and still less are they to be seen in reptiles and fishes; in the lowest mammiferous tribes, however, they are abundantly evident. They differ in general size and length, not only in the various species of animals, but also in individuals of the same, especially of the human kind. In man they usually commence about twelve or fifteen lines below the annular protuberance. As they approach this mass, they increase gradually in size, and it is in consequence of this structure that they have obtained their name.

There is a striking peculiarity in the mode of origin of these bundles: the primary fibres of each do not issue from the same side as that on which they lie, but uniting, in the first instance, into two, three, or as many as five little cords, they cross the mesial line of the body, one above another, from below upwards; the bundles of the right pyramidal body, therefore, come from the left side, and those of the left pyramidal body from the right side of the spinal chord. The structure just described is termed the decussation of the pyramidal bodies. It is a constant peculiarity, but it is modified as the number of decussating cords is concerned. When they are numerous, the appearance that results very much resembles plaited straw. In some very rare instances the two pyramidal bodies cross, as entire and undivided masses, from one side to the other."

This decussation of the pyramidal bundles explains why lesions of one side of the head occasion paralysis of the opposite side of the body, but as only a *part* of the brain thus communicates by decussating fibres with the opposite nervous mass, why injuries of the head sometimes affect the same side will be sufficiently obvious.

The true decussation of the pyramidal bodies was first described by Mistichelli in 1709. It was noticed by Petit the year afterwards, and at later periods by Lieutaud, Santorini and Winslow. Before Gall and Spurzheim, however, modern anatomists held divided opinions on the subject. Vicq d'Azyr confounded the simple transverse fibres between the two columns of the spinal chord with the true decussation of the pyramidal bodies, and Prochaska, Barthez, Sabatier, Boyer, Dumas, Bichat, Chaussier, and others, insisted that there was no decussation at all.

"To demonstrate the decussation of the pyramidal bundles, it is sufficient to strip off the pia mater. Let a slight cut be made through the membrane in the median line, without implicating the chords beneath, the edges then separated gently, and the decussation will appear. It will now be easy to reckon the number of bundles, and to take them away in succession with the handle of the scalpel.

The decussation at this place is incontestable, but whether there be any peculiarity in other situations, and whether that of the pyramidal bodies suffices to explain all pathological phenomena, are points that still remain undetermined."—pp. 148—9.

"The pyramidal bodies, as they enter the annular protuberance, are somewhat contracted in their thickness, but they are by no means interrupted in their course. Immediately after having plunged into that mass they separate into several bundles, and are mingled with cineritious substance. Here many new fibres arise and join the others; all advance, some of them dispersed in layers, and some intersecting the bundles of the annular protuberance. The pyramidal bodies are so much increased in their passage, that on emerging from the annular protuberance they compose the anterior and outer two-third parts of the crura or legs.

To see the structure of the annular protuberance distinctly, that is to say, to see the transverse uniting fibres of the cerebellar hemispheres, the longitudinal fibres communicating with the pyramidal bodies, and crura of the brain, and the cineritious substance intermingled with each, an incision of about a line in depth must be made across the transverse fibres; if the cut be deeper than this, it must not be carried in a straight line, but in the slightly curved direction of the longitudinal fibres; the transverse must now be separated from the longitudinal layers with the scalpel, by pushing those on the outside towards the hemispheres of the cerebellum, and those on the inside towards the mesial line of the annular protuberance. Thus the nerve in which the longitudinal or bundles of the pyramidal bodies are augmented in the annular protuberance, as it were in a true ganglion, will be made evident.—pp. 151, 152.

Having followed the pyramidal bodies across the annular protuberance, Dr. Spurzheim proceeds to ascertain the origin and progress of the bundles which compose the posterior and inner crura of the cerebrum. Besides the pyramidal anatomists speak of the olivary and restiform bodies of the medulla oblongata. Dr. S. has shown that the restiform bodies are the origins of the primary bundles of the cerebellum and of the vocal, glosso-pharyngeal, facial, and trigeminal nerves. The fibres and the fasciculi of the olivary bodies, mounting behind the ganglion of the pyramidal bundles in the annular protuberance, join and complete the cerebral crura.

The olivary bodies are true ganglions, and present the general forms and appearances which are observed in the ganglion or dentated body of the cerebellum. The second, or posterior and interior portion of the crura cerebri is intimately connected with the quadrigeminal bodies, and contains with the former, the roots or primary bundles of the hemispheres of the brain. It is evident, however, that they cannot form such a mass as the brain, without being much increased in volume, and this augmentation is effected at the upper extremity of the anterior portion, where the optic nerve winds over the outer part of the striated bodies. Fibres of unequal length expanding into layers, and covered on their peripheral extremities with a cineritious substance, next advance, and form the inferior, anterior, and external convolutions of the anterior and middle cerebral lobes. To show that the lower and interior convolutions of the cerebrum are formed by the anterior and outer crural bundles, the middle lobe must be removed, which as it is separated from the anterior lobe by the fissure of Sylvius, may easily be effected. Besides this fissure thus exposed, certain short convolutions, which are hidden between the middle lobe and superior cerebral parts, will now be exposed, and the bundles which issue from under the optic nerve, will be seen to belong to the anterior part of the posterior and to the middle lobes. If the entire outer part of the striated bodies be removed, the manner in which the convolutions which are placed along the middle region of the hemispheres arise from the bundles continuing the pyramidal bodies, will be seen. The pyramidal bodies and their ganglions in the annular protuberance, the anterior and outer portions of the cerebral crura, and the convolutions in which their bundles terminate, are always developed in a direct ratio to each other.

The posterior and inner bundles of the crura cerebri plunge into a thick, massy, and firm ganglion, which has been regarded as the origin of the optic nerve, and thence called its thalamus. The two masses called cerebral crura may be separated by a blowpipe or a stream of water. Before Gall and Spurhzeim no one had distinguished the true optic ganglia from what are called the thalami, which are masses belonging to the brain. "The masses styled optic thalami and striated bodies are true ganglions, in which the primary bundles of the brain are increased in their progress to completion in the convolutions of the brain; for the radiated diverging fasciculi expand into layers, and being covered with cineritious substance in their extremities compose the convolutions. The faultiness of examining the structure of the brain will now be in some degree appreciated. Instead of tracing the masses from their rudimentary state upwards to completion, anatomists have been in the habit of commencing the dissection by mutilating the parts when already arrived at perfection. By scraping the parts, Vieussens followed, and has given a rude drawing of the nervous bundles in connexion with the pyramidal bodies. These fasciculi, however, he derives from his oval centre; he was altogether ignorant of their destination—the formation of the convolutions."

The possibility of unfolding the convolutions, appears to have occurred to Gall on reading the Observat. Med. of Nich. Tulp. (Lib. I. Cap. XXIV.,) and observing the appearances which are there related in several hydrocephalic heads.[*] One case in particular giving a new impulse to his inquiries, he and our author attempted to imitate artificially the state of the brain in hydrocephalus. Having stripped off the pia mater, they insinuated their fingers into the great cavities, and by pressing more particularly against the posterior walls, they found, after a slight resistance at the commencement, that the convolutions separated along the interior, into two parts. From this rude experiment it may be conceived, how the unremitting pressure of the water in hydrocephalus may unfold the hemispheres into a membranous sheet, without destroying the nervous fibres. These authors have never pretended to unfold the whole of the brain, as some have imagined, merely separating the layers which compose the convolutions, which we state, because we have no space to follow them through this interesting inquiry. Indeed we have already far exceeded our limits, and although we leave much untouched, must hasten to a conclusion by observing, that Dr. Spurzheim next speaks of the commissures, or fibres of union, then of the communications of the nervous apparatuses, and, lastly, of the anatomico-physiological relations of the nervous system.

The work does infinite credit to the author, and will be read and studied by all who desire to cultivate an acquaintance with the human and comparative anatomy of the nervous system, or to know the true structure of the brain. Dr. Spurzheim has made zootomy unfold the intricacies of the human machine, and those who have no opportunity of consulting the latter, may at all events instruct themselves, by practising the former, and we can assure them, that they will find in the present volume a clear and philosophical exposition of both. It contains eleven beautifully-executed plates, each embracing several views, and without these, as we have already stated, the most extended analysis must needs be imperfect, if not prolix, tedious, and unintelligible.

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[*] Tulp's patient, a child five years of age, died of hydrocephalus; Sectio "ostendit in capite suo detineri, quinque aquæ libras; quibus effusis, fuêre omnia adeò vacua, ac inania; ut plerique medicorum presentium, sed præpropere judicaverint, hîc conspici, caput sine cerebro. At oculi acie, illuc penitus directâ, vidimus satis perspicuè, cerebrum non defuisse sed *amissâ* figura globosâ induisse formam convexi fornicis; et ab exuberante aquâ, sequacem ipsius medullam adeo fuisse distentam; ut instar ali cujus crassioris membranæ, adhæresceret undique, arcuatæ, dissolutorum ossium, circumferentiæ. Pueri pater adseverabat, integra mentis munia."

To the Editor of THE LANCET.

SIR,—The letter of Mr. Johnson in your 137th number, is an excellent exposition of the despotism and folly of the ruling powers at the College of Surgeons; while it is additional evidence (if such were necessary) that a change of men and measures in that institution is absolutely necessary.

I am, however, surprised that Mr. Johnson was not aware, previous to his examination, that a difference of opinion on any one point would effectually insure his rejection. The examinations, as conducted by the *ten wise* men, are not generally limited to an inquiry how far the candidate is acquainted with his profession, but to ascertain whether his opinions are "sound" or heretical.

In such a case, the more vague and undefined the questions are, the less likely is the candidate to triumph over his examination.

This system has been pursued for many years; but, like other corruptions in that institution, will soon drag its authors before an enlightened public, to receive that judgment and punishment attendant on their iniquitous career.

Mr. Johnson has the gratification of knowing that he is not singular, in having offended the ruling powers by an inflexible adherence to opinions advanced by men of talent and integrity; notwithstanding the pains and penalties attendant on such an offence.

May 16. A CONSTANT READER.

To the Editor of THE LANCET.

SIR,—Should the enclosed case be of any use, I beg you will have the goodness to give it a place in THE LANCET.

J. TWEDDALE.

87, St. Martin's-Lane, May 17.

I was sent for yesterday afternoon, between two and three o'clock, to the house of Mr. J. of Bow-street, Covent Garden, and on my arrival learnt that the nursery maid had, half an hour before, swallowed about half an ounce of laudanum in a fit of jealousy. I found her in a state of stupor, but sensible, and complaining of pain and giddiness in the head. The phial I found properly marked —"Laudanum, Poison." I immediately dissolved two drachms of purified sulphate of zinc in warm water, the half of which I administered directly, giving after it a large tumbler of the infusion of mustard almost every minute. In about five minutes afterwards, the remaining portion of the zinc was given, but she only vomited twice, though every means had been used to excite vomiting by tickling the fauces and nostrils with a feather dipped in the spirit of ammonia; at this time Mr. WEISS, sen., of the Strand, arrived with his stomach pump, whom I had sent for, as I was fearful I should not succeed in clearing the stomach by means of emetics, and in my opinion I should certainly have lost my patient had I trusted to them alone, and recollecting that I had lately seen a lady lost from taking laudanum, where the stomach pump had been used too late—two hours having elapsed, I had determined in the next case I met with not to delay its use. I therefore introduced the pipe into the stomach, and kept it fixed, whilst Mr. Weiss, junr., worked the pump and emptied the stomach of its contents. We continued to inject and draw off large quantities of warm water, until it ceased to have any smell of laudanum. At one o'clock the patient had made a hearty dinner on roast pork, greens, and potatoes; but this solid food passed easily through the tube and proved no obstacle in clearing the stomach, an advantage which in my opinion is entirely owing to Mr. Weiss's instrument being made to act without a valve, and which clearly shows its superiority over any other instrument of a different construction, because the solid contents of the stomach might absorb and retain as much of the laudanam as would be incompatible with life, in spite of mere ablution by the water injected and drawn off by the pump, whose valves will not permit solid ingesta to pass. After this she was directed to be kept constantly walking, and her head and face to be wetted with cold water and vinegar. Some aperient medicine was given. At 10 (p. m.) she has been exceedingly drowsy, ever since, and if left alone for a few minutes, her breathing becomes sonorous, and she falls into a sound sleep, in which she wishes to be allowed to indulge; the pupils of the eye are contracted, pulse small and frequent, bowels have been opened.

17th. The patient was kept walking until two o'clock this morning, when she was put to bed, the head and face have been kept constantly wet with cold water and vinegar. The sonorous breathing having returned after she had gone to bed, cold affusion over the head, face and neck was had recourse to, which had the effect of recovering her, and she soon after fell into a calm sleep; she only complains of pain in her head. Skin is hot; face flushed; pulse 80. Bowels have been again moved plentifully, and it is probable she will to-morrow be able to resume her usual duties.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Phymosis, succeeded by Phagedenic Ulceration.

G. Bell, ætat. 19, of spare habit and pale complexion, was admitted into Samaritan Ward, on 22d of March, under the care of Mr. Morgan. He had phymosis of six days' standing; the penis was very much swollen and of a dark red colour, and at one part was a dark gangrenous spot. The patient stated that he had a discharge for several days before the phymosis came on, but it was not evident from his statement whether it was gonorrhœal or proceeded from ulcers. The discharge ensued three days after connexion with a woman living near the London Docks.*

Mr. Morgan slit up the prepuce by means of a bistoury, and it was now seen that the glans was on the verge of sloughing.

There was considerable constitutional derangement attendant on this state of parts; the pulse was quick; tongue furred; the patient was restless, and complained of thirst.

He was ordered to take some pills of colocynth and calomel immediately, and the following draught every four hours:

Solution of acetate of ammonia, ½ *ounce*,
Tincture of henbane, 20 *drops*,
Camphor mixture, *one ounce*.

25. The integuments of the penis, to a considerable extent, have now assumed a dark gangrenous appearance. Pulse quick, but feeble; bowels freely open.

Calomel, *one grain and a half*,
Opium, *one grain*,

to be taken three times a day, with the following draught:

Sulphate of quinine, *three grains*,
Infusion of roses, *one ounce and a half*.

The dilute nitric acid lotion to be applied to the part by means of lint, and over this a bread poultice to be applied.

29. The parts about the wound have put on a more healthy appearance, losing their dark gangrenous character, the surrounding inflammation being also much lessened. The surface of the sore is covered with fibrin. The mouth is not yet affected by the mercury.

April 1. The sore looks clean, but it is irritable and has a disposition to increase. Pulse 104; tongue furred in the centre, clean at the edges; bowels open, and sleep natural. He now takes twelve ounces of wine daily.

4. Although the sore has apparently a healthy surface, yet it appears to have extended. The nitric acid lotion was discontinued to-day, and opiate ointment, spread on lint, applied to the sore; over this a poultice is applied.

6. The ulcer is of an ash colour, its disposition to increase continuing. The opiate dressings occasioned so much pain that it was necessary to omit them, and again apply the nitric acid lotion. Pulse quick and irritable. The mouth has been slightly sore two days. He now takes

Calomel, *one grain*,
Opium, *two grains*, three times a-day.

8. In consequence of the phagedenic disposition of the ulcer, Mr. Morgan applied nitrate of silver freely to the lower the part. The patient is restless, and complains of pain in the part.

11. The edges of the sore have a more favourable appearance; there is a small slough on the side of the right corpus spongiosum, and some urine passes this way; Mr. Morgan applied the strong nitric acid to the slough this morning. Continue the medicines.

14. The mouth has now been sore for several days, and Mr. Morgan remarked to-day, that he thought the ulcer had assumed a more unhealthy aspect since this occurrence. He directed the calomel to be omitted, and determined on giving full trial to the stimulating plan of treatment, with a view of checking the phagedenic disposition of the ulcer. He directed the following medicines:

Subcarbonate of ammonia, *eight grains*,
Musk mixture, (*p.l.*) *one ounce and a half*,
Laudanum, *forty drops*, to be taken three times a day.
Sulphate of quinine, *three grains*,
Capsicum, *four grains*, to be taken three times a day.

18. The patient has certainly benefited under the present plan of treatment. The edges of the sore are looking healthy, their phagedenic disposition appears to be checked.

24. Going on well; the parts now beginning to heal.

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* We mention this circumstance so minutely, because we shall have occasion at some future time to show, that a specific venereal sore, of the most destructive and unmanageable nature, is generated in a particular district of London. The disease which this patient had was not of this character.

28. Report still favourable; the quantity of stimulus is now diminished.

May 1. The patient will shortly leave the Hospital, the parts having nearly healed up.

Abscess near the Anus.

The patient is a middle-aged woman, and has had for some time a purulent discharge from the rectum. At first she had considerable pain (we suppose during the formation of matter,) but of late has been much easier. On examining the parts around the anus, there was no very distinct evidence of the immediate part in which the matter had formed on the left side; however, there was a slight induration to be felt. Mr. Key made an opening at this part with a curved-pointed bistoury, and matter followed the incision. He then endeavoured, with a probe, to find the opening into the gut, through which the matter passed, but failed. On the following day attempts were made, but still not succeeding, Mr. Key forced an opening into the intestine with a bistoury, and drawing it down with his finger in the rectum, divided the gut in the usual manner.

Mr. Key observed on this case, that he had seen one of a similar nature lately, in which a *very eminent* surgeon had overlooked the true cause and seat of the disease, and had treated the case as disease of the rectum alone.

These cases are termed in the *pure* language of the surgical schools, "*blind internal fistulæ.*" An abscess forms by the side of the anus, and instead of making its way externally, bursts into the rectum. The formation of matter is attended with pain and swelling of the parts, and much relief is obtained when the matter makes its escape. In some cases, after the abscess has burst, the external parts around the anus have suffered so little change, the matter probably being high up, that it is difficult to detect the place in which the secretion of pus is still going on. In general, however, there is a degree of induration to be felt, and if, on pressing at this point, matter flow from the rectum, we have an additional confirmation.

The following cases were admitted under the care of Mr. Morgan on Wednesday, May 3d :—

Males — Hydrocele (2); superficial fungus of the testicle; sloughy ulceration of the throat; stricture of the urethra, with extravasation of urine; injury to the elbow joint; disease of the bladder; inflammation of the leg; disease of the hip; inflammation of the arm; stone in the bladder.

Females—Two cases of irritable breast; noli me tangere; glaucoma; abscess on the back; injury to the knee; disease of the hip.

Superficial Fungus of the Testicle.

The disease in this case occurred in a middle-aged man, and presented its usual appearances. The patient stated that the testicle had been hardened and diseased upwards of two years, and that about seven weeks since the integuments of the scrotum ulcerated at a small spot, matter issued out, and shortly after granulations began to sprout from the part. He attributed the disease to a blow on the scrotum. On examination it was found that the principal part of the testicle was involved in the disease, and on this account Mr. Morgan recommended the patient to have the operation of castration performed. The patient assented to the proposal, and the testicle was removed on Tuesday, May 9th.

The fungous excrescence was found to originate from the glandular substance of the testicle; there was an aperture through the coats at which the fungus projected. The portion of testicle which remained in the scrotum was so much altered in its structure, that it was only a slight portion at the back part in which the tubuli-seminiferi could be detected. *The epidydimis and chord were perfectly sound.*

Sloughy Ulceration of the Throat.

The patient in this case is a man of spare habit, about 42 years of age. He says that he has had sore throat for two years; that at one period it nearly healed; but shortly after became ulcerated again.

On looking back into the mouth we find both tonsils destroyed, and also the pillars of the fauces; the principal seat of the disease now is the soft palate, a considerable portion of this also is gone, so that the opening into the posterior nares is seen. There is a yellowish slough covering the parts, and they are surrounded by a dark coloured inflammation of considerable extent.

If the testimony of the patient can be at all relied upon, there is no reason for considering the ulceration of the throat venereal, although its appearance would, in some measure lead to such an opinion.

The man says that about twenty-three years since he had a small sore on the penis, which soon healed; but he does not know whether he took mercury for its cure. He declares that subsequent to this he has not had any venereal affection.

The most important feature, however, in the history of this case, and one which may serve to explain the appearance of the parts is, that the patient has been "drugged" with mercury for the cure of the disease in the throat, under the supposition of its being venereal.

When we consider that in addition to the debilitating constitutional effects arising from what is termed "a course of mercury," that this medicine also has a peculiar local effect on all the parts within the mouth, hurrying on their secretions, and inducing an unusual flow of blood, we can readily conceive that ulceration of the throat, arising from any common cause, would, from a combination of these circumstances, under the influence of mercury, speedily assume a phagedenic or sloughing character. Cases of this kind almost daily present themselves to our notice, in which not only is there extensive destruction of the soft parts, but the bones also, from their contiguity, having participated in the inflammation, have become diseased, and exfoliation has taken place. In many instances we have known these cases adduced as evidences of the specific effect of mercury in producing disease of the bone; it has been shown, however, that the fact can be explained by the common laws of disease.

The treatment adopted in the case under consideration, has been as follows:

A blister to the throat; a purgative powder composed of scammony and calomel on the first day of admission, and the frequent use of the nitric-acid gargle, which is thus prepared:

Dilute nitric acid, 1 *drachm*;
Water 1 *pint*, *mix*.

Subcarbonate of Ammonia, 6 *grains*;
Decoction of Bark, 1 *ounce and a half*;
Tincture of ditto, 1 *drachm*; *to be taken three times a day*.

The ulcers to be touched with a solution of nitrate of silver in the proportion of half a drachm to three ounces of water.

Under this plan of treatment the parts have assumed a more healthy appearance, and have apparently, in some places, a disposition to heal.

Stricture of the Urethra with Extravasation of Urine.

J. Wallis, was admitted into Luke's Ward, on account of stricture of the urethra. The patient stated, that for several years he had passed his urine in a small interrupted stream; but that for several days before his admission the difficulty had much increased, and he had also felt much pain and irritation about the urethra. There was some degree of swelling perceptible in the perinæum.

When the patient was put to bed, Mr. Morgan attempted to introduce a sound; he found a firm stricture at the membranous portion of the urethra, and the instrument readily passed from this to a great depth down; but Mr. Morgan being convinced that it had not entered the bladder passed his finger into the rectum, when he found that the instrument had taken the course of a false passage by the side of the gut. As there were no urgent symptoms, Mr. Morgan did not think it necessary to make any further attempts to introduce the sound, and it should be observed, that in the first effort no undue force was exerted, the instrument passing with comparative ease into the false passage.

In the evening of the same day, Mr. Morgan's attention was directed to the patient, in consequence of his being attacked with rigors succeeded by fever. The swelling in the perinæum had considerably increased, the scrotum was also much swollen, and the integuments of a dark red colour.

It was evident that these symptoms were to be attributed to extravasation of urine. Mr. Morgan considers that the infiltration had probably begun in the morning, owing to the usual cause—ulceration of the urethra behind the stricture, and that passing the instrument increased the breach, so as to render extravasation more rapid. He now passed, without much difficulty, a metallic catheter into the bladder, and drew off a quantity of high coloured offensive urine. The scrotum and perinæum were freely scarified. The parts were ordered to be constantly fomented, and the following draught was prescribed to be taken every four hours:

Laudanum, 20 *drops*;
Solution of acetate of ammonia, half an ounce;
Camphor mixture, 1 *ounce*.

May 4. The patient expresses himself much relieved, and has passed a tolerably comfortable night. Tongue furred, and complains of thirst; pulse, 90; bowels, open this morning. The scrotum and perinæum are less swollen. The fomentations are continued to these parts, and Mr. Morgan directed a dose of common saline mixture, with the addition of two drachms of sulphate of magnesia, to be taken every four hours.

5. Mr. Morgan removed the silver catheter, and substituted what is termed the "elastic gum catheter." Mr. M. remarked, that on several occasions he had known the metallic catheter produce ulceration of the urethra. The state of the patient is very favourable; pulse, 84; tongue moist, and bowels open. The swelling of the scrotum, however, does not subside so much as expected. Continue the warm fomentations.

7. The patient is going on favourably. The scrotum is now of its usual size.

13. In consequence of the catheter having slipped from the bladder during the night, a farther extravasation of urine has taken place, and Mr. Morgan found it necessary to scarify the scrotum. Twenty leeches to be applied to the perinæum.

Subsequent to this report the patient has done well.

The case of *Injury to the Elbow-joint* offers nothing especially worthy of remark. The patient had a fall upon the arm about two months ago, which gave rise to swelling and tenderness of the parts about the joint. The repeated application of leeches has proved of great service, and the parts have now assumed their natural appearance.

The *Disease of the Bladder* we shall speak of on a future occasion. The remainder of the male cases, with the exception of *Stone in the Bladder*, are uninteresting. A poor boy, about four years of age, is the subject of this painful disease; the symptoms are very urgent, and the constitution is much debilitated, from the continued irritation kept up. He has experienced much relief since his admission, by the exhibition of small doses of soda three times a day, with occasional purgatives of rhubarb and calomel. Mr. Morgan has not yet sounded him, the symptoms, however, are so unequivocal, that little doubt remains of a calculus being in the bladder. Notwithstanding the unfavourable state of the patient's health, and also of the bladder, which is probably ulcerated from the appearance of the urine, Mr. Morgan considers that it will be justifiable to operate shortly, as by this means the exciting cause of the local and constitutional disturbance will be removed.

Irritable Tumour of the Breast.

E. M., a healthy looking girl, of fair complexion, and about 18 years of age, has had disease of the right breast four months. On attempting to examine the breast, the nature of the disease is rendered apparent by the exquisite sensibility of the part, the patient shrinking from the slightest touch. She complains of pain extending from the breast to the arm of the affected side. The patient's general health is good; her bowels are habitually costive; her menstrual evacuations are regular. The following plan has been pursued in this case:

Pill of aloes with myrrh, 5 *grains*;
Blue pill, 2 *grains*, to be taken every night.
Sulphate of magnesia, 1 *drachm*;
Infusion of roses, 1 *ounce and a half*, to be taken twice a day.

Leeches have also been applied to the breast.

The other patient affected with a similar disease of the breast to that which we have described above, is a young girl of the age of 17; she was attacked, soon after her admission into the Hospital, with peritoneal inflammation, from which she is now becoming convalescent.

The case of *Noli me tangere* we shall speak of, when the present plan of treatment shall have had a fair trial.

The case of *Glaucoma* occured in a female 70 years of age. She has been for many years deprived of the power of vision in the eye, but of late it has been very painful, and its vascularity much increased. Mr. Morgan considers that it is an accidental attack of inflammation in the tunics, unconnected with the deep seated disease of the eye. Leeches and blisters have been applied, and the temple cupped. A grain of calomel, and half a grain of calomel have been given night and morning.

The *Abscess on the Back* is extensive, and there is probably disease of the lower portion of the scapula, over which part the abscess extends.

The *Injury to the Knee* is of a trivial nature, and has yielded to the application of leeches, cold lotion, rest, and the exhibition of purgatives.

The *Disease in the Hip* is of long standing; the patient is a delicate looking girl, about eight years of age. There is already considerable shortening of the limb on the affected side.

The patients admitted by Mr. Morgan, under the head of accidents, were few in number, and the cases mostly unimportant. There was a case of strangulated femoral hernia occurring in a middle-aged man; it was reduced by the taxis, after the use of the warm bath.

Operations.

Amputation. On Tuesday, May 9th, Mr. Key amputated the leg of a man below the knee, in consequence of disease of the ancle joint. Instead of the usual circular incision through the integuments, two semicircular cuts were made, the convexities of which extended in a parallel manner forwards, and their terminations met at the upper and lower surfaces of the limb; so that, in fact, two lateral flaps of integuments were formed or it was as Mr. Key describes it, "the circular incision with the upper and lower part cut out." Mr. Key has "introduced this variation," this *experimentum cruris*, with a view of preventing the puckering of the integument, at the upper and lower part of the stump, which usually occurs in the circular flap. The two flaps being dissected back, the muscles were divided, and the bone sawed through in the usual manner. The patient remained on the table for a great length of time, in consequence of the difficulty experienced in securing the vessels, more especially the posterior tibial, which had retracted in an unusual degree.

Mr. Key also removed a small exostosis from the upper and back part of the humerus. An incision was made through the soft parts over the tumour, and the chain-saw then employed to remove it. On the same day Mr. Morgan performed the operation of castration.

On Saturday, May 13, Mr. B. Cooper extirpated the breast of a female affected with cancerous disease. The particulars of this case will be found in the notice of Mr. Cooper's admissions on 19th of April.

ST. THOMAS'S HOSPITAL.

Cases of Epilepsy, in which very large doses of the Sulphate of Zinc were exhibited.

In the three following cases of epilepsy which are in the hospital, under the care of Dr. Elliotson, the sulphate of zinc has been administered in scruple doses, without producing any sensible effect. It will be observed that the dose was gradually and cautiously increased, from one grain upwards. It will also be seen that in one case, when the dose was increased to 24 grains, it produced pains in the stomach and bowels, which subsided on reducing the quantity to a scruple.

D. F., a healthy looking boy, 11 years of age, admitted into Abraham's Ward, October 6. Has had Epileptic fits, six months, sometimes has four or five fits in the course of a-day, at other times free from an attack for several days. The first fit occurred after carrying a heavy load on the head.

On the 7th of February, Dr. Elliotson commenced the exhibition of the sulphate of zinc; one grain to be taken three times a day; 10th, 2 grains; 14th, 3 grains; 17th, 4 grains; 21st, 5 grains; 24th, 6 grains; 28th, 7 grains; 31st, 8 grains; March 4, dose increased to 9 grains three times a-day; 7th, 10 grains; 11th, 11 grains; 14th, 12 grains; 18th, 13 grains; 28th, 14 grains; April 5th, 15 grains; 7th, 16 grains; 11th, 18 grains; 13th, 18 grains; 18th, 19 grains; 21st, one scruple.

Finding this medicine did not produce any effect, Dr. Elliotson thought proper to discontinue its use. On one occasion, the patient was sick from taking the pills before breakfast; but at no other time did the medicine produce any apparent effect.

The second case of epilepsy is also in a boy of about eleven years of age. He was admitted into the hospital on the 27th of October, and had been labouring under the disease twelve months.

On the 12th of December, he commenced taking the sulphate of zinc, and increased the doses in a similar manner to the case first related.

On the 7th of February, he was taking eighteen grains, three times a-day, and it was shortly after discontinued, as Dr. Elliotson considered he had given a fair trial to the medicine.

He has since taken carbonate of iron, and is now (April 29) taking the ammoniated copper.*

The third case of epilepsy, in which the sulphate of zinc had been administered, is to a young woman, about 27 years of age. She was admitted into the Hospital on the 29th of December; she had laboured under the disease upwards of ten years, and had many fits during the day.

On the 24th of January she commenced taking one grain of the sulphate of zinc three times a day, and the dose was gradually increased to the 18th of April, when we find her taking *twenty-four grains* of the salt, three times a-day. She now complained of some pain in the stomach and bowels, but upon returning to the scruple doses, which she had for some time previously taken, the pain ceased. At the period of this report, (April 29,) she continues to take the scruple doses.

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* The Doctor seems to be determined on establishing "*a metallic currency*." Does he ever *give*, or does he only *take* the precious metal? We know the Doctor loves a joke, for one of his patients, who was taking carbonate of iron, having complained that he was very costive, the Doctor remarked, "it is not surprising, for *your bowels are bound with iron*."

The cases admitted on Thursday, April 13th, under the care of Mr. Tyrrell, were as follow:—

Males—Disease of the palate; chronic affection of the elbow joint; lipoma, or superficial fungus of the testicle; three cases of ulcer of the leg; amaurosis; inflammation of the knee joint, arising from injury.

Females—Scrofulous ulceration of the shoulder and arm; extensive abscess in the neck; ulcer of the knee and arm; ulceration of the scalp; amaurosis.

Superficial Fungus of the Testicle, with constitutional derangement.

J. Young, ætat. 40, pale and emaciated in appearance, admitted on account of disease of the right testis, and ulcers of the leg. There is a large fungous growth of granulations, on the right side of the scrotum, springing from the body of the testicle, and apparently firmly girt by the surrounding integuments. The disease is of three months standing. The patient gives the ordinary description of its progress, stating that the testicle first became swollen, then a small soft spot appeared on the integuments, this soon passed into an ulcer, with purulent discharge, and lastly granulations shot out.

We have remarked, that he was pale and emaciated, and it appears upon inquiry, that he has been so much out of health during the last eighteen months, that he has been prevented from pursuing his customary avocation.

He says, that about eighteen months ago, he had a small sore on the penis, for which he continued to take mercurial medicines one month, although the sore healed in the course of a fortnight. The mouth became very tender, and whilst he was thus under the influence of mercury, he got wet, and was otherwise exposed to cold. He was now attacked with sore throat, for which blisters were applied. The throat and mouth remained sore for a long time, and at the end of four months, a portion of the upper jaw exfoliated; soon after this, swellings appeared on the shin, these, however, dispersed.

About eight months ago, he found swellings of the joint of the great toe, and also of the knuckles; these in a short time subsided. Four months after, a swelling appeared on the shin, which bursted and discharged matter, and has since continued in a state of ulceration. There is considerable periosteal thickening on the left tibia.

The treatment hitherto employed has been to apply poultices of linseed-meal, and lint dipped in black-wash, to the disease of the testicle; calomel, 1 grain, and opium ½ grain, night and morning, and *a wine-glassful of the decoction of sarsaparilla, three times a day.*[*] Mr. Tyrrell intends cutting off the fungus and paring the edges of the integuments, a mode of practice which is usually successful in these cases.

The case of ulcer of the leg, and inflammation of the knee from injury, do not present any thing worthy of remark; the case of amaurosis is under a particular plan of treatment. We shall report this case at length.

Amongst the female patients admitted this week, there were two cases which we deem worthy of attention. Extensive abscess of the neck, and of amaurosis. The first occurred in a female about 30 years of age, the abscess was very large, extending from the angle of the jaw to the clavicle, and at the upper part was a large slough. The treatment employed in this case was to make openings in a depending part of the abscess; to encourage the separation of the slough by means of poultices and fomentations, together with the application of the dilute nitric-acid lotion. Calomel and opium were also exhibited.

In a few days the slough separated, and the parts began to granulate. Mr. Tyrrell now directed strips of adhesive plaster to be put on. The parts are healing fast. We shall reserve the report of the female case of amaurosis, until we see the effect of the present plan of treatment.

The following cases were admitted into the hospital, on Thursday, April 20, under the care of Mr. Travers. Abscess of the arm; permanent stricture; ulcer of the leg, connected with periosteal disease; chronic disease of the knee joint; two cases of hydrocele; enlargement of the inguinal glands; abscess on the dorsum of the foot, superficial, and following injury; two cases of suppurating bursa at the knee joint.

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[*] We need not say that this is a very inefficient mode, but it is the customary manner in which sarsaparilla is exhibited at this hospital. By the bye, which of Mr. Whitfield's friends had the *contract* for sarsaparilla last year? It only costs the hospital a "few cool hundreds," for this drug. "Some civet—sweet apothecary."

None of these cases present any thing particularly worthy of notice. Both the hydroceles have been tapped and injected, the one with a solution of sulphat of zinc, and the other with port wine and water. The solution usually employed at this hospital, is in the proportion of one drachm of the salt to a pint of water, and the vinous injection is made with two thirds of port wine, and one third of water.

Elephantiasis.

L. S., a married woman of dark complexion, about 33 years of age, was admitted into St. Thomas's Hospital, on the 3rd of February, 1826, on account of a disease of the skin. She came in under the care of Mr. Travers, but was subsequently transferred to Dr. Williams.

The patient is a native of Portugal, but has resided in England during the last fifteen years. She says, that five years ago, and immediately after her confinement in child-bed, she felt an itching, heat and dryness, about the skin of both arms, which occasioned her to rub them. After a lapse of some time, as she expresses herself, "lumps appeared in the skin," she now took mercury, until her mouth and gums became very sore, and in the space of a few weeks, she found that a similar disease to that which affected the skin of the arms had now attacked the face. She placed herself under the care of Mr. Wilkinson, who repeatedly bled her, in conjunction with other means.

From the patient's imperfect manner of expressing herself we were not able to glean any further particulars with respect to the origin of the disease, or what measures besides the venesection were employed before her admission into the hospital.

Present Symptoms.—The disease is confined to the arms and face; the skin of these parts is of a brown colour, and beset with tubercles of different sizes. On the back of the hand they are of the size of a French-bean, shining, and of a livid colour. Both arms are almost covered with scars, the whiteness of the skin at these parts forming a striking contrast to the discoloured state of the surrounding parts. The patient accounts for these scars by observing, that as the tubercles appeared at different times, they were opened. The skin on the face is much thickened and rugous, and the countenance altogether has a swollen distorted appearance. The eye-lashes and eyebrows fell off more than twelvemonths ago, and the hair of the scalp also has come off, but this she attributes to an attack of fever, which lasted several weeks. The hair in the axilla remains. The lips, on the inner side are in a state of ulceration, and bleed, whilst on the outer side they are covered with a yellowish crust or scab, and there are some few parts of the face which have also this incrustation.*

There are no tubercles on any part of the body, the legs are also free from them, the skin is discoloured, and has a tense feel, the legs are evidently much swollen. She has not menstruated for two years, and she says, that she is much worse, about once a month, having then great pain, and increased swelling of the legs. The ends of all the toes on the right foot are in a state of ulceration, the disease commencing under and destroying the nail.

The poor woman's general health is not much disturbed; we have seen her from time to time, during the many months she has been in the hospital, and she appears to us much the same as when admitted.

With respect to the treatment employed in this case, we believe it has consisted principally in the administration of *spruce-beer*. The patient is allowed a generous diet, such as mutton-chops and port-wine, daily.

The accidents admitted during Mr. Travers's week, were for the most part unimportant.

There was a case of dislocation of the humeral extremity of the radius, forwards, occurring in a man, from a fall upon the hand. The diagnostic symptoms of this accident were well marked. The reduction was effected without much difficulty, by turning the hand supine, bending the fore-arm, and then making extension from the hand.

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* There is a plate in Dr. Willan's work, representing a woman with this disease, elephantiasis. It was sketched from a patient of Mr. Lawrence's, and the particulars of this case are related in the Medico-Chirurgical Transactions for 1815. It very closely resembles the appearance of the poor woman whose case we are now relating.

Mr. Green admitted the following cases into the Hospital on Thursday, April 27th:

Males—Inflammation of the testicle; injury to the loins; stricture of the urethra; ophthalmia (2); amaurosis; hypopion; chronic affection of the knee-joint.

Females—Four cases of ulcer on the leg; disease of the hip; hare lip; tumour of the upper eye-lid; irritable tumour of the breast; encysted tumour on the nates; fungoid disease of the orbit.

The *inflammation of the testicle* was the result of injury to the part, and readily yielded to the application of leeches, with the exhibition of purgatives and observance of the recumbent posture.

The *injury to the loins* was of a trivial nature, and was relieved by cupping and purging.

Of the two cases of ophthalmia, one was of an acute kind, the particulars of which we subjoin; the other case was of a less severe nature; the patient, on account of improper conduct, was dismissed from the Hospital a few days after admission.

Case of Ophthalmia.

J. Twitchett, ætat. 32, of spare habit and pale complexion was admitted on account of inflammation of the right eye.

The patient is a glass-cutter; he says that the eye has been inflamed about three weeks, but within a few days has become much worse.

The white of the eye is covered with a general redness, and on minute examination numerous vessels may be seen passing in a straight direction to the edge of the cornea, whilst others, and fewer in number, are pursuing a tortuous course. The cornea has a dull, hazy appearance, so that the pupillary margin of the iris cannot be distinctly seen.

The patient's power of vision is much diminished, there is an intolerance of light, and on exposing the eye an effusion of tears occurs. He complains of throbbing pain in the eye, and he has some constitutional febrile excitement.

28th. The following plan of treatment was adopted:—

A purgative powder to be administered immediately, and ten ounces of blood to be abstracted from the temples by means of cupping. A shade to be worn over the eyes, and to wash them with a tepid fomomentation of poppies, several times in the day. The following pill was also prescribed to be taken night and morning.

Calomel, one grain,
Opium, a quarter of a grain.

May 1st. The patient found much relief from the cupping, he has less pain, and the vascularity of the eye is somewhat diminished. Mr. Green directed the cupping to be repeated, and to continue the pills.

Under this plan of treatment (the mouth becoming slightly affected with the mercury) the symptoms gradually yielded. It would be tedious and uninteresting to notice the daily changes which took place in the progress towards cure. On visiting the patient on the 10th, we found that all the preternatural vascularity was gone, but still he complained of dulness of vision; the cornea, however, had become nearly of its usual brightness.

The cases of amaurosis and hypopion * we shall speak of on a future occasion; the chronic affection of the knee joint is but of slight importance.

The female cases of *ulcers on the leg* and the *disease* of the hip are but of slight importance.

The *hare lip* is double, and occurs in a child about two years of age. Mr. Green operated on one side a few days after the child's admission.

Tumour of the upper Eye-lid.

The patient in this case is a healthy-looking child, about seven years of age. When admitted there was a tumour on the upper eye-lid of the right, which completely obstructed vision. It had a firm, but somewhat elastic feel, and was not very painful upon pressure. The swelling first made its appearance about three months before the patient's admission, and went on gradually increasing until by its magnitude (as stated above) sight was impeded by the hindrance of opening the eye. There was some] doubt as to the nature of this tumour; and its rapid growth was considered as somewhat singular. It was not moveable, as the common encysted tumours of the upper eye-lid usually are. With a view of ascertaining its nature, Mr. Green punctured the tumour with a lancet, blood only followed the incision. This puncture was made about a week after the child's admission; and from this time the tumour appeared to increase rapidly. Mr. Green therefore determined on operating for its removal: this was done on Tuesday, May 9th.

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* We find this case noted by Mr. Green in the ward book as "*inflammation of the tunica conjunctiva.*" This we suppose is intended for the information of the surgical pupils. It is on a par with his *illustrious* colleague Dr. Williams's notes of cases, which run thus, "*Ægrotat per menses* iij"—*Ægrotat per dies* x—*Eruptio.*—*Dr. Scott writes the notes of his cases in short hand!* Such is the system of clinical instruction for which these men annually receive large sums of money from pupils attending the Hospital.

A transverse incision was made through the integuments of the lid covering the tumour, and Mr. Green then attempted to dissect it out. This was a task of much difficulty, and occupied a great length of time; as the tumour was not encysted, it only came away piece-meal, and its adhesion to the periosteum of the orbit and to the tunica conjunctiva, complicated the operation still further. There was considerable bleeding from wounded arteries, but it was principally stayed by compression. On looking at the portions constituting the tumour, they had an appearance of fat; but on pressing them firmly between the finger and thumb, they readily broke down in the manner of brain.

Irritable Tumour of the Breast.

J. M., a healthy looking young woman, 19 years of age, has had disease of the breast for six months, but it has become worse within the last two months. There is no distinct tumour to be felt in the breast, but it is so exquisitely sensible that the patient recedes at the slightest touch; it is a darting pain, which extends down the arm. The patient says that her menstrual evacuations are regular, and she is not conscious of experiencing more pain in the breast just before the time of the menses appearing.* The bowels are regular, and, with the exception of pain in the head, she is in tolerable good health. The following plan of treatment has been adopted:

Pill of aloes with myrrh, 5 grains; to be taken twice a day.

Leeches have been applied to the breast; a soap plaster; and latterly, a plaster of belladonna has been put on the part.

Fungoid disease of the Orbit.

The poor woman on whom Mr. Green operated a few months since for the removal of fungoid disease of the eye, has returned to the hospital with a fungus growing from out of the orbit. A report of the case, and of the operation for extirpating the eye, was given in No. 127 of THE LANCET, from which it will be seen that the good state of the patient's health, the absence of glandular swelling, and, as it was considered, the entire removal of the disease, afforded good grounds for supposing it would not return. The operation was performed on the 27th of January, and the patient was dismissed a few weeks after, apparently well. In the course of two months after her return home, she began to experience great pain in the orbit; and shortly after a small fungous growth appeared between the lids. The fungus now protruding between the lids is of the size of a nut; she has a great deal of darting shooting pain, and her health is evidently suffering much.

Encysted Tumour on the Nates.

The tumour in this case was supposed by Mr. Green to be of the encysted kind, and was of the size of a double fist. The patient, a young woman 19 years of age, described the tumour to be of two years' standing; it was productive of no pain, but of great inconvenience in the sitting posture. Mr. Green proposed an operation for its removal, but the patient became alarmed, and suddenly left the hospital.

Mr. Tyrrell admitted the following cases into the Hospital on Thursday, April 4th:

Males—Fistula in perinæo; amaurosis; sores on the head; ulcer of the leg; pain in the knee; fistulous opening in the right loin; chronic enlargement of the knee-joint.

Females—Chronic disease of the ligaments of the ancle joint; abscess in the tympanum; dislocation of the scapular extremity of the clavicle; lateral curvature of the spine; abscess beneath the patella; hæmorrhoids; steatomatous tumour on the hip.

Fistula in perinæo.—This arises from abscess, and is only of a few weeks' standing. Mr. Tyrrell considers it to be unconnected with the urethra, and that it will probably heal without the necessity of dividing it.

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* Sir Astley Cooper considers this disease as mainly dependent on irregularity of the uterine secretion. In the present case there is no irregularity in *time*, but there probably is in *quantity*.

Case of Amaurosis.—This occurs in a middle-aged man, as the result of recent internal inflammation, by means of which the pupillary margin of the iris in each eye has become adherent to the anterior capsule of the lens. We shall speak of this case more fully at a future period.

The sores on the head and the ulcer on the leg do not require any further notice.

The case of *pain in the knee* was believed to be a *feigned* disease; the application of a large blister has entirely removed it.

The *fistulous opening in the loin* occurs in a young man, and is apparently connected with disease of the rib.

The chronic enlargement of the knee-joint has been treated with the application of blisters and rest; the patient is much relieved.

The chronic disease of the ligaments of the ancle is in a young woman; there is considerable swelling and tenderness on pressure. The patient has been directed to keep her bed, and the tartar emetic ointment has been applied so as to produce a crop of pustules around the joint.

Abscess in the tympanum.—The patient in this case is a young woman of spare habit and unhealthy aspect. She has had disease of the ear upwards of eighteen months. It appears from her account that for many weeks she experienced pain of a most excruciating description in the ear, until at length a discharge of matter afforded her great relief. The ear has continued to discharge from this time, at first the matter was exceeding offensive, but is now apparently healthy. The sense of hearing is totally destroyed, but there is a constant rumbling noise in the head, which has been much relieved by the application of blisters behind the ear since her admission into the Hospital.

Mr. Tyrrell considers there has been an abscess in the tympanum, which was allowed to burst by ulceration, and from the purulent discharge having continued so long that caries of the tympanum may occur.

ST. BARTHOLOMEW'S HOSPITAL.

A singular case of supposed severe Injury to the Head from a fall.

—— Dorharty, an athletic Irishman, 38 years of age, was brought to this Hospital on a shutter, about nine o'clock on Thursday morning, March 21, having fallen off a high scaffolding. It appeared that the man was employed in building the new Scotch church, which is situated in the neighbourhood of Gray's Inn-road, and that, whilst at work, the boards on which he was standing gave way. From the distance which] the workmen had to bring him, some considerable time elapsed between the occurrence of the accident and his arrival at the Hospital. The height from which he fell was equal to four stories, but the effect of the fall was greatly lessened by his coming in contact with a poll which projected from the wall about two-thirds of the way down. This pole, or "break," as it is termed by the workmen (and in this case very aptly,) was broken by the force with which he fell against it. The man, when picked up was insensible, but when brought to the Hospital, he had in some measure recovered from the shock. A degree of stupor yet remained, and he required to be roused before we could get him to speak, even indistinctly. On examining the head, a striking peculiarity in the form of the cranium was observable; there was a very considerable depression of the superior-posterior portions of both parietal bones, so that the conical portion of the occipital bone seemed to be left unconnected, at least as far as any apparent bony connexion went; and as the scalp was here only slightly lacerated, it had the appearance of a large tumour projecting from the posterior part of the cranium. This was considered by every one present to have been occasioned by the fall, and consequently, that it was nothing more nor less than an extensive fracture with depression.

As Mr. Lawrence had been sent for, (it being his accident week,) all now anxiously awaited his coming. In the interim, the aid of the *tonsor* was called in to *decorticate* an incrustrated lamina of dirt and filth which encompassed the supposed seat of injury. When Mr. Lawrence arrived, he inquired into the nature of the accident; the head was casually examined, and the instruments ordered to be sent for. The pulse at this time was 66 and feeble; the respiration 18, and the surface of the body cold. He was occasionally sick, but he only brought up a little watery secretion. He appeared sensible of what he was about, as he made signs for the pupils to stand aside when he wanted the bason. A slight degree of stertor was observable in his breathing, and occasionally a little blood flowed from his nose. The head had now undergone a closer examination, and the propriety of an operation began to be doubted. Mr. Lawrence said, that almost in every case in which he had seen the operation performed, the individuals had died, and that in this case there appeared to be so much injury done, he really considered the operation would be useless—the man must die in the course of a few hours, and probably he should be only hastening this event, were he to undertake the operation. He said, that he would call again at 5 p. m., and in the mean time desired that the man should be kept very quiet.

5 p. m. Remains just the same; he is rather more comatose than he was on our last visit. The pulse continues very slow. Pupils rather dilated. The man's wife had now arrived, and she begged that nothing would be done for the "bump behind," as it was always there, and that every one of her husband's family had a similar one. Little attention, however, was paid to this communication, as the belief of their being an extensive fracture was firmly impressed on the minds of every one. Ordered to have a dose of house medicine given to him.

22. Found, on visiting the patient to day, that he had passed a tolerable night; he had taken a little tea. He is now quite sensible, and the sister of the ward informs us, that he got up this morning to have his bed made. Some credence was now placed in the wife's communication. This morning he became sick and vomited nearly three pints of a bilious kind of fluid. The skin is now of its natural temperature, but the pulse continues exceedingly slow (50.) The irides again perform their natural functions. He is free from pain in his head, and the only thing he complains of is a soreness in the back of his neck. The house physic was repeated this morning, but as the bowels had not acted when Mr. Lawrence saw him (one o'clock,) he desired that a dose of calomel and jalap (4 grains and 12) might be given to him immediately, and this to be followed up in three hours by a common enema, containing four ounces of house medicine, unless the bowels should have been previously relieved; the following draught likewise to be taken every six hours:

Common saline mixture, one ounce and a half;
Sulphate of magnesia, 1 *drachm*.

23. No unfavourable symptoms. Has had some refreshing sleep during the night. Bowels have acted twice since yesterday. Head free from pain, but still complains of being very uneasy in his back. Pulse 70, and very feeble; tongue moist.

24. Bowels freely open, and he is able to walk to the water-closet. The wounds in the scalp, which have hitherto been dressed with adhesive straps, to-day have a tendency to suppurate; a poultice was therefore ordered to be applied over the posterior wound, which is about two inches in extent, and, as there is a little puffiness, with an inflammatory blush surrounding the one in front, cold wet cloths were ordered to be kept constantly applied over this part. Pulse 60; tongue slightly loaded, but moist.

25. Free from pain. Bowels open; tongue moist; skin cool; and in every respect better.

27—31. Since our last report he has gone on progressively impoving. The puffiness about the right eye-brow has almost entirely subsided within the last two days; and the wounds of the scalp are healing kindly.

The appetite begins to return, and since yesterday he has been up walking about the ward. The pulse continues unusually slow and languid.

As it was now evident that the protuberance on this man's head, was the result of natural conformation, it was natural to suppose that his cerebral functions must be influenced by it, and moreover, that the organ assigned to this part would be in a high state of activity. Mr. Lawrence therefore, questioned the man on the subject of his children; it was enough, "he didn't care if his master would allow him his week's wages for his poor dear *childer's* sake."

By the 5th of April the wounds of the scalp had perfectly healed, and the poor fellow was in consequence discharged, as he said, "as well as ever he was." At Mr. Lawrence's request he visited the Hospital about three weeks since, and was then in the enjoyment of robust health.

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

BY MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XVIII.

Iritis continued.—Inflammation of the internal Tunics generally.—Arthritic Inflammation of the Posterior Tunics.

Gentlemen,

AT the conclusion of the last Lecture, I mentioned to you what is known of the *modus operandi* of mercury in iritis, and spoke of its great efficacy in the treatment of the affection. I might relate many cases illustrative of the doctrines I then advanced, but I consider the matter so well established, that it would only be waste of time to detain you with their recital.

With respect to the *period* in any particular case of iritis, after which mercury cannot be employed with advantage, that indeed would be difficult to determine. The question of practical importance is, whether there is any advantage in using it after the active period of the inflammation is gone by? I can only say that in many such cases I have seen the use of mercury attended with the greatest benefit to vision. I speak of cases in which pain, redness, and every indication of active mischief have disappeared; and where the iris has regained its natural appearance, and the apparently permanent effects of inflammation were produced, such as organised adhesions, and considerable imperfection of sight. In many such instances, where several weeks have elapsed from the apparent recovery of the organ, and where the remedy has been used almost without expectation of advantage, it has nevertheless been of great service, and essentially improved vision. In such doubtful cases, it is better to give the patient a chance than to neglect it; as the circumstances are not urgent, the mercurial influence may be gradually produced, but it will be necessary to keep up the action for some time. But iritis, of which I have now spoken to you generally, is not one uniform affection, always pursuing a certain course and marked by the same symptoms; it presents itself to our observation under various modifications; there are differences in the phenomena, and corresponding differences in treatment.

The cases of this inflammation differ very much in the severity of the symptoms, in the rapidity of progress, and in the entire duration. Hence the distinction of *acute* and *chronic iritis*; or the threefold division, which some have proposed, of *acute*, *subacute*, and *chronic*. The simple division of acute and chronic answers the practical purposes of distinction; there are, indeed, numerous gradations, but in this, as in other cases, it is sufficient to mark the difference of character generally. We cannot pretend to give a name to each degree.

The acute form of the disease is seen in robust persons of full habit, where a powerful cause has acted on the organ, and more especially if the case has been neglected at the commencement, or the cause has continued to act. Here we shall find bright external redness, great distension of vessels, rapid and general change of colour in the iris, contraction of the pupil, effusion into its aperture, dulness of the cornea, loss of sight, agonising pain of the eye, severe head-ache, and considerable fever with restlessness and want of sleep. In a few days vision is irreparably lost.

On the other hand, iritis may arise so slowly, proceeding to effusion of lymph and its organization into adhesion, to diminution or even loss of sight, that no pain is felt in the part, no redness takes place, no alteration is observed by others,

[No. 143.—Vol. X.] S [May 27, 1826.]

and sometimes not even by the patient, who even discovers the disease accidentally.

Between these two contrasted cases, you may have numerous intermediate degrees.

Inflammation more readily extends to the rest of the organ in acute cases, yet this extension may equally occur in the more chronic cases. The prognosis must be drawn from a combined consideration of the time the affection has lasted, and of the visible effects produced. Irreparable injury to the organ may occur in a few days, when the inflammation is acute. A fortnight, three weeks, or a month may elapse in the ordinary middling forms without any serious mischief, and a still longer duration does not preclude the expectation of recovery in the most chronic form of the complaint.

The effects of mercury are most visible, and its influence is greatest in the acute form of iritis, where the effusion of lymph has occurred within a short period, and is considerable. The remedy, however, is not to be omitted where this stage has gone by, and the adhesions seem organised; at this period, a full mercurial action, kept up for several weeks, often produces great improvement of vision.—[Mr. Lawrence mentioned the case of a lady, who found out, by accident, that she had lost the sight of the right eye; she had experienced no pain, there had been no visible sign of disease, and she only discovered that the right eye was deprived of sight by shutting the other in looking at a painting. At this time the right pupil was fringed throughout its whole extent with minute thread-like adhesions. In a short time, the left eye became affected; the iris was inflamed, and the pupil adhered, but there was pain, and some slight external redness. A mild antiphlogistic treatment, followed by the use of mercury, removed these symptoms, and restored sight; but it was necessary to continue the mercurial treatment for some weeks. A relapse took place at the end of a year, when the employment of mercury was again successful, but not till after many weeks' perseverance in its use. In a third relapse, the patient again used mercury, from her own conviction that it was the only means of restoring her sight; she employed it by friction, and persevered for five months before vision was restored. In a fourth renewal of the disease, although it was slightly checked, it destroyed vision.]

Iritis has been again divided into *idiopathic* and *sympathetic*; it has been called *idiopathic* when occurring in a healthy system, and *sympathetic* when arising in unhealthy states of the constitution.

Idiopathic Iritis is that form of the affection which takes place from direct mechanical injury, as from wounds or operations, or from the ordinary sources of irritation, in persons, generally of full habit, who are in all other respects healthy. In this form of the affection, when it is acute, we see the abscesses of the iris already described, that is yellow tubercles slowly arising on its surface, projecting into the anterior chamber, bursting and giving issue to matter which appears under the form of hypopium. There is a bright vivid red in the vessels forming the zone around the cornea; the pain in the organ and in the head are considerable, and there is often much fever. Active antiphlogistic treatment is necessary in the first instance; if the local symptoms are violent, and there is feverishness with white tongue, a large bleeding from the arm may be followed by cupping on the temple, or free leeching, and a brisk purgative. The mercurial plan may then be begun, and should be steadily prosecuted.

Syphilitic Iritis.

This is one of the most common modifications of iritic inflammation; and when we refer to the various affections of the organ of vision, we see that we must not confide too much in great names. Mr. Hunter, who has been regarded as the great authority on the venereal disease, has not mentioned any form of that disease as taking place in the human eye; yet there are three well-marked affections of the organ, clearly referrible to this source. *First*, gonorrhœal inflammation of the conjunctiva; *secondly*, syphilitic inflammation of the iris; and *thirdly*, syphilitic ulceration of the palpebræ on their mucous surface.

Syphilitic iritis is one of the secondary symptoms of syphilis, taking place in what is called the constitutional stage of the disease. It occurs when the disease shows itself in what Mr. Hunter has called the second order of parts; that is, in the skin and throat. It is usually seen in conjunction with eruptions, or ulceration of the throat, or both. Patients often refer the attack to cold, or other external excitement; but in many instances we have no such cause; why indeed should this, more than the other symptoms, require for its production external excitement? Does not the action of the morbid poison on the system account for syphilitic iritis as well as for eruptions and sore throat? May we consider that the exciting causes, which in a healthy individual would produce common inflammation of the eye, bring on this kind of iritis in the syphilitic state of constitution?

Symptoms.—In syphilitic iritis, the red zone round the cornea is described to have a slight brownish tint. The Germans call it a cinnamon brown. The pupil is contracted, generally changed in figure, and appears to be drawn toward the root of the nose; the iris, at least, is narrower at this part than in the rest of its circumference. Not only is the iris generally altered in colour, but it exhibits, often in its pupillary margin, or in other situations, distinct effusions of lymph, in masses or tubercles of a reddish brown colour. When these are situated on the edge of the pupil, they fix it to the capsule, and thus make the aperture angular and very irregular. The pain in syphilitic iritis is chiefly nocturnal; the patient is easy during the day, even in instances where the external redness is considerable, and where, judging from that only, constant and severe pain might be expected; but toward night, then the pain comes on, perhaps not exactly in the eye, but in the brow and forehead, and is so severe as to prevent sleep. As morning approaches, the pain goes off, and in this respect it corresponds to what is observed in syphilitic inflammation of the bones. The most striking characteristics of this affection are the cinnamon colour of the zone around the cornea; the contraction and displacement of the pupil toward the root of the nose; the reddish brown lymph effused in small masses, appearing like drops upon the iris, and the nocturnal character of the pains. Taking the affection altogether, it is not usually a very acute form of disease; it arises slowly, and does not proceed rapidly through its stages, so that there is plenty of time to employ such measures as are necessary to check its progress, and therefore I have no hesitation in saying, that it is the fault of the medical attendant, if the disease impairs vision. Yet, if it be not checked, fresh masses of lymph will be effused, filling up the pupil, and occupying a great part of the anterior chamber; the inflammation will extend to the ciliary body, to the crystalline capsule, to the posterior coats of the eye, and to the retina, and thus prove destructive to vision.

Among the various kinds of venereal sores which we observe, primary sores, I mean, it may be naturally inquired, whether there is any one more commonly followed by syphilitic iritis than another? I do not know that any particular kind of sore is attended with a greater probability of this secondary symptom. However, it happened to me some time ago, to have under my care, at one time, three gentlemen, who had primary venereal sores of similar character, and who had afterwards syphilitic iritis. The sores had the appearance, at first, as if the cuticle had been simply removed; the skin and cellular membrane became thickened and indurated, the ulceration still retaining its character of mere excoriation. They were obstinate, lasting several weeks. In two of the cases, mercury was used, and in the third it was not; and within three months from the healing of the sores, scaly eruptions came out on the skin, and superficial ulceration appeared in the throat, and syphilitic iritis was added to these symptoms in a few weeks. The free use of mercury was necessary in each of the three cases; it completely and permanently removed all the symptoms.

I have seen syphilitic iritis only once in the infant; it destroyed vision in both eyes. The patient was not shown to me until after this termination: mercury had been employed too sparingly.

Treatment.—If the case has a chronic aspect, if the action should not be going on very briskly, (and I have before said, that this form of iritis is seldom very acute,) you will merely have occasion to resort to the use of mercury; but if there be much pain in the part, or any urgent symptoms should supervene, then you should abstract blood locally, by cupping or by leeches. You will apply the belladonna at the same time, to prevent the contraction of the pupil; and as the pain over the orbit at night is generally a very distressing symptom, you should employ the frictions of mercurial ointment and opium on the brow. The Germans, and Beer in particular, employ the oxymuriate of mercury in solution, as a lotion for the eye, and insert between the lids the red precipitate ointment, making these local means the principal part of the treatment. Such stimuli are quite inadmissible in the inflamed state of the organ, which they will aggravate: they have not, in this mode of employment, any influence over the specific disease, which may be certainly and effectually controlled by the treatment already described.

Arthritic Iritis.

In persons of gouty and rheumatic constitution, inflammation of the iris is a very common affection. The circumstances which characterize this affection, are the temperament of the individual, and the previous occurrence, or present existence of gout, or of rheumatism, or of pains referrible to those causes. The zone is not bright red; often, indeed, it has a dull and even livid colour; the vessels composing it terminate short of the cornea, so that there is a narrow white boundary interposed between the zone and the cornea. This white edge is often partial, being observed more especially towards the angles of the eye. In the commencement of arthritic inflammation, the pain is not considerable; the patient complains rather of an uneasy sensation about the eye, and during the progress of the complaint, there is a kind of piercing and lancinating pain in the parts around the eye, and on the affected side of the head. The iris becomes altered in appearance, but there are no masses of lymph effused; the pupil contracts, retaining its central position and circular figure; it becomes fixed, however, by adhesion to the capsule. The arthritic iritis will proceed to a certain extent, the symptoms will then go off, and the eye ultimately recover; even in cases which appear at first severe, and in which adhesions of the pupil have taken place. People generally have repeated attacks of this kind; there may be, with such, some slight adhesions of the pupillary margin, but we are surprised, at first view, that these repeated accessions of inflammation should occur, and yet leave the organ subsequently in the full exercise of its function. I remember a gentleman who consulted me on account of severe inflammation of the eye, and there was so much intolerance of light, that I could hardly see the organ. He told me that he had an attack of the same kind every year; and when I was able to obtain a sight of the eye, I found that the iris, which was blue in the sound eye, had become green, and that there were in both eyes adhesions connecting nearly the whole pupillary border to the capsule of the lens. It was a marked case of arthritic inflammation; he had had fourteen of these attacks, and yet vision was unimpaired. The adhesions of the pupil, in these cases, are generally white, the aperture becomes more and more contracted in each succeeding attack, and often an opaque adventitious membrane fills it entirely. Thus vision is ultimately destroyed. The tendency to disorganization of the iris is not so great as in other forms of iritis. After repeated attacks, and with a pupil contracted, and filled with an opaque substance, the iris is often seen quite natural. The cornea is seldom implicated. Sometimes one violent attack closes the pupil, or greatly contracts, and fills it with a dense opaque plug. Sometimes too, complete disorganization, with puckering and tubercular projection of the iris, are caused by gouty inflammation. Opacity, first of the capsule, and afterwards of the lens, are not uncommon consequences of arthritic iritis; such cataracts are almost always attended with adhesions of the pupil.

Treatment.—The arthritic neither requires nor admits that free use of mercury, which is so advantageous in other forms of iritis. The Germans, who have attended most to the subject, have noticed this, and, as far as my observation has extended, it coincides with their experience. I have seen cases of arthritic inflammation, in which a full use of mercury has been found to aggravate the symptoms. Cupping and leeches, and counter-irritation by blisters to the nape of the neck, will be found very useful in these cases; and after the bowels have been acted upon by some brisk aperient, mercury may be advantageously had recourse to in small doses, such as five grains of Plummer's pill every night, or every night and morning, using at the same time such aperients as the state of the alimentary canal may require. I have found that this mode of treatment is capable of checking the complaint; that it will prevent the affection from going to any serious length, and will restore the sight of the patient, as well as benefit his health generally. The Germans recommend in this affection another mode of counter-irritation, namely, by rubbing tartar emetic ointment on the cervical region of the spine; they also rub opium, moistened with saliva, on the brow. They recommend dry warmth to the organ, and are very particular in their directions to guard it from moisture and from cold. Tepid fomentations are the best local means, according to my experience. The regulation of the diet should be attended to, all stimuli should be avoided, and strict attention paid to the state of the stomach and alimentary canal. All those circumstances which tend to disturb the general health must be avoided.

Iritis sometimes occurs in connexion with *cutaneous affections, not syphilitic.* Cutaneous affections may take place in various unhealthy states of the constitution. There is a great connexion in point of morbid phenomena between the iris and the skin. The seat of colour is in the skin, and the seat of colour of the eye is the iris, and there is a considerable tendency in cases of disorder of the skin to affections of the iris. The eye will sometimes suffer in the scaly eruptions of the skin, and the iris particularly so. A case occurred some time ago at Bartholomew's Hospital of this kind. A woman about forty years of age, of a light complexion and sanguineous temperament, was admitted under the care of the physician, with *lepra ;* the patches of which covered the whole body, head, trunk and limbs. She had been in the Hospital six or eight weeks, and had undergone the common routine of treatment, such as Plummer's pill, purgative medicines, &c. without any benefit, and she then began to complain of her eye being sore, and said that her sight was getting dim, and on this account I was requested to see her. When I looked at the eye, I saw that she had a decided attack of iritis ; there was lymph effused upon the margin of the pupil, the iris was changed in colour, and there was the vascular zone around the cornea, and vision was seriously impaired. She had also leprous eruption over the whole body. The inflammation of the eye, and the cutaneous affection gave way together to the mercurial influence, but not rapidly ; her constitution did not yield readily to the remedy ; she took twelve grains of calomel every twenty-four hours, for some weeks before she recovered. A relapse of disease having taken place, both in the skin and eye, she came back to the Hospital requesting that mercury might be again used, as she knew it would cure her. She again employed it freely, and was at last unwilling to leave it off, fearing a return of disease. The cure was now permanent.

There is a tubercular disease of the skin, particularly affecting the face, but often extending over the body, and attended with much debility and general constitutional derangement. It is generally accompanied by iritis; but the latter, in such cases, is easily removed, by a mild antiphlogistic treatment, and moderate use of mercury.

In strumous children, inflammation commencing in the external parts of the eye, sometimes extends to the iris; this *strumous iritis* is usually attended by some change of structure in the cornea. The opaque state of the cornea prevents you from observing the changes taking place in the iris, so that the very existence of the iritis is often not known, until it has gone through its course and come to an end. The treatment is the same as for strumous ophthalmia generally.

Inflammation of the Internal Tunics, generally.

You have seen that inflammation commencing in the iris will extend to the other internal tunics of the eye, and indeed may affect ultimately the whole organ ; but the posterior tunics themselves become occasionally primarily inflamed, and this is called internal inflammation of the eye, or inflammation of the internal tunics ; it is the *ophthalmitis interna idiopathica* of Beer. Probably its usual commencement is in the retina.

Symptoms.—The leading characteristics of this affection are, pain in the organ, impaired vision, with originally, and often throughout, but little external redness. The pain is deep-seated, of a dull aching kind, often with sense of heat; it is aggravated by exposure to light or by using the organ; it soon extends to the brow, to the occiput, and to the whole head. The sight becomes dim, as the patient expresses it, and it grows gradually worse. At this period there will be perhaps very inconsiderable external appearances ; a little increased redness of the sclerotic coat round the cornea, and so little that you would hardly at a cursory glance notice it. The pupil is either rather contracted, and the iris moves quickly, or the former may be somewhat dilated, with sluggishness of the latter. The former is the earlier state, denoting excitement of the retina, while the latter circumstances indicate more advanced affections with loss of sensibility in the nervous structure.

The patient is feverish ; there is heat of skin, thirst, white tongue, a disturbed state of circulation, and restlessness.

With the continuance of the complaint, the inflammatory symptoms are more developed and obvious. The sclerotic redness increases, and forms a bright red zone round the cornea. The iris changes colour and expands, the pupil contracting towards the centre, losing its clear blackness, and becoming filled with a web of lymph, effused from the thickened margin. The sight becomes more and more imperfect, and is soon lost. This happens from the inflammatory excitement and consequent change in the retina ; it takes place before the entrance of light is mechanically impeded by the changes in the pupil. After vision is entirely lost, sparks, flashes, and various luminous appearances may still be perceived, and even be troublesome to the patient.

In the second stage, with increased external redness, pain, head-ache and fever, the pupil closes, sight having been previously lost. The iris becomes convex, being pushed forwards towards the cornea, so as to diminish or destroy the anterior chamber. Suppuration occurs, matter is effused in front of the iris, constituting hypopium; blood is sometimes mixed with it. Now the internal and external tunics are fully involved, and the appearances are those of general ophthalmitis.

The results of such an affection are, closed pupil, with the formation of an adventitious membrane, insensibility of the retina from change of structure, consequent on violent inflammation, large suppuration, making its way externally, and leading to collapse of the coats, contraction and partial obstruction of the pupil, with impaired function of the retina, opaque capsule and lens.

Prognosis.—When disease attacks the nervous structure, in which vision immediately resides, and the pupillary aperture through which light must enter the organ, the case cannot be otherwise than serious, requiring the closest attention, and active treatment. The prospect is favourable in the beginning, and is less and less so, in proportion to the duration. The state of the retina, as indicated by the degree of vision, and the condition of the iris and pupil are the most important criteria. Greatly impaired vision, produced quickly, with pupil still clear, and not much contracted, may be restored. If sight should have been totally lost, before the pupil has closed; or if that opening be much contracted and vision gone, there is no hope. The loss of vision is not altogether discouraging in itself; but it is a bad sign when connected with considerable change in the iris and pupil, great external redness, &c.

The treatment must be the same as in general inflammation of the globe (ophthalmitis) or in iritis; it must be antiphlogistic in the first instance, and this must be followed up by the decided use of mercury, combined with the local employment of belladonna.

It might be expected that the antiphlogistic measures alone would answer the purpose; but this is not the case; they check the disease, they diminish the external redness, the pain and head-ache, and relieve the patient altogether, but they do not improve the sight much; they do not control that excited state of the capillary circulation, which threatens such dangerous results to vision. Mercury is equally powerful in checking this, when it occurs in the retina, as in the iris, and the object cannot be accomplished without this remedy, nor without its decided action on the system, while you will be surprised at seeing the beneficial results from the combined result of the antiphlogistic and the mercurial plan. It has so often happened to me to see depletion, even when carried to the largest extent, fail, and vision immediately benefited, and soon restored by the employment of mercury, that on this point I can speak to you with the greatest confidence. A young woman came to the Infirmary, complaining of loss of sight in one eye. The pupil was dilated, the iris motionless; a slight and scarcely perceptible pink tint was observed in the sclerotic, near the cornea; it might have been easily overlooked. Vision was very nearly lost, and had been so for about three days. There was head-ache, a flushed countenance, heat of skin, and whitish tongue. It appeared on inquiry that this patient was cook in a large family, and had been much employed before large fires. I pointed out the case as one of pure retinitis, and as calculated to show whether vigorous antiphlogistic treatment could arrest the affection; indeed, I did not think much at that time of using mercury in such an affection, not having then (now some years ago) that knowledge of its powers in affections of the retina which subsequent experience has given me. I directed a full bleeding from the arm, free purging, low diet, general rest, and repose of the organ. In two days after, she was no better in respect of sight; she was cupped and blistered, but still no improvement took place. The use of mercury was now begun, but vision was completely lost before the remedy produced any effect. The occurrence of full salivation suspended all the symptoms, sight immediately improved, and was completely restored under the continued employment of the remedy.

[The lecturer detailed some other strong cases in illustration of the same point: they proved clearly the inadequacy of the simple antiphlogistic treatment, and the powerful effects of the mercurial plan, when decidedly put in practice, and steadily pursued, in restoring the function of the retina. He observed that some of them were examples of inflammation confined to the retina; originally beginning in that structure, and prevented by active treatment from extending beyond its original seat. They might also be called cases of amaurosis, exhibiting the acute form of the affection.]

A peculiar inflammation affects the posterior parts of the globe, the choroid, retina, and vitreous humour, occasionally involving the sclerotica, either in persons of gouty habit, or of that impaired constitution and general health, which are very analogous to the arthritic state. It ends in a dilated pupil, with deep-seated greenish discolouration, that is in the appearances called glaucoma: it might be called, in contradistinction to the slowly occurring change of similar character, which will be afterwards described, acute glaucoma. Benedict has named it, in consequence of its frequent occurrence in gouty persons, *ophthalmitis arthritica*.

The external appearances of inflammation are often inconsiderable; there is some redness of the sclerotic coat, and this is rather livid than bright; increased sensibility to light in the beginning, and increased lachrymal discharge. In the eye and in the head there is acute, deep-seated, and almost intolerable pain; this is constant, and of the severest kind, entirely preventing rest, and hardly lessened by the most active treatment. The iris is rendered darker and dull, particularly in its pupillary margin; the pupil is dilated and fixed, sometimes assuming an oblong figure in the transverse direction; and a dull green discolouration is observed deep in the eye, indicating change of structure, either in the vitreous humour or retina. Sight is greatly impaired, and often entirely lost, from the very first attack: this loss of sight is frequently very sudden, taking place in the course of a night. From the congestion, which exists in the vascular internal tunics, there is great tension of the sclerotica, giving to the globe the feeling of stony hardness. The disturbance in the sclerotic vessels usually extends to the cornea, rendering it dull; this change, together with those in the iris and pupil, destroys all the brilliance and expression of the eye, making it look almost like a dead eye.

The affection proceeding, extends to the lens, which loses its transparency, turns green, dirty yellowish green, or dirty white. (*Cataracta viridis vel glaucomatosa.*) It is often protruded by swelling of the vitreous humour, wedged into the dilated pupil, and brought into contact with the cornea.

The pain and the redness lessen, and the affection subsides, leaving an iris changed in colour, a fixed and usually dilated pupil, either of a dull green colour, or occupied by a glaucomatous cataract, with total and irreparable loss of vision. The external trunks lying on the sclerotica are enlarged, knotted, and varicose; sometimes there is partial absorption and distension of the sclerotica, giving a blue appearance about the ciliary body, causing small projections in that situation, or the larger distensions which constitute staphyloma scleroticæ.

The disorder generally affects the two eyes in succession, but both may be attacked at once.

The pathology of this affection is imperfect from the want of dissections. We do not know where it begins, what structure is its primary and essential seat. The early and entire loss of sight points out disorganisation of the retina; and the changes occurring in the pupil indicate alteration in the vitreous humour.

The chief cause of the affection is an unhealthy state of constitution; it takes place in gouty persons, and in such as have had other forms of gout. We see it in elderly persons, always after the middle period of life; in those of full habit, of corpulent make, with the bloated, red, purple, and veined faces, that denote habits of indulgence.

It is important to distinguish this affection from cataract; from amaurosis, properly so called; and from common internal ophthalmia.

The prognosis is entirely unfavourable. Where vision is lost in such a case, it is never restored; nay, if the characteristic symptoms are present, we may be tolerably certain that the disease will go on to the extinction of sight, and we cannot prevent it. The disorder is indeed so unmanageable, that treatment has very little effect upon it; the severe pain in the eye and head continues in spite of the most active measures. Loss of blood and other corresponding means must be employed in the beginning. Subsequently, blisters may be employed, with Plummer's pill, mild aperients, and a regulated diet.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

By DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXV.

Of the Diseases of the Stomach.

Gentlemen,

FROM the nature of the functions performed by the stomach, the affections of this organ exceed in importance those of the rest of the alimentary canal. The diseased states to which it is liable, are various; some consisting in inflammation; some, in spasm; and some, again, being merely functional. The distinguishing accurately between these, in practice, is of considerable moment. Further, you are to observe, that the stomach is frequently disordered in a secondary way, or by sympathy with other organs, the diseased state of which it sometimes serves to indicate; and this is more especially the case with regard to the brain, between which and the stomach there exists the most intimate and reciprocal connexion.

The stomach is not only a *vascular*, but a *muscular* structure. It has a large share of *irritability*, and on this account is easily excited into disorder. It possesses also *sensibility* in no small degree, though its feelings are of a peculiar kind. It is hardly sensible, for example, to heat or cold; yet it may be disordered by either. The sensations of hunger and thirst, of satiety, of nausea, and that derived from the taking of substances agreeable to the palate, with perhaps many others that have not been well defined, belong to the stomach, which indeed may almost be considered as a sixth organ of sense. This will serve to explain, in some degree, the great influence which the stomach, in common with the other *organs of sense*, exerts over the brain, and *vice versa.*

Lastly, the stomach has (next to the brain) the greatest influence over the whole system, and thus becomes the fittest medium in general for impressing other parts beneficially, when they are labouring under disease; whence it is, chiefly, that our remedies are mostly applied to this organ.

The most important disease of the stomach, as of other parts, is inflammation, which may exist in various degrees, acute or chronic. It may affect the internal coat, or mucous membrane, merely; or the general substance of the organ; to which last alone, when acute, the term *gastritis* has been applied. Inflammation of the external coat, which is only an extension of the peritoneum, requires no distinct notice.

1. *Inflammation of the mucous membrane* of the stomach (cardialgia.) This is, for the most part, a slight affection, characterized by a sense of heat, or scalding, in that region, and which is increased by swallowing any thing hot or acrid. It is attended also with acrid eructations, and sometimes with a copious flow of thin and tasteless fluid from the fauces. The tongue is white on its surface. The terms *cardialgia*, or *heart-burn*, and *pyrosis* or *water-brash*, have been applied to this disease. It is commonly induced by too stimulating food or drinks, or by other acrid substances. The treatment of it, in general, is very simple, consisting in the use of cold drinks, and mild purgatives, with the avoidance of the cause, whatever this may be.

2. *Gastritis.*—When the substance of the stomach is inflamed, and that in an acute degree, the disease is termed *gastritis.*

This organ, however, is less frequently the subject of inflammation than many others; the reason of which, perhaps, is, that it is habitually exposed to a great variety of impressions, in consequence of which, its susceptibility is impaired.

Symptoms.—The disease is marked by acute and burning pain at the pit of the stomach, and which is increased upon pressure. There is often soreness in the skin; and sometimes hardness and swelling in the epigastric region. The increased irritability of the organ, (the natural consequence of inflammation,) gives rise to vomiting, which is frequent and severe, and that even without any thing being taken in. After a time, bile is thrown up. Hiccup frequently takes place, and occasions an aggravation of the pain. There is also great general disorder of system. The pulse is quick, small, and hard; showing increased irritability of the heart and arteries. The tongue is white, yellow, or brown, according to the violence and danger of the disease. The urine is scanty and high coloured; and, in some cases, totally suppressed. There is a feeling of anxiety, with great depression of general strength.

This disease is often rapid in its progress, and speedily fatal, terminating then usually in gangrene. If less violent, it may continue for many days; and now and then it ends in abscess. The approach of gangrene is marked by the sudden cessation of the pain, the vomiting and other bad symptoms continuing. The pulse is scarcely to be counted; cold sweats appear on the forehead; the extremities turn cold; there is an anxious countenance; and delirium ensues, which soon terminates in death.

The *Causes of Gastritis* are various; as *exposure to cold*, especially *cold drinks,* taken when the body is heated; mechanical violence; acrid and poisonous substances of various kinds swallowed, especially *arsenic*, *corrosive sublimate*, the *tartarized antimony*, and the *concentrated acids*, with many others. *Metastasis*, or the shifting of inflammation from other parts, may also be enumerated among the causes of this disease. It likewise frequently arises during the course of *fever*, especially in hot climates, and is then often accompanied with the symptom termed *black vomit*.

The *prognosis* in *gastritis*, is, upon the whole, unfavourable; but is influenced of course by the violence, and in some measure by the cause of the disease. When the inflammation is very acute, it is quickly fatal, and that for the most part by ending in gangrene, as I remarked before. If milder and protracted, it may terminate in abscess, from which a recovery is not uncommon. Some persons suffer frequently in this way. When inflammation of the stomach occurs in *fever* in hot climates, it is generally fatal. When from *metastasis*, the danger is less.

Treatment.—The first point you are to attend to, is the removal of the cause, if still acting, as in the case of poisons swallowed. With this view, vomiting should be promoted; for which, however, nothing in general is necessary, but a copious exhibition of any mild and warm liquid. Water alone, is as good as any other; except, perhaps, that *oil* may be more readily rejected by vomiting. It is seldom necessary to exhibit *emetics* for the purpose, the disposition to vomit being already excessive in most cases. You are to consider also, whether any thing can be done to counteract the noxious substance, either chemically or mechanically. In the case of *arsenic*, nothing of this kind can be done that promises the least advantage: the quick discharge of the poison is the only thing to be looked to. *Corrosive sublimate* and *tartarized antimony*, may be decomposed by *alkalies*, and their virulence in some degree thus lessened. The *concentrated acids*, whether the *sulphuric*, *oxalic*, or any other, may be neutralized by any alkaline matter, (with the exception of ammonia, which is too irritating); potass, soda, magnesia, chalk, an infusion of wood ashes, or a solution of soap in water, will either of them answer the purpose. But in general, fatal mischief is done to the organ, before such means can be administered.

When the *cause* has thus been sufficiently attended to, you are to endeavour to remedy the *effects*. The irritation should be first allayed by opium; and then the inflammation obviated as far as possible by *bloodletting* and other means; taking care, however, not to employ *bloodletting* with too great freedom, but considering the state to which the strength of the system may have been reduced by the violent action of the poison. In spontaneous *gastritis*, arising from so simple a cause as *cold*, *bloodletting* requires to be performed with great promptitude and freedom. In cases proceeding from metastasis, it is generally right at the same time to endeavour to renew the primary affection, whatever this may be; as by stimulating the extremities, in cases of gout or rheumatism. When the disease arises in the course of *fever*, the treatment will be governed by the stage of the disease, and will be more or less active accordingly. If the inflammation should have terminated in suppuration, which is known by the discharge, by vomiting, (and often downwards,) of purulent matter in large quantities, frequently mixed with blood, all that can be usefully done is to pay attention to the general health. Food of the simplest and mildest nature should be employed.

3.—*Chronic inflammation of the stomach, (schirrus of the pylorus.)* The stomach is occasionally the subject of a chronic kind of inflammation, which gradually injures the structure of the part, and at length terminates in complete disorganization; this state is usually termed *schirrus*, the immediate seat of which is, in most cases, the *pylorus*. It arises for the most part imperceptibly, and from no obvious cause.

The *signs* of this affection most to be relied upon are, a constant uneasiness in the region of the stomach, with a sense of heat and tenderness, and often hardness to the touch externally; these are commonly aggravated after taking food. The appetite is deficient, and there are the ordinary signs of imperfect digestion. There is *pyrexia*, or general febrile symptoms. As the disease advances, the distress of the patient is increased. The food, after remaining for an uncertain time in the stomach, is again rejected by vomiting. There is likewise thrown up, from time to time, in the latter stages of the disease, purulent, sanious, or bloody matter, often of an offensive smell. Costiveness takes place, owing principally to the want of materials in the intestinal canal. The body becomes more and more emaciated, and is at length (after perhaps many months' continuance) worn out and destroyed, partly by the general disorder excited by the local disease, and partly by the want of nourishment.

Treatment.—This disease is scarcely within the power of art to cure it, and indeed it generally proves fatal. The only treatment likely to prove successful, is the *antiphlogistic*. In an early stage of the disease, small and repeated bleedings, with aperients of the mildest kind, appear to be the best adapted to the nature of the case, as being founded in inflammation. An issue at the *scrobiculus cordis*, may be of some use. Small quantities of mercury, with hemlock, have been employed; but, as far as I have observed, with little or no advantage. *Opium* may be necessary to relieve pain, though it has no tendency to cure the disease. The food should be of the simplest kind, and mostly liquid. Milk is probably the best. You are to take especial care, not to confound this disease with mere *dyspepsia* or *indigestion*; for the means commonly employed to relieve this, namely *tonics* and *stimulants*, will be sure to aggravate organic disease.

4. *Spasm of the stomach.* This is not an unfrequent occurrence, especially in females. It is productive of very severe pain while it lasts, the seat of which is the hollow of the stomach. The technical term *gastrodynia*, and some others have been applied to it. It is occasioned by different causes; as flatulency, the presence of acid in the stomach, cold drinks taken too freely, unripe fruits, and various other irritating causes, irritation of neighbouring parts, as the passing of gall-stones through the biliary ducts, and lastly, mental emotions.

Spasm of the stomach must be carefully distinguished from inflammation, on account of the great difference in the remedies required in the two cases. The distinction chiefly rests on the absence of the signs of inflammation, namely, heat and tenderness upon pressure, together with febrile symptoms. In simple spasm, there is generally coldness; while pressure gives relief.

Spasm of the stomach is in general readily relieved by active stimulants of all kinds, applied both internally and externally. Heat, alcohol, æther, ammonia, the essential oils, camphor and opium, are the principal remedies. The *warm bath* is also a powerful means of relief. To prevent the recurrence, is an object of greater importance than temporary relief; to accomplish which the cause must be looked to and avoided, as far as possible. It often happens, that inflammation follows spasm; when this occurs, the plan of treatment must be changed. Blood-letting, and other antiphlogistic remedies may then be required.

5. *Of dyspepsia* or *indigestion*. The functions of the stomach are frequently disordered, or imperfectly performed, independent of inflammation; and to such states the term *dyspepsia* or *indigestion*, is applied. The symptoms that present themselves in this case are various, and have been designated by a great variety of terms, which it would be tedious even to enumerate. They can only be understood by reference to the nature of the organ and its functions.

The stomach is *muscular*, to enable it to propel its contents into the duodenum. Hence its liability to violent and permanent contraction, or *spasm*, as before observed. Its natural movement, which is in the direction from above downwards, may be inverted, when the contents will be discharged upwards through the œsophagus, an act called *ructus* or *rumination*, similar to what takes place spontaneously in the bullock and some other animals. This, however, is not *vomiting*, for *vomiting* requires the concurrent action, (and that a violent and involuntary one,) of the diaphragm and abdominal muscles. If this violent action of the diaphragm and abdominal muscles, take place without a simultaneous inverted motion of the stomach itself, there is an ineffectual straining to vomit, without the actual discharge of the contents of the stomach, and which is productive of much distress. The muscular action of the stomach may likewise be defective, or even paralysed altogether; at least, it is reasonable to believe this, from the analogy of other muscles. The consequence, in either case, must be an unnatural detention of the food in the stomach. Should the muscular action of the organ be in excess, the reverse of this would take place; the food would be discharged into the intestines, before time was given for its undergoing the necessary changes in the stomach. Such would be the natural effect of an excess of irritability in the organ, a state that we can easily conceive to exist.

The proper function of the stomach is two-fold; consisting first, in *appetite*, or a desire for food; and, secondly, in *digestion*, or the conversion of it into a new substance termed chyle, for the purposes of the system; for no substance, whether animal or vegetable, neither *milk* nor even *blood* itself, can be applied as nutriment to the body, till it has undergone the process of digestion in the stomach, by which its properties are essentially changed.

In health, *appetite* and *digestion* are generally proportioned to each other; but it is not always so in disease. The appetite is sometimes greater than the power of digestion; as, in other cases, the power of digestion remains to a certain extent, where the appetite is wholly or nearly lost. In general, however, the appetite, if not manifestly depraved, may be taken as an indication of the digestive power. So that where food of a natural and simple kind is eagerly desired, either in health or in disease, it will seldom, I believe, be found injurious to exhibit such. And we have abundant instances to prove, that indulgence in a variety of foods that, *a priori*, would be considered improper, has nevertheless been allowed, not only with impunity, but with advantage. In actual practice, however, you should always act upon such suggestions with reluctance, and not without much consideration. It is worth observing, that, on some occasions, the taking of food restores appetite, which before was entirely wanting. This is often seen at the close of acute diseases, where, from long and rigid abstinence, the appetite wholly ceases, but is renewed as soon as food begins to be again taken. We are not always to wait, therefore, for the return of appetite, but rather to try whether the disposition to take food may not be lost merely from disuse. As appetite may be safely indulged, under the restrictions mentioned, I may observe, on the other hand, that food that is ungrateful to the taste is seldom well digested.

The *appetite* may not only be defective, (called *anorexia*,) as it indeed is in a vast number of diseases, especially the acute, but may be otherwise variously altered from the healthy state. It may be simply in excess, a state that has been called *cynorexia*, *bulimia*, &c.; or it may be depraved, as shown by a desire for unnatural things (*pica*). These changes of the appetite, may be considered as the result of morbid states of sensibility in the stomach, frequently proceeding from affection of the brain: for in most of the *acute* diseases of this organ, (the brain,) the appetite is wholly lost; while in many of the *chronic* affections of the same organ, the desire for food is voracious; as you will observe in many cases of *hemiplegia*, and others. And there is no doubt, that many instances of depraved appetite may be referred to the same source.

The connexion between the brain and the desire for food, is strikingly shown in the effect of *mental emotions* in immediately destroying appetite, sometimes inducing actual vomiting.

We will next, Gentlemen, attend to the subject of *Digestion*, or the conversion of the food into chyle, an operation that is principally effected in the stomach, though the *hepatic* and *pancreatic* fluids contribute to the completion of the process.

Now *digestion* is a kind of chemical solution of the food in the *gastric juice*, as it is termed. This menstruum (the gastric juice) is formed or secreted by the inner membrane of the stomach, or some part of it, and of course is liable to vary in its properties, and consequently in its *solvent* powers, according to the state of action in the secreting organ. This action, again, will vary under a variety of circumstances: but we know nothing of such changes directly, and only judge of them by the state of the function itself.

The *digestive* function is, in many persons, at all times ill or imperfectly performed: the defect, in such cases, is said to be *constitutional*, and can hardly be remedied by art. It is impaired, likewise, or even altogether suspended, during the course of a great number of diseases; as if the body did not require to be nourished under such circumstances. *Over-excitement* of the stomach by food or drinks, of too stimulant a quality, or excess in point of quantity, is another, and probably the most frequent cause of *dyspepsia*, or *indigestion*; the first effect of such excess generally is, to increase both the appetite and the power of digestion; so that, in fact, the body is for a time better nourished, and even appears to acquire additional strength in consequence, and likewise a greater freedom from disease. These advantages, however, (if they be such,) are but temporary; because over-excitement of all kind, leads to exhaustion of real power. The digestive function is at length imperfectly performed, and the body suffers in consequence; in addition to which, disease of some kind, mostly inflammation, is frequently the result; either in the stomach itself, or in the liver, the ligamentous structure, or the brain, according to the disposition to disease in particular organs.

Indigestion, again, may be owing to the improper nature of the substances taken as food. Lastly, all the causes that tend to impair the appetite for food, are capable, more or less, of disturbing the digestive power of the stomach.

Now when food is taken under the circumstances mentioned, that is, where the stomach is not in a condition to digest it, a variety of morbid changes take place, which constitute the symptoms of *dyspepsia*, and which you will easily understand.

Nausea is one of these, and may be followed by actual *vomiting*—a desirable occurrence, as, by removing the cause, it tends to prevent other more distressing symptoms. If the aliment taken in be of an *animal* nature, instead of undergoing the natural changes, it will go into *pu-*

trefaction, producing *nidorous eructations*; if *vegetable*, fermentation will take place, with the extrication of elastic fluids, and, subsequently, the production of *acidity*. The *flatulency* thus generated will often give rise to spasmodic contraction of the organ, attended with severe pain (*gastrodynia*); while the acid generated is sometimes sufficiently acrimonious to excite a burning sensation at the *cardia*, and along the whole tract of the œsophagus (*cardialgia*.)

The state of stomach now described, besides being attended with the strictly-local symptoms mentioned, is capable also of disordering the heart by sympathy, so as to make its action irregular for a time, as indicated by palpitation and by irregular pulse. Sometimes, the diaphragm is convulsively affected, hiccuping taking place. That a dyspeptic state of stomach is likewise capable of occasionally disordering the brain, I shall not deny; but you will meet with a great deal upon this subject in modern writings, that has no foundation either in fact or reason. Nine times in ten, where the brain and stomach are simultaneously disturbed, the stomach is secondarily, and not primarily, affected: the dyspeptic symptoms are the effect, and not the cause of the brain affection. The influence of the brain, when disordered, over the stomach, is a matter of daily observation. In fact, the brain is hardly ever materially diseased, without some interruption or disturbance of the digestive functions. But the converse of this, is not observed to any thing like the same extent. We find the stomach disordered in a thousand instances, without the brain at all suffering in consequence. The most acute inflammation in the stomach, as well as the entire disorganization of it, frequently exist without the brain appearing to suffer at all. And the stomach may be artificially disordered in the highest degree, as by *emetics*, with little or no disturbance of the functions of the brain. The mode of reasoning employed to establish the supposed dependence of many diseases upon a previous disorder of the stomach, is extremely futile and unphilosophical.—Because an *emetic*, or a *purgative*, (or a *blue pill* acting as such,) relieves the head-ache or other symptoms present, it has been, without hesitation, concluded that the *cause* of the disease was seated in the stomach or other chylopoietic organs. This has been carried, in many cases, to a ridiculous length. The most ordinary case of *ophthalmia*, has been so considered and explained, and the proof offered in support of the opinion has been seldom any thing more than the removal of the inflammation by means operating upon the stomach and intestinal canal; as if the good effects of an *emetic*, or a *purgative*, or a *blue pill*, in cases of inflammation, could be no otherwise accounted for than by supposing them to remove something noxious from the *primæ viæ*, or to *correct* and *regulate the secretions* (to use the language of the day). You have not forgotten, I trust, the principle of *counter-irritation*, so often referred to, a principle which is quite adequate to explain the good effects of such remedies, without admitting the unproven supposition of their acting merely by restoring the *secretions* to a healthy state.

Treatment.—In the management of *dyspeptic* cases, it is of far greater consequence to advert to the *cause*, and to remove this, than to endeavour to relieve the *symptoms* by drugs of any kind. In by far the greater number of instances, *dyspepsia* is a secondary affection, and then seldom requires attention in practice. An attempt to restore appetite and digestion, when suspended by other diseases, would in general be injurious. In cases where the power of digestion is naturally weak, which, as I observed, occurs in many individuals, care must be taken to adapt the food to the existing powers of the stomach, so as not to give the organ more to perform than it is equal to. When *over-excitement* and excess have been the remote cause of dyspepsia, the only rational treatment consists in the resort to a simple and abstemious mode of living. The doing this is, for a time, attended with no small feeling of distress to the patient, arising from the deprivation of an accustomed stimulus. The sacrifice, however, must be made, or the case abandoned; for medicines of any kind afford a very insufficient substitute, though they may relieve the symptoms to a certain degree. If the disease be owing to the use of unwholesome or improper food, the remedy is obvious.

With respect to the medicines to be employed in *dyspepsia*, these will vary according to the object in view, and the nature of the symptoms present. The simple *bitters*, such as gentian and quassia, have often a remarkable effect in restoring *appetite*, and in promoting *digestion*. A similar property is possessed, though perhaps in an inferior degree, by the whole tribe of *astringents* or *tonics*. Diluted *acids*, especially those termed mineral, may be often employed with advantage, for the same purpose. *Sti-*

mulants of various kinds, as wine, spices, and even alcohol, are occasionally useful; but require to be used with great moderation. They ought, indeed, to be looked upon rather in the light of *palliatives*, than as *real remedies*, and in most cases had better be avoided. *Flatulency* and *spasm* may be so urgent, as to call for the most active *stimulants*; such as *ammonia*, *æther*, and even *opium*: but such remedies are only to be justified by necessity, as they are apt to leave the stomach in a less favourable state afterwards.

Acidity of stomach may be counteracted by *alcalies* of various kinds; *potass*, *soda*, *ammonia*, *lime*, or *magnesia*, may be administered for the purpose, and that either in the *pure* or the *carbonated* state. The choice among these, will be determined by circumstances. If the stomach affection should be accompanied, as is usually the case, with *costiveness*, the *magnesia* would have a preference; if, on the contrary, *diarrhœa* should be present, and that in an inconvenient degree, the other alcalies, especially the *carbonate* of lime, will be better. *Ammonia* has the advantage of a powerful stimulant operation (supposing this to be required) by which the organ may be excited, at the same time that the *alcali* acts as an *antacid*. You are not to forget, in the employment of antacids of all kinds, that you are only relieving a *symptom*, which will continue to recur, as long as the digestive process is imperfectly performed.

You perceive, gentlemen, that I have been very brief on the subject of remedies in *dyspepsia*; because I think it more useful to explain the general principles that are to guide you in practice, than to dwell upon particular forms of medicine. Volume after volume have been written on the subject of *dyspepsia*; but what is really important and useful, lies within a narrow compass.

In our next Lecture we shall consider the affections of the *intestinal canal*.

FOREIGN DEPARTMENT.

GRAEFE AND WALTHER'S JOURNAL FUR CHIRURGIE, &c., 1826.

On Salivary Concretions, by Prof. Ph. F. Walther.

Stony concretions are well known to be deposited from the saliva as from others of the animal juices. Fourcroy says, that salivary concretions are composed of phosphate of lime and a peculiar animal substance, (the medium of union,) and that they are formed when the saliva is supersaturated with the above earthy salt. It is difficult to conceive how and under what circumstances such a supersaturation of so limpid a fluid as the saliva can happen; the explanation therefore is far from satisfactory, and cannot be brought to the test of direct experience. Salivary concretions may lodge in the whole length of the ducts destined to excrete the saliva. Examples of such depositions occurring in the substance of the parotid, in the rudimentary branch of Steno's duct, in the course of this duct itself, in the submaxillary gland, and in its excretory passage, are related by very many authors. These interesting forms of disease, however, have not hitherto been regarded in a therapeutical point of view. Perhaps I may be so fortunate as to throw some light upon the subject, by making known a few of the cases which I have met with myself.

Concretion cut from Wharton's Canal.

Elizabeth Hingen, a stout, healthy, peasant girl, sought my professional assistance, on account of a fistulous sore in the upper part of the left side of the neck, in the vicinity of which, a hard and rather moveable body could be felt with the probe. She had had no complaint, except small pox, for a long time, nor could she assign any reason for the invasion of her present malady, which commenced in the following manner:—About three years ago, a painful swelling appeared under the tongue of the left side, which was particularly troublesome at meals, and which, after three days, when it had got to the size of a hazel nut, burst and discharged a considerable quantity of matter. The discharge was not effected through the natural opening of Wharton's duct; the mark of the preternatural orifice can still be perceived by the side of the former, Within six months, another tumour, precisely similar in all respects, formed, and also discharged as the first had done. The suppuration continued long, but at length it ceased, and this abscess also healed up. Between the scars of these two openings lies the orifice of the Whartonian canal, into which a fine probe can easily be passed to the depth of two lines. Some time after the cicatrization of the second internal abscess, a very painful and rather considerable swelling appeared externally, at no great distance from the left angle of the jaw, which, by the application of warm cataplasms, pointed, broke, and discharged a very large quantity of pus. This abscess had remained fistulous ever since, and the external opening already mentioned led into its cavity. The patient had tried innumerable varieties of salves, plasters, and injections, to heal the fistula, but in vain. The probe passed into the fistula, struck at about the depth of an inch upon a hard resisting body, with a rough surface, and slightly moveable. I could form but very uncertain conjectures in regard to the true nature of this body. Its presence, however, in the posterior part of the fistula, was the reason either of its first formation, or else of its long continuance. As the patient begged for any, the speediest means of getting rid of her ailment, and the removal of the foreign body from the bottom of the sore being the first and most necessary step to such a consummation, I proceeded forthwith to lay open the track of the fistula. This operation I performed with a straight, narrow, and probe-pointed bistoury. In the incision, the external maxillary artery was of necessity divided. The bleeding from this source was at first violent. On account of the deep situation of the vessel, it could not be come at and tied; the bleeding, however, was readily commanded by the pressure of the finger.

After enlarging the incision, the foreign body was laid hold of, but not without difficulty, by a pair of slender forceps, and extracted. It was a salivary concretion, of an elongated form, half an inch in length, and presenting a rough encrusted surface.

I put a uniting bandage and compress over the wound, and the patient was removed into bed. The dressings, however, had to be taken off within half an hour, for the hæmorrhage recurred. A piece of sponge was then placed in the wound, which remained till the beginning of the fourth day, when it was removed. The bleeding did not again appear. In fourteen days, the wound had cicatrized completely, without a single untoward accident having interrupted the progress of the cure, and the patient since that time has remained perfectly free from complaint.

II. *Salivary Concretions voided from the Duct of Wharton.*

Count L. v. St. G., a man 46 years of age, who had suffered repeatedly from catarrhal and rheumatic affections, and diseases of the liver, had, since his 16th year, been troubled with a very hard swelling of the submaxillary gland of the left side. This swelling appeared without any known cause; it was declared of a scrofulous nature, although the gland affected did not belong to the lymphatic system, and the patient had not in his youth suffered from any kind of scrofulous malady. With the idea of discussing the swelling, a variety of poultices, salves, and plasters, had been at different times applied to it. The enlarged gland felt as hard as a true schirrus; and I should myself have pronounced it of a cancerous nature, and advised its immediate extirpation, but for the occurrence of one phenomenon, which, in true schirrus, is never known to happen, to wit, a great variety in the size of the gland at different times, for it decreased without any evident cause, and even disappeared entirely, and then it increased again till it frequently attained the size of a hen's egg, when it became extremely tender to the touch, obstructed the free movement of the lower jaw, and greatly impeded deglutition. The application of leeches and of cataplasms externally, and of vapour to the part, did very little good; one morning, however, I found the swelling considerably diminished in size; the patient felt himself more at ease, the pain was less severe, and the deglutition easier. On examining the cavity of the mouth, I discovered a foreign body lying under the tongue, which, strangely enough, had not been perceived by the patient. I found, as well from its appearance as from after observation, that it was a salivary concretion, which had been formed in the submaxillary gland, and came into the mouth by Wharton's canal.

The patient never remarked that any similar concretions had been voided under like circumstances before. It is very possible, however, that small concretions may have been swallowed or spit out without the notice of the patient. On the present occasion, he was much astonished when I announced the presence of such a foreign body to him. His attention once called to the subject, he now remembered that he had frequently observed a small pointed blister under the tongue, which, becoming painful, had always broken on the second or third day, and been followed by a clear and mucilaginous discharge. He had never, however, so far as I could understand, suffered from a proper ranula.

After the expulsion of this concretion, the swelling of the submaxillary gland decreased from day to day; the part, however, still remained hard, and I from this suspected that there were yet many concretions in the radicules of the duct, which traverse the substance of the gland. Some months after the expulsion of the first, the patient voided another salivary concretion, whose derivation from the gland, passage through the duct, and arrival in the mouth, he duly observed on this occasion.

The submaxillary gland still continued for a long time enlarged, and somewhat harder than natural to the touch. Of late, however, it had certainly declined both in magnitude and hardness. My attention was now turned to the finding of some means of preventing the formation of any new calculous concretions in the branches of the excretory duct of the submaxillary gland, and thus of getting rid of the disease completely; and this, to my own and my patient's entire satisfaction, I discovered in the carbonate of soda taken internally. These alkaline salts I had for a long series of years recognized as most powerful agents against the formation of calculi in the kidneys. I had also employed them successfully against the disposition to calculous concretions between the eye-ball and eye-lid; and as the origin not only of urinary calculi, but of all other animal concretions, depends certainly on the presence of peculiar acids mixed with the animal juices, analogy did not fail to lead me to attack the disposition to salivary concretions, by means of the same class of remedies; and my success here has confirmed me still more in my persuasion, that the alkalies have a truly specific virtue against the disposition to calculous formations generally.

Count L., for more than six months now, has taken about gr. xii. of carbonate of soda dissolved in mint-water, daily; and during this time no further formation of salivary concretions has taken place; the swelling of the submaxillary gland too declined gradually, and is at present entirely gone, having returned to its natural size, and being totally free from pain or uneasy feeling of any kind. As the operation of the alkali against the formation of calculous concretions is, I conceive, momentary only, and not lasting, as it does nothing against the disposition or diathesis, and as this is not to be destroyed when it has once been contracted, but only opposed in its effects, I hold that, in the case which now engages our attention, the use of the alkaline solution will be required for a very long time, for many years, in order to prevent the disposition of any new concretions in the rudiments of the excreting duct of the submaxillary gland.

Caries and Swelling of the Knee, treated by the outward use of the muriate of mercury. By Pro. Walther.

The cures effected in many severe and seemingly hopeless cases of disease, by my esteemed friend Dr. Wedekind, by means of the muriate of quicksilver, do not seem to me to have attracted so much of the attention of medical men as they deserve. I have myself confirmed his statements, in regard to the efficacy of the sublimate bath in obstinate cases of cutaneous spots approaching lepra in their characters. By the same means I have also got the better of herpetic eruptions which had resisted every other curative plan. I am further acquainted with a case of rheumatic swelling of the knee, conjoined with caries, which was successfully treated without anchylosis of the joint, by the external application of a solution of the sublimate; I saw the child in May, 1824, at Auerbach, and found a fistulous sore of the knee, with caries of the inner condyle of the thigh-bone. On my return to the same place in September following, the little patient was completely well. The history of the case is as follows:—The child, a girl of 12 years of age, of a delicate habit of body was attacked in the spring of 1825, with a rheumatic fever, with spasmodic pains of the organs of the chest, of the parts about the temples, and of the shoulder blade, and knee-joint of the right side. The ordinary measures soon cut short the general disease, but the pain in the knee-joint continued, and even increased every day; all the prescriptions, bathing, blistering, and frictions, of the family surgeon proving of no avail against its severity. Whilst these means were pursued, a swelling appeared on the left side of the knee, and increased so rapidly, that in a few days, walking became impossible, and the articulation measured twice as much in circumference as in the natural state. The pain was now less severe; the swelling was not very hard, but the skin over it was greatly distended and slightly inflamed.

Dr. Wedekind saw the patient for the first time now, about four months after the invasion of the primary disease. The knee was ordered to be moistened twice a-day, with a solution of ʒss. of mur. hydrarg. in lb. aq. distil. and the patient took about half a grain of the same salt daily. For three weeks there was very little change observable in the state of the knee-joint, and the dose of the sublimate, internally, was increased to ¾ of a grain. In about a fortnight more, the swelling began to grow softer, redder and more painful. To relieve the pain the lead-plaster was applied over the inflamed parts; and as the mouth began to be affected, the use of the sublimate, both externally and internally, was suspended, and the patient began to take sulphur in the dose of about ℈ii. daily, which had the effect of speedily stopping the salivation.

The swelling at this time appeared more circumscribed; several particularly soft points indicated the progress of abcesses, and there could now be no doubt of the existence of caries. The child complained little of pain, but she still found the greatest difficulty in walking. The disease now appeared to be completely local, and was therefore treated in this view. Asafœtida plasters were applied, and in three weeks the abscesses, two in number, burst and discharged about ℥xii. of yellow inodorous matter, when the knee immediately regained its natural size and form. A fresh plaster, with two holes in it, was applied to the part, and a pledget of lint, dipped in a solution of xii. gr. mur. hydrarg. in ℥iv. aqu. distil. bound lightly over it twice daily. Within a few days the lesser sore closed up, and cicatrized; the larger, however, continued open for six months, discharging about half an ounce of pus daily. After this time, it also healed up, and at present the knee is of the natural form, the motion of the joint is entire, and, bodily and mentally, the patient enjoys the most perfect health.

Anatomical Society of Paris.

The inauguration of this society took place on the 12th of January, 1826; M. Cruveilhier, Professor of Anatomy to the School of Medicine, being in the chair. that gentleman opened the meeting in the following speech:

Gentlemen, the anatomical society which we are appointed to re-establish was originally founded in the 12th Frimaire, an xii. (Dec. 3, 1803), in the very heart of the *ecole pratique*, by M. Dupuytren, then director of the travaux anatomiques. Composed of the best elèves of this school, and encouraged by the faculty, which put within its power all means of instruction, this society soon obtained a distinguished place among the most learned of the day. Already the title of member of the 'Societé Anatomique' had become one of the highest merit, and the account of its proceedings were sought after with that avidity which marked the general tendency of the mind after things capable of demonstration, when the death of some of its most active members, of Tilorier, Pitet, Marandel, and especially the want of concentration and of unanimity, entailed its total ruin after five years' existence.

The study of the organization, either in the healthy or morbid state, the physiological and pathological functions, in their connexion with organic life, were the objects of investigation pursued by the former, and will be alike those followed by the present society. A society composed of select elèves, of students arrived at that period of their medical studies when they no longer blindly follow the words of their instructors, and all animated with that noble spirit of independence which stoops only to truth; a society, I repeat, composed of such materials was wanting in the scientific world, and its want was never more felt than at the present moment. We see, indeed, pathological anatomy proclaimed as the basis of practical medicine, and, notwithstanding, this branch of medical science remains stationary. When the words 'tubercles, scirrhous matter, encephaloids, organic degenerations,' &c. are made use of, every thing is supposed to have been said, whilst in reality they are merely vague and general terms, reflecting but little light on the diagnosis and treatment of disease. Pathological anatomy is one of those sciences in which names have been given to the principal objects within its sphere, and respecting which multiplied facts have been collected; but alas! how few of them have been thoroughly investigated. What remains for us to do is to class these facts in such a manner as to be able to draw from them general laws, which as a whole may deserve the name of a science. For, be assured, if employing ourselves constantly with the same subject, and if with the innumerable dissections which are made in all directions, we arrive at no result, the detractors of the value of morbid anatomy will renew their attacks, and may perhaps obtain a dreadful triumph. But what inexhaustible treasures are opened to us, by the right use of which this calamity may be averted. All the organic alterations observed in the pavillons of the *ecole pratique* will be submitted to us for inspection, and lastly, an account of every thing interesting in morbid anatomy, met with in the different hospitals of this metropolis, will be transmitted to the society. In possession of these numerous opportunities, it is our intention to propose a successive series of problems on the obscure points of physiological and pathological anatomy, principally, however, on the anatomy of texture, a solution of which will make us acquainted with the immediate seat of disease, and afford us the key to those atomic or particular phenomena that are constantly taking place in the animal economy.

But the study of organic lesion is useful no farther than it leads to an improvement in practice, and on this account the Society will collect with greater pleasure those specimens of pathological anatomy which may be accompanied with the history of the case from which they were taken. Each fact shall be submitted to the criticism of the members of the Society, by which their different opinions will be elicited, and the various cases thus elucidated. These few observations are, I trust, sufficient to impress on your minds the importance of the society, and the benefits which science has a right to expect from its labours. As for myself, Gentlemen, who are advanced a few years more than you in anatomical pursuits, I shall best repay the confidence reposed in me by taking an active part in the labours of the Society, and giving to them that direction which I conceive most useful; and I shall always esteem the greatest honour of my life, that of having reorganized an institution so pre-eminently useful.*

After the delivery of this speech, M. Cruveilhier exhibited some pathological preparations, viz. a case of deformed spine; a singular tumour, which was at the same time composed of adipose, fibrous, osseous, and even cartilaginous matter. This kind of association of adipose tissue with the fibrous and osseous is less remarkable than it at first sight appears, for according to the observations of M. C., the bundles of adipose vesicles are nearly always lodged in fibrous cells.

M. Comte communicated to the Society the case of a negress, eighteen years of age, and in the seventh month of pregnancy, who had been attacked with pleuritis, at the very height of which she miscarried; on the evening of the miscarriage she died. M. Comte was anxious to ascertain if the capsulæ suprarenales were larger in blacks than in whites, as has been stated by Hufeland and Cassan. Meckel affirms, that he did not perceive any difference in a negro, but that in a negress it was very apparent. In the present case, the larger development of the capsulæ suprarenales was said to be observed, but the specimens presented to the society were not very satisfactory. It is true that they had macerated some days in spirits.

M. Brierre presented to the Society, 1st, a heart having hypertrophy of the left ventricle, petrifaction of the auriculo ventricular zone, of the mitral valves, and consequently contraction of the orifice. The arch of the aorta was much dilated. It would be important to determine whether the hypertrophy is the cause or effect of the petrifaction.

2d. An aneurismatic heart, with proportional development of the four cavities, and without contraction of the orifices. The person from whom it had been removed had died from an affection of the abdomen, similar in its symptoms to peritonitis. The mucous membrane of the rectum presented a black colour; it was soft, and covered with small ulcerations. The stomach had a bluish hue, and the pyloric extremity was remarkably thickened. This was considered as the result of former inflammation, and supposed to have had no share in producing the death of the person. No other abdominal disease was discovered.

An anatomist (M. Amusat) having advanced that the lachrymal nerve comes from the 4th pair, and not from the ophthalmic branch of the 5th, M. Cruveilhier proposed that the Society should occupy itself with the investigation of this point. MM. Robert and Hutin are to make dissections in reference to this subject, and to present the preparations as soon as possible to the Society. The Society then adjourned.

Discovery of Two Canals in the Vagina and Uterus. By Dr. Gartner, of Copenhagen.—(*Annali Univ. di Med.*, *March* 1826.)

Dr. Gartner, in dissecting the uterus of the cow, found two singular canals, of which modern anatomists make no mention. They commence in the neighbourhood of the fallopian tubes, and open into the vagina near the meatus urinarius. They exist also in the sow; neither age nor gestation makes any difference; they are always present. In the sow, these canals commence by two openings situated on the sides of the orifice of the urethra, run obliquely from within outwards in the substance of the parietes of the vagina, and also a little upwards, thus describing a curve; in this course they receive lateral branches, coming from the neighbouring glands, the union of which forms a mass rather analogous in its external appearance to the pancreas; they diminish successively in size as they receive fewer of these small lateral ducts, and especially in the part of the parietes of the vagina which is continuous with the cornua of the uterus. They are always present, but their appearançe varies; they appear more developed a short time after conception. In a sow, the uterus of which enclosed some fœtusses from two to three inches in length, the diameter of these canals was more considerable, and they extended, even in the substance of the broad ligaments, to within a few inches from the ovaries, where they apparently terminated in several small glandular granulations. The prolongation of these canals in the broad ligaments was very evident; their appearance was white and opaque, but it was easy to inject them with quicksilver; in some points they were considerably contracted, and appeared in some others completely obliterated.

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* We shall not fail to give to our readers, from time to time, an account of the proceedings of this Society.

In the cow, the vaginal orifice of these canals is larger, situated more in front, on the side of the meatus urinarius; these canals are continued the whole length of the lateral parietes of the vagina, nearly to a level with the orifice of the uterus, where they appeared all of a sudden to terminate; but an attentive examination showed, that they penetrate into the substance of the tissue of the neck of the artery, and re-appear on the uterus, on the surface of which, they, as it were, insensibly recover their existence, and are continued superiorly to the cornua of the uterus, and along their surface, to within a few inches from the ovaries. These vessels, or canals, are invariably to be found in the course which we have just mentioned. In some young cows, the uterine portion of these canals is so extremely fine, that it appears impermeable; in others, on the contrary, it is more or less dilated, and filled with a gelatinous and tenacious fluid, which presented the appearance of hydatids in the small dilatations. The portion of these canals which corresponds to the neck of the uterus is subject to several varieties, resulting principally from the age and the state of the gestation of the animal. The vaginal and uterine portions are both generally isolated, but the communication appears to be established through the medium of small glandular bodies, situated on the neck of the artery; sometimes, instead of these granulations, a real canal, laterally dilated, is found, in the parietes of which numerous vessels ramify, bearing some analogy to a common excretory duct. This disposition is very apparent in the adult cow. The distensions of a glandular appearance which are observed in this region, are sometimes very prominent, and filled with a gelatinous fluid. It is very rare that the canals which we have just described are alike in both sides of the neck of the uterus; most frequently a duct is found on one side only, and on the other glandiform granulations.

It is very probable that these two canals, or to use a better expression, these two organs, exert some influence on conception. Galen (in the article entitled, *de dissect. vulva* ch. ix.) appears to indicate someting analogous to this anatomical fact. De Graaf (*opera omnia*) probably suspected the existence of similar organs in the uterus of the woman; perhaps the fasciculi of muscular fibres found by M. le Baron Cuvier in the cow, extending from the ovaries to the neck of the uterus, bears some relation to these canals. Haller says nothing precise on the subject, but Malpighi (Epist ad Spont. p. 26.) expresses himself in such a manner, as to induce him to think that he understood these organs.

Absence of the Brain and Spinal Marrow.

M. Andral, jun., read a report before the Academie of Medicine, (Paris,) on an anencephalous case, transmitted by M. Allonneau, physician at Thouars, and corresponding member of the section. The subject of this case is a fœtus, eight months old, dead born, and presenting no trace whatever either of the brain or spinal marrow; the cavities of the cranium and spine contained only cellular tissue, in the areolæ of which an effusion of some red serum had taken place. The cranium was but imperfectly developed, for instance, of the frontal and occipital bones, there were only the orbitar and basilar portions, which justifies the law established by M. Geoffrey Saint Hilaire, that when the nervous masses are wanting the bones destined to cover them are also absent. The nerves, on the contrary, were all present: the author has only failed to mark with sufficient precision this termination in the cranium and spine. This then may be regarded as an additional fact to those which prove the possibility of the non-existence of the cerebro-spinal axis in a fœtus arrived at its full time. But this fact does not explain in the least the question at issue, viz. whether in anencephalous cases, the nervous centres never existed, or if, having existed at the commencement, they have been afterwards destroyed by an accidental cause. We know that this last opinion was espoused by Morgagni, but the principal anatomists of the present day are inclined to the former, founding their opinion, 1st., on the fact proved in the formation of the fœtus, that the nerves develope themselves, not from the nervous centres to the organs which they supply, but *vice versa* from these to the nervous centres. And, 2dly, because comparative anatomy shows that, in certain fishes, the spinal nerves have no connexion with the spinal marrow, being, in fact, separated from it by a liquid.—(*Archives Generales, April* 1826.)

Experiments conducted with a view of showing the action which different metallic substances exercise on the animal economy. By M. Ch. Gmelin, Professor at Heidelberg.

Experiments with Titanium.

A drachm of titanic acid * was given to a middle-sized dog, in conjunction with some of its food. No unusual symptom developed itself. No experiments were made with the tantalic acid, but it is very probable that it posssesses no active power.

Experiments with Osmium.†

First experiment.—Nine drachms of a liquor holding osmium in solution were injected into the stomach of a small dog. In two minutes afterwards, vomiting occurred, which continued without intermission for more than an hour. At first the animal threw up a fluid smelling strongly of osmium, then after great efforts it could only bring up a small quantity of white froth; at this time also coughing come on. On the following day the dog refused to eat, and looked thin; it recovered, however, gradually.

Second experiment.—Nine drachms and a half of a solution of osmium were injected into the stomach of a rabbit; the animal moved about as usual, but was unwilling to eat, and became extremely thin. Four days afterwards, the following experiment was tried on the same rabbit.

Third experiment.—At 9, (a. m.) nine drachms and a half of the same solution were injected into the stomach, and in an hour and a half afterwards, the same quantity was again injected. Immediately after the second injection the animal appeared very feeble, and the posterior extremities paralysed. It recovered, however, a little, and the extremities became mobile. At seven in the evening it was still alive, but on the following morning it was found dead and cold.

Inspection.

The animal was very much wasted. The œsophagus, stomach, and small intestines had externally a dark blue colour and their internal surface was black as carbon, and hard to the touch; the large intestines presented no alteration The parietes of the stomach, in the neighbourhood of the cardia, were slightly hydropic. The stomach and small intestines were empty. The heart, lungs, liver, spleen, bladder, kidneys, and nerves were in the normal state. The black colour is evidently owing to the action of the animal matter on the oxide of osmium. No trace of inflammation could be perceived in the blackened parts; they had no bad smell, and did not tear more easily than in the natural state.

Fourth experiment.—Nine drachms and half of a solution of osmium, were injected into the stomach of a small dog; at the moment of the injection vomiting took place, and this was repeated several times during the half hour. Nine drachms of the metallic solution were thrown into the stomach again; vomiting occurred, which continued at intervals till the following day, when it subsided. On the third and fourth days the excrements were semi-fluid and mixed with black flakes.

Fifth experiment.—Half a drachm of the solution of osmium in the same quantity of water, was injected into the external jugular of a small dog without producing any effect.

Sixth experiment.—Two drachms of the solution of osmium were thrown into the crural vein of a large dog: no effect was produced.

Seventh experiment.—Twelve minutes past 9, a.m., fifteen drachms of the solution of osmium were injected into the external jugular of a strong middle-sized dog. Immediately after the injection, the animal had an alvine evacuation; but no other effect was observed than a disinclination to eat. Half an hour afterwards, the animal vomited some frothy matter, which recurred twice ; it appeared harassed and the respiration was very laborious; at five minutes past ten it died quietly, having only a few slight convulsions, and without manifesting the slightest symptom of pain. The inspection, which was made a few moments after death, gave the following appearances: the extensor muscles contracted very powerfully on being irritated, and the peristaltic motions existed as in the natural state; the heart, however, on being irritated, contracted but feebly. The right ventricle and the right pulmonary artery were filled with black fluid blood. The lungs were distended, pale and covered with red spots ; on being cut there escaped from the ramifications of the bronchia, a great quantity of white froth. The thoracic duct was completely filled with fluid white as snow. Several of the abdominal organs were in a state of congestion.

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* The acid was prepared after the manner recommended by Rose.

† Fifteen drachms of the solution contain 1,305 of a grain of the metal.

It appears from the experiments related above, that the solution of osmium exerts principally a nauseating effect, so that the animals which can vomit reject it from the stomach without any bad effect. It appears also that out of the stomach osmium is not poisonous to a great degree, as may be seen by exp. 4, in which, on the third and fourth days, black flakes presented themselves with the liquid stools. The slight activity of the osmium is again demonstrated by the experiments on rabbits, in which animal (vomiting being impossible) death only came on slowly, and not till after fresh doses of the substance. The manner in which the rabbits died may be compared to a combustion, since it is known that the oxide of osmium is reduced by animal substances, and it is evident that this took place.—(*Journ. de Chimie, April* 1826.

Poisoning by the Sulphuret of Arsenic.—By M. Orfila.

In an interesting paper read before the Royal Academy of Medicine, and since published in some of the journals, M. Guibourt announces amongst other facts, that the sulphuret of arsenic is not poisonous, and if sometimes bad effects were observed from certain sulphurets of commerce, they depended on the arsenious acid with which they are mixed. The innocuous nature of the pure sulphuret of arsenic being established by M. G. in his paper on no fact peculiar to himself, it is evident that this chemist entirely founds his opinion on the experiments of Hoffmann and Renault, who think that the sulphuret is not poisonous; but it is no difficult matter to show that these experimenters have been led into error.

First experiment.—From 50 to 60 grains of the yellow sulphuret of arsenic being applied to the cellular tissue of the internal part of the thighs of different dogs, these animals experienced all the symptoms which the different arsenical preparations produce, and between the fortieth and sixtieth hour they all died. On opening the bodies the following phenomena were observed: the limb to which the sulphuret had been applied was very red; the inflammation extended even a considerable way on the abdominal parietes; the stomach presented some dark violet spots, and several small ulcerations having a brown appearance, all the result of the destruction of the mucous membrane. The other viscera were in the natural state. The heart, however, was sometimes the seat of a very remarkable alteration ; the interior of the ventricle presented several deep red spots, which principally occupied the carneæ columnæ, and penetrated at least a line and a half into the tissue of the heart. The auricles, aorta, and pulmonary artery, were in the natural state.

Second experiment.—The same effects were observed when from 60 to 70 grains of the same sulphuret were introduced into the stomach, the œsophagus being tied to prevent vomiting. On examination after death the digestive canal, liver, lungs, and heart, presented the same alterations as in the preceding experiments.

Third experiment.—The native *orpiment* from the mines of Tojova, in Hungary, applied to the cellular tissue of several dogs, in the dose of one to two drachms, is sufficient to produce poisoning, and the animals die at the end of two days, as has already been observed by M. Smith. On opening the bodies, the stomach was found inflamed and covered with numerous black spots; the heart and small intestines presented some signs of inflammation. The lungs were a little red.

The same experiments were repeated with the native sulphuret and native *Realgar* from a mine of *Kapnicke* in *Transylvania*, and were followed by the same effects. It appears then that the sulphurets of arsenic, both natural and artificial, are poisonous, even when they do not contain an atom of arsenious acid ; indeed, their action is much less intense than that of this acid. This explains how M. Renault obtained little or no effect from a mixture of four, six, or ten grains of arsenious acid and a great quantity of hydrosulphurated water, to decompose the whole of the poison.—(*Ibid.*)

THE LANCET.

London, Saturday, May 27, 1826.

In the 138th Number of this Journal, we stated that much misapprehension prevailed on the subject of the late Meetings at the *Crown and Anchor Tavern*, and with a view to place the matter before the profession in a proper light, we promised to publish some account of the earlier proceedings of the parties by whom those meetings were convened; accordingly we have extracted from the Society's volume of "Transactions," a brief history of the measures adopted by them from July 1812, when the Association was formed, down to the publication of their book in 1823.

In giving so copious an account of the conduct of the "Associated Apothecaries of England and Wales", we had two main objects to attain; 1st. It was our anxious desire that the profession should be fully acquainted with the *kind* of medical reform for which the Associated Apothecaries have been so long and so zealously labouring; and, 2dly, Had it been possible,—to have prevented them from presenting a Petition to the Legislature, praying for an alteration in the Apothecary's Act of 1815. The first is doubtless already accomplished, indeed the most careless reader cannot now be unacquainted with the peculiar notions of medical legislation entertained by the Associated Apothecaries. But, unfortunately, the second object is not only unattained, but is *unattainable*, as we are informed that their petition was presented to the House of Commons about three weeks since. It could not have excited the slightest interest in Parliament, as the occurrence has not been noticed in any of the newspapers. For the present, therefore, we shall abstain from further comments on the proceedings of the Associated Apothecaries, as there is nothing to be gained by them; but in the course of our future discussions on the important subject of Surgical Reform, we shall feel it our duty to expose the fallacious principles on which their conduct has been founded. Their intentions are good, but the means by which they would accomplish them are truly ridiculous.

The Anniversary Dinner of the Governors of the London Ophthalmic Infirmary takes place on Wednesday next; on which occasion Dr. Farre "means to defend himself against the infamous attacks in The Lancet;—he is determined to uphold his dignity." Where, we will ask Dr. Farre, are the infamous attacks in The Lancet to be found? We have given but two brief notices in which the Doctor's name has been mentioned; and certainly in neither of them is there any "infamous attack." We entertain a little respect for the Doctor's talents, but none for his "dignity;" we assure him that his pompous blusterings will not alter a stroke of our pen, or lessen, in the slightest degree, our endeavours to root out the infernal corruption which exists in the *charitable* institutions of this metropolis. Probably the dignified Doctor will condescend to inform us on Wednesday next, 1st, Whether he receives *a third* of the student's fees? and if so, as a compensation for what duties? And how many patients belonging to the Infirmary has he prescribed for within the last three years? Explicit answers to these questions will oblige many of the Governors.

Just as we had written the above, a friend who had attended the Committee, held at the Infirmary on Wednesday last, called to say that the *great Doctor* was quite outrageous, and accused some of his best friends of writing and conspiring against him; said he with wonderful dignity, "I will *combat* my opponents—not with a sword of steel, but with the sword of truth." We rejoice at this declaration, as we shall now fight on equal terms.

A Correspondent at BRIDGWATER writes to us on the subject of SAINT SUTLEFFE's anecdote of "*an imaginary disease*," inserted in the 105th page of the present volume. He says that our friend the saint is very much in error in stating that Mr. A—— is *never* at a loss, for that, in fact, he was completely bothered by the lady's reply to his attempted explanation of her husband's disorder.—"Why, Sir," said she, "I am sure you do not understand my husband's complaint now, *as he always sleeps with his* MOUTH *open*."

Thirteen or fourteen, or, in other words, about two thirds of JEMMY COPLAND's readers complain at not having yet received the INDEX to the last volume of the Repository, which was concluded in *December*. Three *Editors!* and no Index, after a lapse of *five months!* Pray, *Jemmy*, what is the cause of this ungracious delay? Do you dislike to put it forth, in consequence of its meagre aspect? or are you and your brother Editors too busily engaged in the "higher literary department" of the *Mausoleum* to stoop to such a mechanical occupation as Index-making? Eh, Jemmy, why has it been thus withheld from your admiring readers—this *Index to nothing?* We entreat you to set about it forthwith, so that this grea chasm in medical literature may no longer continue to affright and vex your votaries; besides, you know full well, that the Numbers and Indexes of your journal have been *necessary* companions for some time past, and that it is an act, if not of dishonesty, at least of unkindness, to keep them any longer separated.

JOE BURNS a punster! "think of that, Master Brook!" One day last week MR. CHARLES BELL removed a mass of cancerous disease from the breast of a female, the glands of the axilla being at the same time considerably enlarged. A surgeon who was present at the operation did not approve of it; and, said to our friend JOE, "I should not have expected this from the author of the Respiratory System of the Nerves." "Bless you," said JOE, "he has two systems, and this is a part of his EXPIRATORY System of Surgery."

A pamphlet, containing the curious evidence given before the HOUSE of LORDS in the Gardner Peerage cause, has just been published by Dr. Lyall. The majority of the medical witnesses present us with some precious specimens of forensic wisdom. In our next we will gratify the profession with the sight of a small portion of their *obstetric lore.*

MEDICAL SOCIETY OF LONDON.

MAY 15th, 1826.

DR. STEWART called the attention of the Society to an instrument invented by the French, and called by them an *auriscope*; the object of which was, to dilate the *meatus auditorius*, and render the bottom of it visible. This instrument, which Dr. S. showed to the Society, belonged to Mr. Curtis, the aurist; this gentleman, however, had never used it. We cannot give any verbal description of it, except that it consisted of a brass plate, which fastened on the side of the head by means of a strap; in the plate were screws, by means of which the sides of the meatus were separated from each other.

Mr. **Amesbury** called the attention of the Society to the investigation of an apparatus which he invented several years ago, and which he has since used with great benefit in the treatment of stiff knee joints, and in that state of the limb in which the leg becomes prominently bent upon the thigh, in consequence of a permanent contraction of the flexor muscles of the leg. Mr. A. obsersed, that in some cases the stiffness which follows long continued inflammation of the capsule is so great, that none of the usual modes of treatment are found adequate to restore the functions of the joint. He had noticed that when the surgeon attempts to break down the adhesions, which form in these cases, by manual exertion, the patient, being put to great pain, throws the muscles destined to move the bones upon one another into a state of violent contraction; so that, in addition to the power which is necessary to be employed in order to break down the adhesions in the joint, the surgeon must use sufficient force to overcome also the action of the muscles which oppose his efforts. This mode of proceeding is always productive of much suffering, and frequently fails to benefit the patient. Mr. A. said, that by the judicious employment of the apparatus which he now submitted to the inspection of the Society, the functions of the joint were brought about in such a manner that the muscles were not excited to contract, so as to resist the action of the apparatus, and therefore it had simply to overcome the adhesions to which the inflammatory action had given rise. Mr. A. had used this apparatus in various cases of stiff knee joint, and had seen it employed with great advantage in St. Thomas's and Guy's Hospitals.

Mr. A. stated, that he had also found the use of the apparatus highly advantageous in that affection of the limb which is commonly called contraction of the knee, the nature of which he had already mentioned.

From the recommendation of his friend Mr. Iliff, he had been very recently requested to see a young lady, then on a visit at Mr. Marsden's, Queen-street, Cheapside, whose case he would briefly relate to the Society by way of illustration.

This lady had not been able to stand for five years, in consequence of the existence of that affection of the lower limbs to which he had just alluded. In this case the legs were bent so as to form right angles with the thigh, and the lady was carried from place to place in the arms of her attendants, or in some convenient vehicle. Mr. A. applied an apparatus to each limb, and had the happiness to find that the lady was able to stand, without the support of the apparatus, within a week from the time of its first application; and within twelve days she was able to walk about the room, merely steadying herself by holding a friend's arm.

Mr. A. described the apparatus to the Society; it consists of two pieces of wood, united by a hinge-joint. These portions of the apparatus are made to move by means of a male and female screw, so that they may be bent upon each other, or straightened at pleasure. When the apparatus is employed, a pad, constructed for the purpose, is placed upon the knee-pan, and buckled round the limb, over the apparatus, which is placed at the back of the limb, with the joint opposite that of the knee. The upper and lower ends of the apparatus are fixed to the limb by means of straps, carried round the limb over the apparatus, and over a couple of splints, one of which is placed upon the front of the leg, and the other upon the front of the thigh.

HUNTERIAN SOCIETY OF LONDON.

May 17.

Debate on Transfusion.

Mr. **Waller** related the case of transfusion to this Society, which we gave in a former Number of this Journal. Mr. Waller stated that the contents of this woman's stomach were thrown up before he left her; and this, he (Mr. W.) observed, took place in most of these cases of desperate inanition, so that it was useless to rely upon the introduction of food, as the stomach was so weakened by the hæmorrhagi, that digestion could not take place.

Dr. **Conquest** said, that as a public teacher of midwifery, he had considered it his duty not only to read all that had been written upon the subject, but to converse with men who, from their long standing and great experience, might be considered as authorities, and he had found that the opinion of all of them was very decidedly opposed to transfusion. It had fallen to his (Dr. C.'s) lot to witness many most alarming cases of uterine hæmorrhage, but he never knew a case which proved fatal.

Mr. Waller said, that as far as authorities were concerned, he would fearlessly place the names of such men as Dr. Blundell, Dr. Gooch, Dr. Davis, and Dr. John Hull of Manchester, against any authority that could be brought forward against the operation.

The President (Dr. HAMILTON) considered the case highly creditable to the Gentleman who had brought it forward. There was only one thing which he had omitted to employ, and that was, to have administered *glysters of chicken broth!!*

ANOTHER SUCCESSFUL CASE OF TRANSFUSION.

To the Editor of THE LANCET.

SIR,—The subject of transfusion having excited a general and intense interest, I am induced to forward to you the following case, in the relation of which I shall purposely avoid physiological remarks, and confine myself to facts that I am fully prepared to substantiate (if necessary) by unprejudiced authority.

On Wednesday, the 17th inst., about 11 a. m., I was called in haste to Mrs. Bates, of No. 9, Great St. Andrew's-street, whom I found in a state of extreme exhaustion from uterine hæmorrhage. I learnt that she had aborted (at the end of the third month) at one o'clock in the morning, and that the flooding had been *ever since copious and incessant.* Finding, upon examination, that the fœtus, placenta, and membranes, had been expelled, I directed the application of cold water, and after an hour I had the satisfaction to find that the hæmorrharge had ceased, and I took leave of her. Upon renewing my visit three hours afterwards, I found her still more sunken, and although the hæmorrhage was not renewed, I could perceive the prostration increase, even as I sat by her. I now administered laudanum and brandy with that unsparing liberality, of which but too much experience in these urgent cases has taught me the propriety and *necessity.* The hours rolled on, but my poor patient's system replied not to the repeated use of these powerful stimulants; life was fast ebbing, and nature incapable of rallying. Her countenance was blanched and cadaverous; her eyes, sunken and dim, were partially covered by the falling of the upper lids; her lips pale and quivering; the extremities cold; the surface of the body covered with a chilling moisture; the pulse just perceptible enough to be found fluttering and irregular, beating (as well as I could ascertain) more than 140 strokes in a minute. She was extremely restless, and every now and then a cessation of the pulse, a livid hue of the face, and motionless position of the body, marked a temporary state of syncope, which I more than once mistook for death. Notwithstanding the flooding had ceased, eleven hours were spent in attempts to induce reaction, but in vain; not a solitary indication of it was manifested during this time, but the patient continued gradually to sink, until but faint signs of life remained.

The operation of transfusion now appeared to me the only means of saving the patient's life, and I therefore immediately called in the assistance of my friend Mr. Scott, of whose ingenious apparatus for transfusion of blood I had just heard. This gentleman fully concurred in my opinion of the extreme danger of the case, and of the utter inefficacy of all medicinal agents, but he rather *yielded to,* than *approved of,* my proposal to try the operation of transfusion, as he regarded the life of the patient too near its extinction to be capable of resuscitation. I lost no time, however, in procuring, from Mr. Read, the necessary instruments, and four ounces of blood were injected into the median vein of the right arm. *In a few minutes* the pulse became stronger and more apparent, and the countenance lost much of its death-like appearance; the surface became warmer, the eyes intelligent and inquiring, and in a quarter of an hour from the operation, she raised herself upon her elbows and asked for drink; the circulation gradually recovered, and steadily rose in firmness, whilst it diminished in velocity, and after less than an hour, we left her with a pulse not weaker, probably, than in health, and equal in its beat, striking 120 strokes in a minute. In fine, from this moment she rallied, and her convalescence has been uninterrupted.

Such, Sir, is a brief sketch of the most gratifying case that has ever rewarded my professional solicitude; and if there lives a sceptic to the powers of transfusion, he cannot receive a more just reward, than in being for ever shut out by his prejudices from the enjoyment of that satisfaction which results from so closely contributing in restoring a wife to her husband and a mother to her children.

In conclusion, I cannot speak too highly of the ingenuity displayed by Mr. Read in the apparatus I employed; for however formidable and difficult the operation may have hitherto seemed, it may be performed by this instrument with the greatest ease.

I am, Sir,
Your obedient humble servant,
Jos. Ralph.

19, Leicester-square,
May 23, 1826.

To the Editor of The Lancet.

Sir,

It requires a public-spirited individual like yourself, aided by that mighty engine the *Press*, which you are so successfully wielding in the cause of medical liberty, to correct the glaring abuses at present existing in the various departments of the profession. I beg to thank you individually, and in the name of many of my acquaintances, for the indefatigable perseverance you have shown in the cause, and trust that you will go on and continue your praiseworthy exertions, till a complete reform has been obtained.

I have observed with great interest the various proceedings that have taken place, especially as to the abuses in the College of Surgeons, and have read with no little astonishment the "Refutation," (if such it can be called,) put forth by the Council and published in your 141st Number. I do not mean to follow the Council through their tedious and extraordinary paper, but state that my attention has been more particularly arrested in its perusal by the degrading and contemptuous manner in which the General Practitioners are spoken of, and the scandalous assertion, that were the affairs of the College to get into the hands of the members at large, there would at once be an end to every thing like "Sound chirurgical knowledge," and the annihilation of all rule and regularity, as if, forsooth, General Practitioners (the most numerous and by far the most useful body in the profession) cease to be *surgeons and honourable men* when they send out medicines to their patients. The true meaning of the thing is this—that Messrs. the senile council and examinators would no longer have the honours and good things they at present enjoy, as the "Ruling powers;" for, were a new charter granted, the members of the College would immediately remove these superannuated worthies and substitute efficient men.

But I would particularly beg the attention of the members of the college who are general practitioners, to the two last clauses but one of the Council's "Refutation" which you have already very properly animadverted upon, and perhaps you will allow me to transcribe them again as they ought *never to be forgotten* during the present contest, and cannot be too much held up to the view of the degraded members. They say "It is represented" (and very truly too,) "that the constitution of the College has been the cause of the alleged injuries and grievances. The evident object of this representation, is the subversion of the present government of the College, and the substitution of elections to offices of control and responsibility, by members, who for the most part exercise the professions of apothecaries and accoucheurs. There can be little doubt that in the event of such an innovation, the institution would soon cease to be a College of Surgeons or of Surgery, and a system of continual intrigue and cabal amongst the profession in general would be introduced."

Now, I would ask, whether the Council are borne out, by facts and *experience*, in their most disrespectful and unblushing assertion? or whether the effects the council so much dread, in *their anxiety* for the *welfare of the College*, have ensued in other Colleges of Surgeons, not inferior I believe to that of London, either in character or abilities, and certainly much superior as to the extent of study and qualifications necessary in candidates for their diplomas—I allude to the Colleges of Edinburgh and Glasgow. The president, examiners, and other office-bearers, are, without any exceptions I believe, *General Practitioners*, prescribing and *sending out medicines* for their patients; but I have yet to learn that these royal bodies are governed by "intrigue and cabal," or that they are likely soon "to cease to be Colleges of Surgeons or of Surgery."

But as these supercilious and fastidious old gentlemen, Messrs. the Council, seem to eye the General Practitioners with such thorough contempt, and look down upon them as unworthy of their notice, I trust that the latter will on all occasions treat the Council and their coadjutors with the respect they so much deserve, and will, with their patients, keep at as *respectable a distance* as possible. It would be perfect contamination for one of these elevated "pure surgeons" to meet in consultation a General Practitioner, the fomenter of "intrigue and cabal," and indeed it would be considered a piece of very great presumption in the latter to thrust his unmannerly presence on the proud aristocracy of the profession. "O procul este profani," &c. And I have no doubt but a *fee introduced* by a surgeon-apothecary and accoucheur would be absolutely *refused*, as it would smell of physic! a commodity these scientific surgeons thank God that they have had nothing to do with, and know nothing of! which I most readily believe, judging by the mechanical farrago of ingredients I have often seen huddled into their monstrous prescriptions that would disgrace the merest Tyro.

I therefore hope the General Practitioner will in future know how to keep his place, and not dare to intrude upon his betters, especially as there is abundance of enlightened and scientific surgeons in London, who will think it no disgrace to join in consultation the surgeon-apothecary and accoucheur.

A GENERAL PRACTITIONER.

To the Editor of THE LANCET.

SIR,—In looking over the contents of your 137th number, which this day came to hand, I found a communication from Mr. Goulson "on the uses of charcoal in sloughing phagedena;" and as the subject had previously engaged the pens of Mr. Wansbrough and myself, I anxiously turned to the page, expecting that Mr. G. had favoured us with a solution of the point at issue, by throwing some light on the obscurity in which the subject was, and still is, involved. After reading the first half dozen lines, I flattered myself that my hopes were realized, and indeed any one reflecting on the observations therein contained, would conclude that the author of them was about (to use his own expression) *setting the matter in its proper light.* The sequel, however, proves that we are constantly exposed to disappointments; and finely illustrates the fable of the mountain in labour. As the point at issue was the rationale of the salutary action of charcoal on ulcerated surfaces, I shall beg leave to address a few words to your numerous and impartial readers in reply to the objections raised by Mr. G. against the opinion I advanced in a former number of THE LANCET, under the signature of ** M—; first premising, that I beg to refer them to what I then stated, in consequence of an insinuation expressed in the latter part of Mr. G.'s communication, tending to convey an impression that I condemned in toto the *use* of charcoal in sloughing phagedena, whereas the benefit derived from it never admitted of doubt, and consequently did not enter into the subject under discussion. The principal, nay, the only objection which Mr. G. starts against the mechanical action of charcoal, is founded on the fact, or rather as I shall show on the supposition, "that it has *chiefly* (in his practice perhaps) shown its good effects in cases where applications of a stimulating nature aggravated the disease." To this I may reply there is no rule without an exception—such a subterfuge, however, I want not, but aver that where the application of charcoal has been followed by a sedative effect, it (the effect) has been in contradistinction only to the excessive excitement occasioned by chymical stimuli, and therefore apparent, not real, or in other words, by the substitution of a less active stimulus the excitement occasioned by a more powerful one degenerates, and a comparatively sedative effect is the consequence. Although I am not ignorant of the sedative effects of charcoal upon the nervous system, when taken into the circulation through the medium of the chylopoietic viscera, yet when the insoluble nature of charcoal is considered, will any one, with the least pretension to physiological knowledge, believe it to have a direct sedative effect on the surface of an ulcer. The following question I cannot pass over without notice—"Who that is conversant with chymistry, will maintain that it (charcoal) can have no *chymical* action on the surface of an ulcer?" Without directly answering in the affirmative, I will maintain that until chymical action shall have been demonstrated, by chymical reagents, to have taken place, it is more plausible to consider its salutary effect entirely mechanical; and assuredly more philosophical, for who would attempt to explain an effect by an *unknown* cause, when an apparent one, which possibly may be true, is within reach.

After having denounced us ignorant of the important properties of charcoal, Mr. G. passes on to acquaint us of what every tyro in the profession is expected to be aware, and which had it not been trespassing too much on your valuable pages, Mr. Wansbrough would have, no doubt, detailed, in order that his theory might have received the support which is frequently derived from analogical reasoning.

With all deference, I cannot conclude without reminding Mr. G. that, although argument, conducted with temperate language, is the great and only sure means of eliciting truth, it is at the same time a waste of time and paper when not directed to, and if possible followed by, a satisfactory conclusion. With this impression, and as I have made a full exposition of my ideas on the subject, I shall close the discussion.

Not to subject myself a second time to the imputation of a breach of duty, and relying on your liberality to give this insertion in the columns of your widely-extended Journal, I remain yours,

E. T. MEREDITH.

Kingston, May 10, 1826.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Aneurism of the Arteria Innominata.

A poor man, about 50 years of age, was admitted into the Hospital, under the care of Mr. Key, on account of a pulsatory tumour on the right side of the neck; it is about the size of a pigeon's egg, situated immediately above the clavicle, between the trachea and inner edge of the sterno-cleido-mastoideus. The pulsations in the tumour are synchronous with the heart's beat, and it has an elastic feel; pressure upon it occasions pain. There is no irregularity perceptible at the radial pulse; under the cartilage of the second rib a distinct whizzing noise can be heard, the blood being as it were propelled with additional force, in consequence of meeting with an obstruction. The man's general health is good; he says that he has perceived the swelling about twelve months; it does not produce any difficulty in breathing or impediment to deglutition.

There can be no question that the disease is aneurismal, but a doubt exists as to what parts are involved in the disease. Mr. Key considers that it is aneurism of the arch of the aorta.

[These notes were made on the case a few days after the patient's admission.]

This poor man continued in the Hospital until the 9th of May, when he died under rather peculiar circumstances. We have said, that when admitted into the Hospital his general health was good; for some time previous to his death, however, his legs became œdematous, and his constitution was evidently beginning to fail. The tumour had not increased in size, or at least if it had done so it was in a very slight degree. The only treatment employed was the administration of digitalis for some time. In opposition to the opinion of Mr. Key, some one considered it an aneurism of the arteria innominata, and recommended tying the common carotid and subclavian arteries, on the same principle that Mr. Wardrop undertook the operation of tying the carotid artery above the aneurismal swelling. Mr. Key thought proper to decline adopting a measure so hazardous.

On the evening in which the patient died, at nine o'clock, he was in his usual health and spirits, the latter of which were always good, when he was suddenly attacked with a wheezing and difficulty of respiration; he continued in this state about two hours and then expired. We learn from the dresser, that the man died "with every symptom of suffocation." It does not appear that any very active measures were adopted for his relief.

Post-mortem Examination.

The body was examined on the following day.

Thorax.—There was a considerable effusion of serum into the left side of the thorax; some flakes of yellow coagulable lymph were floating in it. The lungs were fully distended with air and not unusually loaded with blood.

On cutting open the pericardium, there was found to be a larger quantity of serum than usual, and the heart was evidently much increased in size. On tracing the large vessels upwards from the heart, the aneurism was perceived to be of the arteria innominata, and apparently formed by the dilatation of the coats of that vessel. The sac commenced at the root of the artery, where arising from the arch of the aorta, it passed some way up by the side of the trachea. The whole of the ascending aorta was much increased in size and its coats in a diseased state; the coats also of the subclavian and carotid artery were very much thickened. There was a large portion of coagulum in the sac, and the sac was so firmly adherent to the under part of the first portion of the sternum, that in raising the bone it was torn so as to expose the coagulum contained within. The left parietes of the heart were very much enlarged. No other morbid change was observed that could account for the sudden death of the patient.

Disease of the Knee-Joint.

W. Beckett, ætat. 28, of spare habit and sallow complexion, was admitted into the Hospital on 1st of February, under the care of Mr. Key. He has had disease of the left knee upwards of seven years; it originated from a fall on the part, to which succeeded great pain and swelling; he pursued his ordinary occupation, although the part was so very painful that he was compelled, occasionally, to desist from work. About four years since he came into Guy's Hospital; leeches and blisters were repeatedly applied to the part, and a seton also inserted. When he left the Hospital the joint was free from pain, but it admitted of very slight motion. He went about his employment for many months, but was again compelled to leave off, in consequence of the joint becoming painful, and this increased so much as to prevent the least motion being used, and eventually compelled him to use a crutch; the pressure on the joint in walking occasioning the most excruciating pain.

Upon looking at the limb, we perceive the whole joint to be very much enlarged, and this appearance is probably increased by the emaciated state of the leg and thigh. On examining the part, we find it difficult to detect the usual prominences about the joint, in consequence of the thickened state of the soft parts. Great pain is experienced when pressure is made on any portion of the internal condyle, and this part seems much enlarged, as if disease were going on in the cancellated structure of the bone. The outer condyle is not so much enlarged. The patella is fixed, and any attempt at moving it occasions great pain of a darting kind; and also the slightest attempt at motion of the joint gives pain. The treatment pursued in this case has been the occasional application of leeches, when the joint has been in much pain. The limb has been kept at rest by confining the patient to his bed, and of late a caustic issue has been made at a short distance above the knee.

There is certainly less swelling and deformity in the appearance of the joint than at the time of admission, and the patient's health has greatly improved.— The limb may therefore probably be saved to the patient, but as it is considerably flexed, it will be anchylosed in a very unfavourable and inconvenient position.

The cases admitted under the care of Mr. Bransby Cooper, on Wednesday the 10th of May, were of the following description:—

Males.—Ulcer of the foot, connected with disease of the metatarsal bones; mucous disease of the bladder; impetiginous eruption; scrofulous ulceration of the foot; abscess in the perinæum; superficial ulceration of the leg; pustular eruptions; abscess of the hand; hæmorrhoids.

Females.—Ulcerated throat; polypus nasi; ulcer of the leg; swelling of the parts about the knee-joint from injury.

The only case amongst the male patients from which any thing practical can be deduced, is in the case of diseased bladder. The patient is a man about 70 years of age, and has laboured under the disease more than nine months. The urine is loaded with mucus, and great difficulty, with pain, is experienced in passing it. The prostate gland is enlarged. Mr. B. Cooper has prescribed the following draught:—

Balsam of capivi, half a drachm,
Liquor of potash, fifteen drops,
Laudanum, ten drops,
Camphor mixture, an ounce and a half,
to be taken three times a day.

The female cases, with the exception of the polypus, are of a trivial nature.— The patient affected with this disease is a young woman; the tumour has attained considerable magnitude, filling the left nostril, and extending into the posterior nares; it may be distinctly felt on passing the finger behind the soft palate.

Mr. Cooper believes the polypus to be of the gelatinous kind, and will shortly undertake an operation for its removal.

ST. THOMAS'S HOSPITAL.

Dislocation of the Scapular Extremity of the Clavicle.

The patient is a woman about 70 years of age; the accident occurred about four months ago, and the dislocation has remained unreduced during that period.

The scapular end of the clavicle glides upon the acromion, and the shoulder, when compared with the opposite, appears to be fallen inward. It is readily reduced by making pressure on the luxated end of the bone, and at the same time carrying the shoulder outwards. It speedily returns, however to its situation on the acromion, and we apprehend there will be some difficulty in retaining it in its proper situation. But even when unreduced, the use of the limb is not much interfered with.

Lateral Curvature of the Spine.

This is (to use the language of Pott) "one of those deviations from right shape, which growing girls are so liable to," and on the pathology and treatment of which so many works have lately been written.

The patient is very much deformed, but a healthy-looking girl, about 16 years of age; the right shoulder appears to "grow out," as it is termed, and the greatest curvature of the spine is towards the right side, extending throughout the greater part of the dorsal vertebræ. There is no reason for supposing this curvature of the spine depends on disease of the bone, although the ligaments are probably affected. In consequence of tenderness upon pressure in the upper dorsal vertebræ, Mr. Tyrrell directed the application of a blister.

The remainder of the female cases are too unimportant to dwell upon.

Compound Fracture of the Ulna at the Elbow Joint, with Fracture of the Humerus.

On Friday noon (May 5th,) a man was brought to the Hospital in a state of intoxication; he had been knocked down, and the wheel of a waggon laden with coals had passed over the right arm.

On examining the parts, the humerus was found to be fractured, at about one-third distance from its head, and the olecranon was also discovered to be broken. There was a good deal of swelling and ecchymosis about the parts, and on the inner side of the arm at some distance below the bend of the elbow, was an irregular wound, big enough to admit the end of the middle finger; there were also slight abrasions of the skin in two or three places.

The wound of the arm was supposed to communicate with the joint, but of this there was no distinct evidence. The patient was a coal heaver, a middle-aged man, of lax fibre and bloated appearance, in the habit of drinking large quantities of porter daily. When he came to the Hospital he was, as we before stated, very much intoxicated, and notwithstanding the extensive mischief done to the arm, he persisted in throwing it about. He was put to bed, and the arm placed in an extended position on pillows; cloths were made wet with spirit lotion and applied over the part. The wound was closed with a piece of lint.

On visiting him the following day, we found that he answered questions in a drawling irrational manner; the pulse was quick, but feeble; the tongue moist, and the skin cool. The parts about the elbow were a good deal swollen; leeches had been applied and the spirit lotion continued. Mr. Tyrrell also directed that he should have some porter, which was to be given him cautiously, and discontinued if circumstances rendered it necessary.

We did not visit the patient on the following day, (Sunday,) but learn from the dresser, that no very material change took place in the symptoms, except that the delirium increased. Towards the evening the powers of life began to flag, and he expired on Monday at one o'clock, (a. m.) being a period of about 60 hours from the receipt of the injury. The limb did not become of a gangrenous hue, so as to attribute the circumstance of his sinking to incipient mortification; the only apparent functional derangement was in the brain, and therefore, we must say that he died from that inexplicable and mysterious cause—constitutional irritation.

Post-mortem Examination.

There was an oblique fracture of the humerus, with considerable laceration of the muscular fibres around the part. On examining the parts at the elbow-joint, there was found to be very extensive injury inflicted here. The olecranon was broken through at its root, and the ulna was fractured through the neck, a portion of the articulating surface was completely detached. The wound was found to communicate directly with the joint, and there was great extravasation of blood into the cellular membrane of the fore-arm.

From the circumstance of the radius being uninjured, it may be presumed that the wheel took an oblique course, commencing at the bend of the elbow on the inside, and passing over the humerus.

The brain was examined, the only thing remarkable observed here was a portion of brain in the middle of the pons varolii, of the size of a nut, which had become converted into a hard brown substance, resembling a tubercle. Around this little body, to a small extent, the substance of the brain appeared to be softer than natural.

We have not been able to ascertain whether any symptoms of disease in the brain were manifest during life.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Idiopathic Tetanus.

Thomas Morgan, a baker, aged 34, of a thin habit, and sallow complexion, was received into John's Ward of this Institution, on the 23d of March, under the care of Dr. Latham, labouring under a tense and rigid condition of the muscles of the abdomen and lower extremities. He states that he first became unwell about three weeks since, when he had shivering, and subsequently a degree of fever, attended with a sensation of constriction, and pain in the chest. Shortly afterwards, he felt a pain in his thighs. The attack, however, was not severe, and it is only within the last week that he has been obliged to confine himself at home, and leave off work. He has felt a stiffness about the jaw from the beginning, but within the last week, the lower extremities have become attacked. At present he lies in bed quite prostrate, with a suspension of all voluntary power over the lower extremities, which are perfectly rigid; considerable force was used in attempting to flex them, but to no effect; the joints could not be made to yield in the slightest degree. The abdominal muscles are likewise hard and tense, and he can only in part open his mouth. The latter affection is unattended with any particular pain, and the muscles of the neck do not participate in the disease. He says, that previous to the commencement of the attack, he was strong and robust, but that he has since wasted considerably. During the night time, he frequently experiences a twitching of his lower limbs, and also a pain across the shoulders. The bowels have, generally speaking, been regular; the pulse is 120, small, but not weak, and the tongue is loaded, but moist. He was ordered to take two grains of calomel and ten of jalap immediately, and this to be repeated every six hours, until the bowels should be freely opened.

24. Has taken three doses of the medicine, but the bowels have only acted once. The rigidity of the muscles of the lower limbs is less than it was yesterday, and with some difficulty he can now manage to bend them a little; the state of the abdominal muscles, and also the want of power in opening the mouth, remain as yesterday. Pulse 88 and wiry; tongue much cleaner. Let him take a dose of house medicine directly.

25. Has passed a good night, and had some refreshing sleep; has now much more power over his limbs than before. Bowels open, but the stools are dark and offensive; pulse 84, soft and compressible; tongue nearly clean. Ordered to take antimonial powder and calomel, of each two grains, in the form of a pill every night, and the following draught three times a-day:

Sulphate of magnesia, 1 *drachm*;
Camphor mixture, 1½ *ounce*.

27. Not quite so well; the bowels have been open, but the pulse has risen, being 108, and attended with a jerking feel. Sixteen ounces of blood were therefore ordered to be drawn from the arm, and the other medicines to be continued.

28. Blood slightly buffed. The medicines have the effect of keeping the bowels freely open, but the stools have still a dark colour, and are about the consistence of paint. The tension of the muscles is lessened, except those of the lower jaw, which are, as yet, not much improved. Pulse 104, but weak; tongue clean.

April 1. Gradually improving. Has now almost the free use of his limbs, as well as control over the abdominal muscles. Continue as before.

4. The stools still present an unhealthy appearance, but on the whole he is much better.

11. He has got up, and can now, with the assistance of a stick, walk across the ward. He is considerably reduced, and excessively weak. Bowels regular; continue the medicine.

16. All the tetanic symptoms have subsided, except in the muscles of the lower jaw, which, as yet, he cannot use so freely as he was wont to do. The tongue is quite clean, and he is gaining strength fast. Discontinue the medicines.

25. Well; except that he cannot open his mouth as wide as natural. Ordered to take the blue pill, with aloes every night.

After continuing a few days longer in the house, he was discharged.

Fæces discharged at the Groin.

Priscilla Foalks, the subject of this distressing complaint, was lately admitted and placed under the care of Mr. Lawrence. On examining her right groin, we found a fissure about two inches in extent, lying in the course of the inguinal canal: through this aperture or fissure her fæces are in part discharged.

This afflicting, and we may say disgusting infirmity, was the consequence of a mortification of the bowel, the effect of long continued strangulation which took place about two years since. She had laboured under a reducible hernia for a year and a half previously, and had, at times, worn a truss. As the opening, which gives passage to the fæces, does not possess the same organization as the lower end of the rectum, and as, in particular, it is not furnished with any sphincter capable of contracting and relaxing itself as occasion may require, the fæces are continually escaping without the patient being in the least aware of the occurrence. Thus she is at once an object of disgust and annoyance to all around her. Previous to her admission into the hospital, the patient had been an inmate of St. Clement's Work-house, and had almost constantly kept her bed. No mechanical contrivance has hitherto been resorted to for the purpose of alleviating those distressing inconveniences which the involuntary discharge of flatus and fæces necessarily occasions. She keeps rags by her bed-side, and as necessity requires she uses them. Since the occurrence of this malady, she has been subject to cholic pains, and has been obliged to take medicine for their relief;

on the whole, however, she enjoys good health.

The evacuations which she passes by the groin, are always fluid, but occasionally she voids some of a natural consistence, by the anus. Mr. Lawrence appeared to be undecided as to whether it was a portion of the small intestines which were implicated, or, whether it was a part of the colon ; it was presumed, however, to be a part of the colon, as the fæces had a strong feculent odour. He regarded this as a fit case for the plan of treatment recommended by M. Dupuytren, but when the operation was proposed to the patient she firmly refused to submit to any thing of the kind ; preferring, rather, to spend the remainder of her days in abject misery, than expose herself to the casualties of such a formidable procedure.

About a week afterwards she left the hospital of her own accord.

Operations.

Removal of a Scirrhous Breast.

Mr. Vincent removed a scirrhous breast on Saturday (May 20th) from a woman about 50 years of age. On examining the mammary gland previous to the operation, a hard loose tumour, about the size of a moderate orange, was felt about its central part. There was no enlargement of the glands in the axilla, neither was there any disease in the corresponding gland. Every thing appeared favourable for an operation, and it was performed by making two elliptical incisions through the gland ; at the same time taking care to cut wide of the tumour. The whole of the mammary gland was not removed, as Mr. Vincent considered it to be unnecessary.

Cancer Labii.

On the same day, Mr. Earle removed a cancer of the lip from a man, about 40 years of age. It had been forming for the last two years. It seems he is accustomed to smoke a good deal, and has usually placed his pipe in the situation where the cancer has formed. It was necessary to secure the coronary artery and another branch of the external maxillary. The edges of the wound were brought together in the same way as in the hare-lip operation.

A little boy, who has been in the Hospital for some time past, was put on the table to be operated on for stone, but as the calculus could not be satisfactorily felt by Mr. Vincent, he deferred it.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

In no way can the aid of the charitable be more usefully employed than in relieving those who are suffering under bodily affliction. Disease in the poor constitutes an irresistible appeal to the sympathy and commiseration of all whose means enable them to assist in alleviating the sufferings of their fellow-beings.—Although the hospitals of this town are numerous, and amply supplied with funds, yet it has for many years been felt that they are not sufficiently capacious to receive all the sick poor who stand in need of relief. To remedy this defect, *Dispensaries* have from time to time been established ; and these, in many cases, are highly useful, as the professional assistance and attention which certain patients require can be supplied at their own dwellings. But in many complaints this practice is incompatible ; as in diseases requiring important surgical operations—cases demanding skill on the part of professed nurses—and a thousand conveniences not to be found in the destitute habitations of the poor. For such patients hospitals are indispensable ; yet in London, the number of these institutions has not, by any means, kept pace with the rapid increase of its population. Numbers of sick are daily denied admission from the want of room ; and many are prevented from applying to an hospital from the difficulty of procuring a Subscriber's Ticket. These considerations have led to the establishment of this Institution, where, to the extent of its means of accommodation, those suffering from diseases requiring surgical operations, or any treatment demanding particular attention, will be admitted into the house, without the formality of a subscriber's ticket. Patients with diseases of a less serious nature, remaining at their own abode, and capable of supplying themselves with medicines, will receive at stated hours, *every day*, advice and assistance from the surgeons. By adopting this mode of subdividing the patients, the funds will be the means of relieving a much greater portion of the sick than is usually accomplished.

This hospital, then, has two features worthy of particular notice : the first as regards the public ; the second, the surgical profession. It differs from all other London hospitals, from its admitting the sick without a subscriber's ticket, the delay often occasioned in obtaining which is frequently highly injurious to the afflicted, who, at all seasons, and at all hours, have an equally just claim upon public hospitals; in most other countries a refuge for the diseased poor is provided by the Government. To the profession generally, and to students in particular, the Panton-Square HOSPITAL OF SURGERY bids fair to become an object of great scientific interest, *as its doors are thrown open to all who are in search of knowledge, without any pecuniary sacrifice.* For this boon the profession and the public are deeply indebted to its liberal founder and surgeon, Mr. WARDROP.

This hospital was opened only at the beginning of the present year, and already a great number of important cases appear amongst its records; of some many excellent drawings and preparations have been made, which are exhibited to the professional visitor.

Availing ourselves of the liberties and toleration of this promising Institution, we shall from time to time insert such of the interesting cases as tend to illustrate important practical points.

This hospital is supported by voluntary contributions; and at the head of the list of benefactors appears our most Gracious Sovereign for the *annual donation of One Hundred Pounds.*

ST. GEORGE'S HOSPITAL.

Case of Strangulated Scrotal Hernia.

Stephen King, ætat. 30, was admitted into this hospital on Monday evening, May 15, with a tumour in the scrotum about the size of a clinched fist. He states that for many years he has been subject to hernia, which frequently descended, but was always easily reduced; he was in the habit of wearing a truss since he was first afflicted with hernia, but accidentally it broke on Friday last, and on Saturday the hernia descended, but could not be reduced as usual. His bowels having not been moved since the descent of the hernia, he took some medicines on Sunday, which had the desired effect of procuring several evacuations; he was also frequently sick during the day, which he attributes more to the effects of the medicine than to the hernia. On Monday, before his admission into the hospital, his bowels were twice moved. After his admission there did not seem to be any of the symptoms of strangulated hernia; has not been sick (except on Sunday) since the descent of the hernia; has no pain or tenderness on pressure in the hypogastrium; the tumour in the scrotum can be traced up the groin, and through the abdominal canal into the abdomen: the testicle can be felt at the lower and back part of the tumour. The tumour feels as if it was divided into two hard irregular divisions, between which the fluctuation of fluid can be distinctly felt. The house surgeon ordered the patient immediately into the warm bath; he also bled him; then he attempted the reduction of the hernia, but failed. Mr. Brodie was then sent for, and, on his arrival, he also attempted to reduce the hernia, but failed also. Not finding the symptoms very urgent, he proposed to meet the other surgeons in consultation at half-past eight o'clock, P.M. The contents of the hernia were then pronounced to be omentum, and Mr. Brodie deemed it imprudent to have recourse to an operation, stating, that there would be considerable danger in exposing so large a portion of omentum as what appeared to be contained in the scrotum; and after exposing it there were only two courses to be adopted; the one to cut off the omentum, and from its large size that would be attended with very considerable danger; the other, to return the omentum; and he never saw coiled-up omentum returned into the abdomen but once, and that case terminated fatally. The practice he was resolved to adopt in this case was.—[Here Mr. Brodie mentioned a similar case to the present that was in the hospital in the year 1808, and after the attempts at reduction failed. Symptoms not being very urgent, the patient was put on the antiphlogistic regimen; quiet, and the occasional application of leeches to the scrotum: soon he was enabled to leave the hospital with the omentum in his scrotum, considerably diminished in size, and suffering little or no inconvenience from it; and has never afterwards been troubled with hernia. All cases of omentum that he has seen since, have been similarly treated, and with similar good success.] Here, then, he would recommend blood to be taken from the arm, the man to enjoy perfect rest and low diet.

19. Since his admission has been bled three times; the tumour is smaller; the febrile excitement is abated, and the bowels are regularly moved.

THE LANCET.

REVIEW.

Medical Evidence relative to the duration of Human Pregnancy, as given in the Gardner Peerage Cause, before the Committee for Privileges of the House of Lords in 1825—6, *with introductory remarks and notes.* By ROBERT LYALL, M.D. F.L.S. &c. 8vo. pp. xxiv.—104. 1826. Burgess & Hill.

WE do not know if it be worth while particularly to notice any evidence which may be adduced to prove, that the ordinary term of human utero-gestation is nine calendar months, since every body knows it, or the opinion that this period is often exceeded, because the *data* upon which it is founded are at best insufficient and questionable, and often palpably erroneous. No fact is better established than the former, and no hypothesis rests upon more uncertain grounds than the latter. "Hic *labor* et inextricabilis error" would be a proper motto to all books or pamphlets on the subject, and an useful monition to committees for privileges, as well as medical witnesses. There can be no doubt, in the present instance, that all evidence was superfluous, for a clearer case of bastardy was never bruited. The facts were these: Lord Alan Hyde Gardner, commanding the *Resolution,* arrived off Portsmouth in the beginning of 1802, and was joined by his lady, who, after remaining with him about three weeks, took her departure for London on the 30th of January. His lordship sailed for the West Indies on the 7th of February, and returned on the 11th of July. On the eighth day of December, his lady was delivered of a child, which appeared to be the fruit of an illicit intercourse with Henry Jadis Esq., since, if legitimate, it must either have come into the world as early as five months, or as late as ten months and a half after impregnation, that is, as the reader will observe by comparing the dates, he must either have been a 135 days' child, or a 311 days' child. The lady was subsequently divorced, but we cannot do better than give the entire narrative in Dr. Lyall's own words:

"From the evidence of a number of witnesses, who were examined in the course of the proceedings, it appears that the late Lord Alan Hyde Gardner was married to Miss Maria Elizabeth Adderley, at Fort St. George, in the East Indies, in 1796:—that the said Maria Elizabeth Adderley bore a child on the 8th of December, 1802, which appeared to be the fruit of an illicit intercourse between her and Henry Jadis, Esq.:—that in the Court of King's Bench, in an action by Lord Alan Hyde Gardner against the said Henry Jadis, Esq., '*for trespass, assault, and criminal conversation with Maria Elizabeth Gardner, the wife of the said Alan Hyde Gardner*,' one thousand pounds damages, besides costs of suit, were awarded:—that, in the Consistory Court of the Bishop of London, a sentence of divorce was obtained by Lord Alan Hyde Gardner, against Maria Elizabeth Gardner his wife, which was dated the 29th of June, 1804, and received the Royal assent on the 10th of July, 1805:—that Henry Jadis, Esq., married Maria Elizabeth Adderley, formerly Mrs. Gardner, in the year 1805:—that the child already alluded to, as the fruit of previous criminal conversation, and the opponent of the claimant, was acknowledged from birth as their offspring by Mr. and Mrs. Jadis, whose name he took, *viz.* Henry Fenton Jadis, till the guardians of Alan Legge Gardner claimed the Barony of Gardner for their ward, a minor, when he assumed the name of Henry Fenton *Gardner*:—that the second marriage of Lord Alan Hyde Gardner, with the Honourable Charlotte Elizabeth Smith, one of the daughters of the Right Honourable Robert Carrington, was celebrated on the 10th of April, 1809:—that Alan Legge Gardner, son of the above parties, and the successful claimant of the Barony, was born on the 29th of January, 1810:—and that Lord Alan Hyde Gardner died, and was buried in the parish of St James's, Westminster, on the fifth of January, 1816.

To bring the grand points at issue, in so far as respects the duration of utero-gestation at once into view, we shall here cite the questions to which we have just made allusion.

1. Is it your opinion, that a child born on the 8th of December could have been the result of sexual intercourse either on the 30th of January, or anterior to it, being 311 days?

2. Is it your opinion, that a child born on the 8th of December could have been the result of sexual intercourse on the 7th of February, or anterior to it, being 304 days?

3. Do you think that a child born on the 8th of December, that has lived to manhood, could be the result of sexual intercourse on or after the 11th of July: a period short, at least by two or three days, of five calendar months?

The two extremes of time alluded to in these questions are 311 (or at least 304 days) and 150 days: and, as is hereafter remarked, if it be admitted that Henry Fenton Jadis, alias Gardner, is the son of Lord Alan Hyde Gardner, he must either have been a five months' or nearly a ten months' and a half child, or to speak more definitely, a 153 days' child, or 304 or 311 days' child; that is, he must have been born either four calender months before the *usitatum tempus pariendi*, or one calender month and two or nine days beyond it."

The investigation, therefore, involved two considerations, 1st. The earliest age at which a premature fœtus, or infant, is capable of living to maturity, or manhood, and, 2dly, the longest period to which utero-gestation can be protracted. The reader will observe, that the counsel for Alan Legge Gardner, the son of Lord Gardner by his second wife, having first *proved* that the counter claimant, Henry Fenton Jadis, alias Gardner, might be an illegitimate child, *quoad* the criminal intercourse with Henry Jadis, endeavoured, secondly, to show, that, according to the laws of utero-gestation, it was impossible he could be the son of Lord Alan Gardner, on account of his lordship's absence from the country, whoever might be his father.

"The principal accoucheurs of this metropolis, besides some whose names are little known, were called before the Committee for Privileges of the House of Lords to give their evidence, with the view, either of disproving or of supporting the possibility of the period of utero-gestation being extended to forty-four weeks and three days, *i. e.* to 311 days, or nearly ten and a half calendar months, from the period of conception; and the possibility that a child born at the fifth calendar month might live to manhood.

Of the seventeen medical gentlemen examined, five supported the opinion, that the period of human utero-gestation was limited to about nine calendar months, from thirty-nine to forty weeks, or from 273 to 280 days; or, if we strictly take them at their words, from 270 to 280 days; one of the witnesses, indeed, said from 265 to 280 days. These gentlemen of course gave their negative to the possibility, unless by miracle, that Henry Fenton Jadis, alias Gardner, could have been the product of a 311 days' gestation.

On the other side, of twelve medical gentlemen, who seemed to agree with respect to the above mentioned period as the natural time of gestation; most of them maintained the *possibility* that pregnancy might be protracted to nine and a half, ten, or eleven calendar months, *and of course to* 311 *days, the alleged term of gestation*, at which the counter-claimant was born; and thus admitted the possibility that Mr. Henry Fenton Jadis, alias Gardner, might be a ten and a half months' child: and they adduced a variety of cases, with a view of showing that their doctrine was founded on facts.

The calculations of the *Duration of Pregnancy* have long been, and still are, chiefly founded upon

1. Certain peculiar sensations experienced by some females at the time of conception, or within a few hours, or a

> day, or two or more days after the coitus, which was succeeded by impregnation.
>
> 2. The cessation of the catamenia.
> 3. The period of quickening.
> 4. A single coitus.
>
> To these may be added (but, in our opinion, as secondary means of forming a judgment) the size of the abdomen, examination per vaginam, called the *touch*, and by the French *ballotment*, and the more lately proposed method, *auscultation*, or the stethoscope."

Dr. Lyall proceeds to speak of these subjects in the order in which they are enumerated, but as all of them, with the exception of the last, are at best fallible criteria, we shall pass on to the following *jeu d'esprit*, which certainly does him infinite credit. One would wonder, indeed, how an idea so wholly unprecedented, so far surpassing the conceptions of ordinary mortals, should have entered his head; but he has travelled much, and doubtless has seen many wonderful things. He says,

> "We see only one speedy and sure method of determining *satisfactorily* the knotty point in question, and we do not doubt that generations yet unborn will reverence our memory for our ingenuity in devising it. We recommend that a spacious building shall be immediately erected, in a healthy site, in the environs of this metropolis, which shall be surrounded by walls at least 100 feet in height;—that all aeronauts shall be forbidden from approaching the same edifice upon pain of death; that no males, except *the privileged*, shall have admission; that it shall be put under the care of a proper number of virtuous matrons selected from nunneries; and that the whole shall be governed by monastic regulations. This superb establishment shall be denominated, The EXPERIMENTAL CONCEPTION HOSPITAL, in coincidence with its destination. Besides apartments for matrons, offices, &c., this institution shall contain separate rooms for fifty *virgins*, between the age of fourteen and forty-five, and for fifty *unmarried women*, who may have borne children, between the age of fifteen and forty-five. The directors of the hospital shall appoint ten of the most distinguished healthy physician-accoucheurs of London, between the age of twenty and fifty, each of whom shall be destined to administer physic and *consolation to a certain number of these females, during a single nocturnal visit.* The clerk of the hospital (one of the matrons of course) shall keep an exact register of all operations, and the results of the experiments shall be freely communicated to the world for the advantage of society, and especially for the purpose of affording our good British Parliament sure *data* upon which they shall be able to construct precise and just laws with regard to the legitimacy or illegitimacy of all children born in these realms, after the year 1830.'

Fifty virgins, and *fifty* unmarried women, in all 100 souls,—just five virgins and five women for each accoucheur's "operations," "during a *single* nocturnal visit!" Labor ipse voluptas, may be truly said; but we are apt to believe that few practitioners carry about with them enough of "physic and consolation" to dispense the Doctor's prescription, at least *we* should prefer "private practice*" to the laborious "privileges" of this Hospital staff!

Although the signs which are generally supposed to indicate pregnancy, such as suppression of the menses, &c., are, taking them together, usually sufficient to lead us to a right conclusion, they are sometimes partly, or altogether absent, and at others, the most infallible of them are met with where no impregnation has happened. Well-attested cases are related of the menses being continued during the greater part of the term of utero-gestation, although Denman, and others, will have it, that this secretion is always arrested, for, says he, if "a woman menstruated while pregnant, she must often miscarry, as a part of the ovum must necessarily be detached from the uterus at each period;" but, as Dr. Dewes remarks, we see no reason for this, and are persuaded that it may happen without any such consequence. Hunter, Denman himself, Burns, Baudelocque, and others, declare, that for the first two or three months, the inferior portion, and more especially the neck of the uterus, is not always occupied by the decidua, thus leaving a space capable of secreting a diminished portion of the menstrual fluid. And why may not a woman who has missed her month conceive at any interval before the next period? We have reason to believe that it has often happened, and that many of the supposed cases of protracted gestation may thus be explained; for however uniformly nature may appear to conduct her operations, she is sometimes eccentric, though certainly so rarely as not to disturb her general laws. For this reason, also, we are disposed to consider that the term of utero-gestation may occasionally be protracted beyond what is usual, though for what period we are uncertain. But although we admit the possibility of such deviations from the general law, we should always incline to nature's side, and require irrefragable proof, such as it is difficult and next to impossible to obtain, of her being in error. The testimony of a modest and virtuous female might go a good way, if there were no possibility of her having calculated from wrong or mistaken *data*; but this exemption, as far as we know, has very rarely occurred, at least we find no instance of the kind upon record.

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* Let all medical men, especially just after marriage, note the results of their "*private practice*, i. e. the cases of their own wives."—*Lyall, alluding to Dr. Granville's evidence.*

Paris and Fonblanque, Beck and most of the writers on medical jurisprudence, have collected what cases of supposed protracted gestation were formerly scattered through a multitude of volumes; to their works, therefore, as well as to Dr. Lyall's pamphlet, which contains an epitome of the cases in question, we refer the reader, and proceed to make a few extracts from the evidence, which we are bound to say is most unsatisfactory, though it may tend to inculcate the necessity of replying more explicitly, and with greater caution than has hitherto been common, to the questions propounded by counsel on such occasions, and so far be of negative service. Five persons were examined for the claimant, Henry Legge Gardner, *viz.* Drs. Gooch, Blegborough, and David Davis, and Messrs. Clarke and Pennington. We have only room for a few extracts from the evidence of Dr. Gooch, which is a tolerably fair specimen of the rest.

" Robert Gooch, M. D., examined by Mr. Le Marchant:

According to your experience, what is the usual time for gestation for a woman? I should say, *nine calender months*, where the thing can be calculated accurately; that is, if pregnancy was known exactly to take place on the 25th of March, for instance, I should expect the birth to take place on the 25th of December, that is *just nine calender months.* It is generally stated in the books, I believe, to be *forty weeks, but I believe forty weeks to exceed the usual term of pregnancy.* The writers say, nine calender months, or forty weeks; now the fact is, nine calender months is scarcely more than thirty-nine weeks.*

You are understood to say, that it is generally less than nine calender months? *Rather less than nine calender months.*

Does it often exceed nine calender months? *It is sometimes a day or two less, and sometimes a day or two more.*

Have you known it often to exceed nine calender months. A day or two.

Not more than a day or two? When I say often, it is not very often one has an opportunity of calculating it accurately, because gentlemen ought to consider, that in the way married people commonly live together, having constant access and frequent intercourse with one another, *it is utterly impossible to know exactly the time when conception commenced, and consequently utterly impossible to know exactly the pregnancy;* but persons of large practice, and that practice continuing for a considerable length of time, are every now and then meeting *with instances where the time of conception is accurately known*, and therefore the length of pregnancy is actually known; and those are the cases on which we found our opinion; and those cases lead us to believe that it is exceedingly accurate, as nearly as possible nine calender months, sometimes a day or two before, sometimes a day or two beyond.

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* Dr. Gooch's opinion differs from that of some of his colleagues. In fixing the invariable period of gestation to nine calender months—a day, or two days, less or more—he limits the time from 271 to 277 days, while a number of the other medical witnesses fix it at forty weeks or 280 days.

Have you not met with many such instances, in the course of your practice? Quite a sufficient number to enable one to form one's opinion upon the subject, as clearly as on any question of natural history.

Those instances confirm the opinion you have just given? Those instances invariably prove it. It ought to be recollected, in our ordinary cases, I mean those cases where married people are living perpetually together, and where it is impossible to know exactly, although they are not strict and accurate experiments, yet it is strict and accurate enough to corroborate our notion, for we have known those cases falling in labour nine calender months from some period or other, from which we must calculate.

Is it your opinion, that a child born on the 8th of December could have been the result of sexual intercourse either on the 30th of January or anterior to it, being 311 days? No.

Do you think it could have been the result of sexual intercourse on the 7th of February, being 304 days? No.

Do you think it impossible? *I believe it to be impossible*; so impossible that it would influence my conduct.

Why do you think it is impossible that it should be so? Because it deviates entirely from the *strict accuracy* with which I have found the length of pregnancy in those cases in which I could make the experiment strictly; *in those cases where by knowing the exact time of conception I could know the exact length of pregnancy*, it has come with singular accuracy a day or two before, or a day or two after, but very commonly a day or two before the nine calendar months.

Are you to be understood to say, that the period is certain—is uniform? As certain as any point on natural history can be? I know few things about which I am so much satisfied.

Are there not two cases mentioned in Hargrave's Notes on Coke on Littleton to have been stated by Doctor Hunter to Mr. Hargrave? If I recollect the note of Dr. W. Hunter rightly, the last clause of it is this,—that he has known one woman who went fourteen days beyond nine calendar months, and he believes that there were two who went beyond ten calendar months.*

(*Mr. Le Marchant.*) Within your experience, has any case happened of a woman going in gestation beyond ten calendar months? I have never known *one go ten months*; and though I have looked over the reports upon the subject, *I have never read* [*of*] *one, the internal evidence of which was satisfactory proof;* I have never met one that approached it. The greater number of those on record are, on the face of them, absurd; cases of three years' pregnancy!

Did you ever hear of a case of nine months and a fortnight? I never met with one. The only one on record, which I remember at this moment, is the one alluded to by Dr. W. Hunter, in his note.

What case is that? I know nothing more of it than what Dr. W. Hunter mentions in the note.

(*By a Lord.*) Suppose a woman bore a living child fourteen days later than nine calendar months; how do you reconcile that with your statements? I have never witnessed a thing of the kind; and in order to satisfy myself about it, I should like to know the grounds on which

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* As this note is of importance, we think proper to insert it. 'We were curious to know the general sentiments of that eminent anatomist, Dr. Hunter, on three interesting questions. These were, What is the usual period for a woman's going with child? What is the earliest time for a child's being born alive?—and, what the latest? The answer, which he obligingly returned through a friend, we have the liberty to publish; and it was expressed in the words following:—

1. The usual period is nine calendar months; but there is very commonly a difference of one, two, or three weeks.—2. A child may be born alive at any time from three months; but we see none born with powers of coming to manhood, or of being reared, before seven calendar months, or near that time; at six months it cannot be.—3. I have *known* a woman bear a living child, in a perfectly natural way, *fourteen* days later than nine calendar months, and *believe* two women to have been delivered of a child alive, in a natural way, above *ten calendar months from the hour of conception*.'—Paris and Fonblanque's Medical Jurisprudence, vol. iii. p. 218; as taken from Hargrave's Jurisconsult Exercitations.

Dr. W. Hunter stated that fact; for after all, he says, 'I know of one, and believe there were two;' by what means he could know of this one I am at a loss to understand; he must still depend upon the testimony of the female individual.

Supposing such a thing were to fall within your knowledge, on what grounds could you account for it? On no other ground but the circumstances deviating greatly *in some rare instances* from the ordinary course of nature; but I beg leave to add, that I have seen none similar to it in the course of my experience.

You do not conceive it possible? I can only know the possibilities of nature by knowing all nature; and as I do not know all nature, it is impossible for me to be a judge of that. It is quite dissimilar to any thing I have experienced. In all the cases where I could calculate the length of pregnancy accurately, I have been struck by the regularity with which it ends *at nine calendar months, or a day before or after.*

Cross-examined by Mr. Tindal.

You are understood to say, that the greater part of your profession lies in cases relating to married women? I am extensively employed among pregnant and lying-in women—married women; but I was for many years physician to two lying-in hospitals. In one of those lying-in hospitals there are two wards kept for single women, so that cases frequently occurred in which I had an opportunity of calculating accurately the length of pregnancy; besides that, a man in a tolerably conspicuous situation as a practitioner of midwifery in London will frequently, in private practice, be consulted about persons who are hospital patients, in which the thing can be calculated accurately, because in many instances there were no grounds for deception. When I say there were no grounds for deception, I mean, that young females in very respectable situations are very often seduced; *the intercourse is single; there is no motive whatever for misstating the fact;* it is just as unpleasant to come and confess one intercourse as to come and confess a hundred; there is no motive for fraud there.

That would depend upon the temper and condition of the individual? I am not aware of any circumstance in the temper and condition of the individual which could afford a motive for deception in a case of that kind.

Can you not suppose a person who has been seduced limiting it to one single intercourse, not liking to confess more than one, on the ground of the frequency of it leading you to suppose there has been a habit of incontinence? No, not in the cases I allude to. I think no man, in the cases I allude to, would suspect that.

You stated, that the only possible ground on which you can form an opinion rests on the credit due to the testimony of the woman? Of course, I must depend, for the accuracy of the facts on which I found my opinion, on the accuracy of the statement of the person communicating those facts.

You have already stated that Dr. W. Hunter, when he gave his opinion, also depended upon the accuracy of statement? Certainly.

Then, when he gives his opinion, and you give your opinion, you equally depend upon the accuracy of the statement made to you? As a general observation I should say yes.

In the case of married women, you have stated that the nine months must date from one period or other of the preceding month? Yes; but what period of that preceding month I do not think it is possible to say. Our ordinary cases are not strict experiments; I mean by ordinary cases, the cases where husbands and wives are living in constant access and frequent intercourse.

Are there not in the medical profession many books that are looked up to as works of authority? Yes; but I know very few that do not contain things which would now be looked upon as manifest errors.

Has there been a new light that has burst in upon the world since the old doctors went off? In various branches of science there has been, and why should there not be in ours?

Would not the experience of past ages be more necessary in your profession than in any other? I think there are cases have occurred, attested by very eminent individuals, about 100 or 150 years ago, which are on the face of them absurd. I can point out a case on record, attested by Winslow, one of the most eminent anatomists alive, of a pregnancy which lasted two years and eleven months. I think light has flown in upon us since that period, sufficient to contradict that.

Is he a person alive at this moment? No; he lived about a century ago.

Your answer has been confined to a particular case, instead of a general answer, whether the profession of medicine do not rely considerably on works of authority that have come down to them? The profession of medicine used to rely more upon authority than it does now. Men are much more than they were, even twenty or thirty years ago, in the habit of depending upon their own observations, cultivating the faculty of observation very much, on their own observation and their own meditation. Doctor W. Hunter himself said, there were no class of men who were more in the habit of recording unfaithfully than men of science; he said, "They lie like the very Devil."

I hope he confined that expression to a particular profession? The *certainties of medicine* never expect to equal *the certainties of the law*."

Among other questions, Dr. D. Davis was asked the following:

"Within your experience, how many days have you known the labour of a woman to be protracted? *I have not known a single instance.*

How long have you known a woman to continue in the pains of labour? In my own practice I should not, as a general principle, allow a woman to remain in labour more than about thirty or forty hours, that is to say, if the labour be a decidedly active labour, and that is going beyond the period that would be generally safe.

After a labour had extended to the period you mention, you would apply the assistance of art? Yes.

How long have you known the labour to continue? I believe I did lately publish a case that went to *the fourth day*.

Is the fourth day the longest period to which you have known it to extend? Yes, I think it is, in my own private or consultation practice.

Taking those facts which have come to your knowledge in the practice of your profession? Just so.

Do you mean it to be understood that those four days, or whatever period you may state the labour to be extended over, are to be added to the nine calendar months, or form part of them? To be added; those cases of protraction depending upon some resistance, producing difficulty, by confining the space, or some other cause.

By some mechanical obstruction, if it may be so expressed? Yes.

Was the person whom you mentioned in that particular instance, the poor woman, a married woman? She was.

Though in this particular case she foretold the time of her delivery so accurately, is it not the case that in by far the greater number of instances married women are deceived as to the time? *I do not recollect a single instance where that mistake has taken place, when I had reason to believe that the party had reckoned from any particular intercourse.*

That is, if the party had reckoned rightly, there was then no mistake? When I have believed that she was reckoning from that principle, then there was no mistake.

Then the answer goes no further than this, *that when you found by the event she was right*, she *was right* in her reckoning? My answer goes further; that when she was reckoning from a particular principle, *that is, the recollection of the coitus, and having noted that fact in her recollection, she was right as to the time;* but when she was reckoning on general principles, as they are from menstruations, which is the general principle, *it sometimes happens that they are wrong.*

Have you not found that amongst married women there must necessarily be a great deal of doubt as to the particular *coitus* wich produced the child? I have spoken to only a few cases of coitus; and those are the only cases I can speak to with absolute certainty."

We shall now give some parts of the minutes of the evidence on the other side of the question, beginning with Dr. Granville's.

Having stated what you conceive to be the ordinary period of gestation, to what extent in your judgment and experience may that period be carried, from the access of the husband to the time of labour commencing? The question refers to protracted time, not premature. Your Lordships will allow me to make one observation, I trust not unbecoming on my part, on this question; that as I have throughout life endeavoured *to be precise in every thing which concerns my professional inquiries*, I feel great difficulty in assuming to answer questions that refer to numbers of days, to precise facts and to dates, without looking at the notes, where I have been enabled to make notes on subjects of this description. The question is by far too important for me to trust to memory: it is too treacherous a record of facts of this kind; and I feel, that in giving my evidence before your Lordships, I am throwing a great weight of responsibility on my medical character. I trust therefore, if there be any document of which I am in possession, you will not insist upon my using the benefit of my memory, but the benefit of my notes.

The document you desire to refer to, is one you have made yourself? Notes which I have made myself of various cases referrible to my own experience personally. In the first place, if it will not take up too much of your Lordships' time—

Have the goodness to apply yourself to cases where gestation has been protracted beyond the ordinary period? I wish merely to state the manner in which these cases are registered, in order that your Lordships may ascertain how far you may rely on their accuracy. Every woman that applies to me with a letter of recommendation from a subscriber to the lying-in charity, and which entitled her to have my advice and assistance in cases of difficult labour, or that of an experienced midwife, answers the following questions, and her history is thus briefly stated and recorded. The nature of that letter she presents is entered; her name; her age; her residence; the date she is admitted at; by whom she is recommended; the cause of her being admitted; the name of the midwife or practitioner who attends her; whether she is attended at her own house, or otherwise; how she is ultimately disposed of; whether single or married; how long married; the profession of her husband or herself, if she has any; when she expects to be confined, or what is the time of her own calculating the time of pregnancy; at what period of pregnancy she has quickened; whether she was suckling when she fell with child; the number of children, alive or still-born, she has had; how long menstruation has stopped, or whether she is actually menstruating, and yet in the family way; how many of the children are now alive; and, in short, whether any have died, at what age, and from what cause; and whether the children she has had have had the small-pox or the cow pox; the number of miscarriages she may have had since her marriage, including all the period, three, six, or nine months; how many of those miscarriages were in succession; whether she has had any children before or after, or between the miscarriages; of what nature the labours have been; whether long, tedious, protracted, quick, or difficult, or requiring assistance; and ultimately, whether she is generally liable to any particular complaint, arising from the state of pregnancy. It is upon these documents that I shall have to ground, besides those which have fallen under my knowledge as a private practitioner, the answers that I hope to be able to give practically to questions.

Have you your private note book here? No, not my private note book; I cannot submit my own private note books to the inspection of any person, because I have entered into them facts which are entirely of a confidential nature; I merely wish to know whether I can refer to cases copied from my note book; if I find I cannot, I must refer to my note book.

Mr. Attorney General submitted, that it was not competent to the witness to refer to copies of entries made in his note books.

The counsel were informed the rule of examination was this, that where a gentleman was called to give his evidence, he might refer to his own notes with a view of assisting his memory; but having referred to his own notes with a view to assisting his memory, a memory so assisted is that which is to enable him to swear to the fact one way or another.

Having referred to my note books, *having had a very few hours to prepare myself*, I have taken out the dates; not being permitted to refer to them, I will refer to my own memory; but the referring to memory is a great responsibility, which no medical man would wish to take upon himself. I will refer to a case *in my own private practice—the case of my own lady.* By private practice I mean, though I did not attend *the lady* myself, nor was to have attended her (there were practitioners who were to attend her, whom I shall mention,) I was in the house, and consequently witness to the time of parturition. *This lady* passed her menstruation on the 7th of April; on the 15th of August, that is four months and six or seven or eight days [afterwards] she quickened. In the early part of the first week of January, her confinement was expected. Labour pains came on, a message was sent to Mr. Barrow, an extensive practitioner in midwifery in Davis-street, Grosvenor-square, to keep himself in readiness, he being engaged to attend. Labour pains went off, and every thing subsided; *the lady* went on until the 7th of February, when labour pains came on, and so quick, that thinking it would be impossible to get Mr. Barrow at such a distance, *the lady* then residing at Brompton, I sent for Mr. Thomson, a practitioner in Sloane-street; he arrived, however, too late, the child was born; he arrived just in time to remove what is called the after-birth. The child was stronger than usual, was large, and was considered by *the lady*, and by myself, and by Mr. Thomson, and by every one, *as a ten month child;* and, as I understand, when referred to medically speaking, as an instance of that kind. I will beg to make an observation which may throw some light upon it. I merely mention it thus, because that is the historical part of the case; but an explanation would be necessary in giving a full and comprehensive answer to the question put to me by the learned counsel. Supposing *the lady* who passed her expected menstruation on the 7th of April, 1815, had only conceived the day before, namely, the latest and most rigorous term one could give, thirty days after the last period of menstruation, or twenty-nine days, we have then a case *prima facie* of 306 days from the period of impregnation, or of conception, to the day of birth, 305 to the day previous to the birth. But every medical man will, I am sure, bear me out, *when I say, that it is impossible to speak with precision as to the act of conception having taken place the very day previous to the period*; *it may have taken place the first day after the cessation of the other; or taking it as the most general way of calculating these cases, even where forty weeks is the period contended for, the middle period, fourteen or fifteen days after the last menstruation*, we have had a case of 318 *days**.

That instance you have stated was of Mrs. Granville? It was.

What date, beyond the ordinary time, do you say that extended to, in your judgment? I have observed before, supposing conception to have taken place the day before the expected and missed period of menstruation, knowing as I do, that the child was born on the 7th of February 1816, the period, to say the least, is 306 days.

Have the goodness to state some other instance within your own knowledge, where the ordinary time has been exceeded? The instances are taken from those registers. I have known a case of 285 days from the latest period of supposed impregnation, taking as the point of departure the last day of the month previous to the missed period, that is to say, twenty-eight or thirty days after the last menstruation. I have known a case [cases] of 290 *and* 300, *and* 315 *days.* In the latter instance, of 315, there was a doubt in my mind respecting the report made by the woman. She stated that she had terminated her menstruation previous to falling with child on a particular day; but on cross-questioning, she admitted that for five days afterwards she continued to have a discharge. I merely state, on comparison, the 315 days appear; but that, in my conception of the case, or admission of the case, *I should say it was only a case of* 310.

How long is it since that case occurred in your experience? The case of 315? I believe it must have been in 1821; but as to dates, I really must speak merely from recollection, the liability to recollection failing.

Have you any other instances, in your own private practice, of protracted gestation, besides the one you gave a little time since? None, in my own private practice.

You are understood to say, that the other instances you take from your practice at the hospital? *Yes, and of course assuming the answers given by the women to my questions to be correct.*

Is there any other way of deciding the question at all, but by relying on the testimony of the women who consult you? No other, *except in some few cases, where there is a possibility of ascertaining the very day on which conception took place from any [some] particular circumstances*, which I have no doubt have occurred to individuals; and I am myself acquainted with facts, though not peculiar to myself, in my own practice.

Are you to be understood, that the only ground on which the judgment of the medical man must of necessity be founded, is the account which is delivered to him by his patient? *Chiefly.*

Can he also make observations from symptoms which occur to that patient, so as to discover whether she is correct in that account or not? Very frequently; and I can mention a case where I had reason to doubt that she was inaccurate as to the time, owing to one of the symptoms referred to, namely, a coloured discharge, having taken place during fifteen days.

Looking at the extent of your practice, and the observations you have made, in your judgment might a child be begotten on the 30th of January, and born on the 7th of December, that is, a period of 311 days; whether it is possible from the course of nature that a child should be begotten on the 30th of January, and born at an interval of 311 days, that is, upon the 7th or 8th of December?—*I am aware of no circumstance that can render it impossible*; indeed, after the relation of the cases that I have given, I cannot be expected to give any other than that answer to the question."

The following is a part of Mr. Sabine's evidence:

"From the experience which you have had, what do you consider to be the *ordinary time of gestation* before a woman produces a child? *About forty weeks, or nine calender months.*

Have you any case that has fallen under your immediate observation, in which that time has been exceeded? I *have the case of my own wife.*

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* The reader must carefully remark, that the calculation is made from the "*middle period*" between two menstruations, when Dr. Granville speaks of 318 days—and from the day before the *next expected menstruation*, when he alludes to 306 days.

Have the goodness to state the particulars of that case, and the length of time to which the protraction extended? In the year of 1817, the last period of her menstruation took place, I believe, about the 14th of September; on the 14th of October expected menstruation was looked for; it did not take place: immediately after this period all the symptoms of pregnancy followed; such as sickness, heartburn, pains in the breast, the ring round the nipple became dark, which I consider one of the *most principal* symptoms of pregnancy in the first child. Those symptoms went on until the second week in January, when she quickened; she was not delivered, however, till the 14th of August following. Her father, who has been a very eminent accoucheur in Norfolk and Suffolk for the last five-and-twenty years, was present with her during this period; it was his opinion as well as mine.

(*Mr. Tindal.*) From the 14th of October to the 14th of August *is ten calender months? Yes.*

From your judgment, and the observations you made, must the pregnancy or not have commenced before the 14th of October? *It might have commenced only immediately before, on the 13th or 14th of October, just at the period when menstruation ought to have taken place; but it might have been a week or a fortnight previous to that time.*"

The evidence of Mr. Cory Hawkes, though not much to the point, may amuse the reader. It is as follows:

"Perhaps you have formed an opinion of the ordinary period of a woman's gestation? Yes.

What is it? *About forty weeks.*

Have you ever known an instance in which that period has been exceeded? *I have, by what a woman informed me on the death of her husband.* I was called in to attend a woman, and she had a very fine boy in a day or two. Upon going round afterwards, I said to her ——

Where did this woman live? She lived at Oakhampton.

In what year was it this happened? It must be nearly nineteen or twenty years ago.

Do you know whether the woman is alive now? I do not know. A conversation took place with my father about it.

You have no means of knowing of her prolonged gestation, except from what she told you? *No; I said it appears to me you went forty-one weeks.* I asked her whether she had any connexion with any other man.

Did you know her husband? *Yes, I did.*

Do you know the date of his death? No, I do not; I cannot state that from the time. There was another case, when I attended a woman with twins. There she mentioned to me to attend her at a certain time, and I was sent for to her, and she appeared to have every indication of labour. She went a fortnight afterwards, and then she had two boys. *And I think, from my general observation of animals as well as women, that they go longer with males than with females.*

That is your judgment and opinion? Yes; so much so, that I had two mares that went to the horse one day, and one foaled a fortnight sooner than the other; the female colt came first.

Cross-examined by Mr. Solicitor General.

Male gestation is, in your opinion, longer than female gestation? *Yes.*

That is your theory? *Yes.*

(*Mr. Attorney General.*) When you speak of 280 days as the ordinary time for gestation, is that the male or the female gestation? *The female.*

(*Mr. Solicitor General.*) What is the ordinary scale of nature; what is the difference? *A week or ten days.*

(*Mr. Attorney General.*) Do you mean to state that *the ordinary time for male gestation is* 290 *days?* In some cases; I will not state the number of days. I merely state the case of those two mares; one went a fortnight longer than the other.

The question refers to the gestation of human beings. Do you state that the ordinary time of gestation when the child is a male, *is* 290 *days? It is more than* 280, *that I am convinced of in my own mind.*

How many more? I cannot say exactly; *it may vary from* 280 *to* 290. The reason I state that is, *that most of the women I have attended have never come regularly to their time.*

(*Mr. Solicitor General.*) The people at Oakhampton do not come regularly? *It is owing to the cold weather.*

You seem to have particular customs at Oakhamptom; *do they depend upon the dissolution of parliament at all?* We always find a great number *more nine or ten months after that time.*

You say there is one season for male gestation, and another for female; suppose the child is an hermaphrodite, what should you take as the time? *That I should take between the two.*

(*By a Lord.*) You first said that the ordinary period of gestation is 280 days? *Yes.*

Then you said that the ordinary period of gestation of males was 290 days? *No; that it extended to that time.*

But above 280? *Yes.*

Do you think the number of males that is born is greater than that of females? *No; there are more females than males.*[*]

(*Mr. Attorney General.*) Has your observation been so accurate as to know whether the same mother has gone longer for males than females? *Yes.*

In what instances? When she has mentioned the time to me to attend her she has in general gone some days over what she first mentioned to me.

Is that peculiar to the case of males? I have generally remarked it has been a male child born after that.

That whenever a woman has been mistaken in the time of her calculation, it is a male child that is born? *Yes; I think it has generally been a boy.*[†]

We do not deem it necessary to make any further extracts from the evidence, because, as we have already observed, it does not fix the period of conception with sufficient accuracy to enable us to decide whether the term of uterogestation has been protracted. Much that we have cited is obviously inapplicable, and much fallacious—the whole, probably, uncertain. We are not, however, disposed to deny that parturition may be delayed; indeed, if we may judge from analogy, the fact is sufficiently supported by what has been observed of some of the viviparous animals.

"'Pass in review, the animal kingdom,' says Dr. Collins, 'and you will find the exceptions to the ordinary laws of pregnancy as extraordinary, and more frequent than perhaps you suppose.—Bitches pup usually in ten (two) months, others in a much shorter or longer period. Sheep generally produce their lambs in five months, yet some exceed or fall short of that period. Cows, horses, and other animals, present in the same circumstances similar irregularities, as the experiments and observations of Mr. Tessier, which were communicated in 1817 to the Academy of Sciences in Paris, so irrefragably attest. To illustrate the subject of this memoir, I will briefly state their result:

In 575 cows, 21 calved between the 240th and 270th days, average 259; 544 between the 270th and 299th days, average 282; and 10 between the 299th and 321st days, average 306; average of the whole 282 days; so that, from the shortest to the longest period, there is a difference of 81 days, that is more than one-fourth of the average time.

In 277 mares with foal for the first time, 23 foaled between the 287th and 329th days, average 322 days; 226 between the 329th and 360th days, average 346; and 28 between the 360th and 419th days, average 372; average of the whole 347 days; difference between the extremes 132 days.

In 170 mares which had foaled before, 28 foaled between the 290th and 329th days, average 321; 128 between the 329th and 360th days, average 341; and 14 between the 360th and 377th days, average 370; average of the whole, 341 days; so that, between the shortest and the longest period, there was a difference of 97 days, more than one-fourth of the mean term.

In 912 sheep, the mean time of gestation was about 151 days, and the extreme difference only 11 days.

In 25 swine, the extremes were from 109 to 133 days.

In 161 rabbits, the extreme terms of gestation were from 27 to 35 days.'

Vide *Edinburgh Medical and Surgical Review*, No. 87, p. 257, and *Beck's Elements of Medical Jurisprudence*, p. 195."

Dr. Lyall thus concludes his introductory observations:—

"When we compare both sides of the medical evidence, given in the Gardner Peerage cause, our inference is, that although the personal testimony of both parties may be nearly equal, it is, on one side, grounded chiefly on preconceived notions or partial reasonings; while the cases advanced in confirmation only show the nature of the *general law*, but not the impossibility of exceptions; this negative they have failed to prove: on the other hand, some instances have been brought forward to which we can scarcely deny credibility, and which tend to demonstrate, that exceptions to the general term of pregnancy are occasionally met with. But we are totally unable to come to any decisive conclusion with respect to the *latest period* to which gestation is protracted, or to the *frequency* of protraction. A wide and an important field remains open for future investigation."

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[*] We believe this assertion is contrary to the statistical accounts and the general calculations respecting population.

[†] According to Hippocrates, the male fœtus became animated thirty days after conception, while the female required forty-two. Others have observed, that boys find their way into the world sooner than girls.

The reader must at least have received much amusement by the perusal of the above evidence: *thinking*, however, is not evidence.

In these sentiments we fully concur, and hope the time is not far distant when all doubt shall be removed from the subject, for certainly as matters now stand there is no knowing how much the honour of virtuous females may be impugned, or whether many legitimate children may not be deprived of their patrimonial rights, and stigmatized with bastardy. We can recommend the pamphlet to the notice of our readers.

MAUSOLEUM.

"How now? Whose mare's dead?!!!"

Did you never, Messieurs Editors of the Repository, hear tell of the pious hawkers of Constantinople, who perambulate the streets vociferating, "*In the name of the Prophet*! Figs!!"? And have you, on your consciences, (conscience, quoth she!) never imitated these worthy prototypes, stood midwives to a gnat, and made as much fuss about it as though an aloe had flowered, or an elephant brought forth? It would grieve us to the heart to bear false witness against our neighbours, especially such quiet forbearing ones as you have always proved to be, but "amica veritas" is our motto, and we are constrained, therefore, to tell you, that you have shown a strong inclination of late to lapse into that figure of speech y'clept *hyperbole*—to make a great cry, and afford but little wool, and to remind us powerfully of "parturient mountains, and muscipular abortions." "Our views would, indeed, be unphilosophical," you tell us, in what you are pleased modestly to term a "Review of the Epidemic Cholera of the East," in your number for January, "if we entirely confined them to those forms of derangement which are met with in the climates and countries in which we ourselves reside." Now of all the namby pamby and would-be something that has been palmed upon the public, since the well-known treatise of Sheabod, upon the number of corns which Noah was tormented with previous to the flood, and their perfect and permanent cure effected by his "otium cum dignitate" in the ark, this is *the concentrated extract!* That any human being, gifted with wit enough to keep his nose warm, and serve as a distinction between himself and his horse, should venture to mention PHILOSOPHY and the BELLY-ACHE! in the same sentence, is almost passing belief, even in this age of consummate cant and overweening credulity, and that *you* should be the culprits! Not that the *folly* was beyond your compass, but that you should, for the smallest possible division of eternity, get it into your poor numskulls, that *you* incurred the slightest risk of being mistaken for—*philosophers!!* The editors of the London Medical Repository—*philosophers!* Doctors Copland, Darwall, and Conolly—*philosophers!* Ye shades of the illustrious dead! Spirits of departed greatness! Halos of the human mind! Visit not the sins of an infatuated few upon whole generations! Let not the unrighteousness of two or three destroy a city! But "you knaves are absolute; we must speak by the card, or equivocation will undo us." "Here lies the point," your views would *not* be (propter hoc) at all unphilosophical did you confine them, &c. &c. They would be simply and solely *confined*, and not one jot *more or less philosophical*, than when left at liberty to roam in space; otherwise the clown, who extends his gaze upon *all* the luminaries of heaven, and falls into a quagmire for his pains, is a greater philosopher than he who inveigles a satellite into his chamber, and pores over it on the mirror of his telescope; and the housewife who wonders whether the birds or the boys, the winds or the witches, have strewed her apples upon the ground, has more philosophical (because more extended) views than the modest contemplator of the single codling, whose sole object was to *concentrate*, *not to extend* his ideas, or views, if you will—"argal," *confining* your views, you would have been much more like simpletons than sages, and by *extending*, you have only *attenuated* them. But "cudgel your brains no more about it, for your dull ass will not mend his pace with beating," and when you are asked this question next, say, that you are *no philosophers!*

"It is from an acquaintance with the varying manifestations of diseases, as they are observed in all countries, as they are modified and even altogether formed, *by* seasons and *by* climates, *by* habits and modes of life, and *by* individual constitutions and organizations, *by* influences which are permanent, and *by* those (where, by the bye, did you fish up all your *bys?*) which are transient and contingent, that we are enabled to deduce satisfactory conclusions as to their sources, their intimate or remote relations, and as to the most successful measures, both for their prevention and for their cure."

Tell us now, prythee, after all these rounded periods, these polished sentences and sententious points, these dashes (—,) and bys, and fors, and ands; these addings of "colour to the rose, and perfume to the violet;" descend from your stilts, and tell us in plain prose, and in as few words as need be, (for we are plain unlettered men, and somewhat impatient of tropes and verbosity,) what may be, upon a modest computation, the amount of your acquaintance with the varying manifestations of diseases as they are observed in *all climates*," what "satisfactory conclusions you have deduced as to their sources, their intimate or remote *relations*, (their parents and tenth cousins, we presume,) and as to the most successful measures, both *for* their prevention and *for* their cure," (was this written just after church, when "as well *for* the body, as *for* the soul" was tingling in your ears?); tell us "the secrets of the charnel house," and make us at least as wise as yourselves; or if this would be requiring too much at your hands—if you "cannot part with all," "*all diseases, in all climates*,"—at least let *us* know what *you* know about *cholera*, the subject of your eloquence, the source of your inspiration; as well might we ask the sun who made him, or the moon whence she pilfers her splendour? That "*philosophy*" has given you a *most extensive* "*acquaintance*," we have your own assurance, but not one tittle of it have you condescended to introduce to your readers, and still substituting words for ideas, and letter-press for information, continue—"Diseased actions thus viewed (how viewed?) as a *symmetrical* whole, (a *symmetrical disease!*) [we have heard Cooper talk about a "*beautiful preparation*," but even his *morbid* taste never led him to discover much *symmetry in disease;* not even in dropsy or elephantiasis—or hare-lip—or a good prurient cluster of warts, whether anal or pudendal—or a fungus of the antrum—or (oh, the twin beauties!) a pair of blushing buboes!] present us with features, a knowledge of each of which serves to advance our acquaintance (more acquaintance) with the other, and to point out those relations (fathers and tenth cousins?) in which they mutually stand, whereas when examined in the dismembered ('disjecta membra'—morbi) and very limited manner which narrower ideas (ideas! turn to Locke, for God's sake) suggest, the mutual connexion of the parts thus combining (how combining?) to form one *systematic* whole (why it was "a *symmetrical whole*" just now; are the terms synonimous, or has your *system*, like Moses' serpent, eaten up your *symmetry?*), is overlooked, and our intimate knowledge of these parts (what parts?) individually materially impeded." It has hitherto always been a riddle to the wise, how a shepherd boy knows the face of, or, to use your term, makes "*acquaintance*" with, each individual of his flock, and when the lout is asked, he answers, "Why, I knows it, because I knows it;" but *you* have become the Œdipus at last, and the wise need no longer be puzzled, or the booby plagued, about the matter. *A flock of sheep* "thus viewed as a *symmetrical whole*, present *him* (the lout) with *features*, a knowledge of *each* of which serves to advance his acquaintance with the *other*, and to point out those relations in which they mutually stand; whereas, when examined in the dismembered and very limited manner, which narrower ideas (those of the puzzled *wise*, for instance) suggest, the mutual connexion of the parts thus combining to form one systematic whole is overlooked, and their (the wise) intimate knowledge of these parts (*sheep*) individually materially impeded." Hence it is evident *why* the booby knows every sheep's face, and the philosopher does not; or it is, on the contrary, palpable, that you have been entangling yourselves in a maze of metaphysical subtilty, and might have saved yourselves much time, and your readers much patience, by having adopted the clown's "I knows it, because I knows it."

"It is not therefore (you proceed to say) in the present state of medical science, that we expect to hear the *cui bono* of turning our attention to the subject before us disputed." Here you are right for once, and you need not fear a dissentient voice upon the subject. *No one*, take our words for it, will for a moment ask the *cui bono* of turning the *whole* attention, of the *whole* profession, towards the consideration of so dreadful an infliction as the "*epidemic cholera*," and instead of visiting you with our wrath, we would have been amongst the first to have hailed you "as good and faithful servants" of the public, had you unostentatiously given an analysis of the different works upon the subject, unprefaced by the unintelligible jargon and profligate waste of paper, which you have committed, and of which (for "our gorge was rising at it") we have given but a small portion;—in future take our advice, put your "*philosophical views*" under the protecting ægis of the well-known advertisement "*when Socrates discoursed upon marriage*," sell your "*varying manifestations of diseases*" *to* "*Leake and Company*," *and reserve to yourselves*, "*by habits and by modes of life, and by individual constitutions and organizations, by influences which are permanent and those which are transient and contingent, we are enabled to deduce satisfactory conclusions as to their sources, their intimate or remote relations, and as to the most successful measures for their prevention* and for their *cure*," (*cure* in large letters,) put it in so many words, (they are *all your own*, and not even their order and harmony disturbed,) into a half a dozen of the morning papers; take a house with a private entrance, and paint a "*blind cupid*" over its door, and we will pledge our existence, that you will gain more money and fame to boot, in *one week*, than your individual practice, and co-joint editorial labours now produce you in *one year*.

You now pass on to extracts, simple and copious extracts (a species of piracy, by the bye) from the different publications upon cholera, and here our choler subsides, for you do what you ought to have done in the very first time, and we have no fault to find until you pull out your "*pulse watch*," and give us *nineteen* mortal pages on *pulse-feeling!!*

> "Where did you get this tale?
> From an old gossip in the evening sun,
> And as she knit her hose she wove her
> tale."

And verily a more complete old wife's tale never was doled out—Mathews's Scotch woman's was all pith and point in the comparison, and you may thank your stars that he is not a reader of either the Repository or The Lancet, for nothing could then save you from being "damned to everlasting fame." You are the very Monkbarnses of the profession. Grose was a modern beside of you: you surely must have something of the domestic fowl in your composition, for you greatly prefer filthy and putrid rubbish, scratched up with infinite labour, from an old polluted dunghill, to the wholesome well selected food, so liberally scattered under your noses. Would you turn *truffle hunters*, or take to the *divining rod* and *find out springs?* There would be some sense in it, but what either the profession or the world at large are benefited by such smell-fungus researches, as go to prove, that the clyster pipe found *in situ* at the ruins of Herculaneum was introduced by Clumnus the pupil of Galen, and that the said Clumnus was *left handed*, because the bladder inclined to the patient's *left buttock*, or that the *Romans* must have been a *dyspeptic* race, because the *acidity* of their *evacuations* had *obliterated the ink* on the paper turned up in the cloacæ of Pompeii; we are stupid enough not to be able to discover, neither can we surmise, what in the name of common justice could have warranted you to pick the pockets of the public with your precious farrago of senseless mumbling about "Sir John Floyer, Knight," and his "*pulse watch*." We had intended to have strewed before our readers this "*old clothes-bag*" in all its reeking horrors, but really the task was beyond our powers of endurance; we will, therefore, challenge every honest man, of sufficiently abiding patience and obstinate research, to read it, and we will hazard our reputation, that not one in one hundred will be found to dissent from the anathema which we pronounce upon it, namely, that there is not, in all the periodicals which this country has produced during the last ten years, such another specimen of *affectation of useless learning*, of *downright twaddle* and *pedantic prosing*! such another accumulation of *antiquated folly* and *modern nonsense*! If *one* single individual exist hardy enough to gainsay us, we will publish the whole (*with your permission*) in our next Number; if any *six*, full-witted men, will testify that they have fairly read it to an end, we will present them with the said publication for their labour, and if *three* of moral character, superior to that required in an Old Bailey witness, will swear that they rose from the perusal, either wiser or better, we will *not* believe *them*, but beg pardon of *you*.

> "Damn it, quoth Time to Thomas Hearn,
> Whatever *I* forget *you* learn."

And depend upon it that Time is a sensible monster, and that all Thomas Hearns are egregious blockheads. No aphorism is more indisputable, than that, *whatever is worthy to live will never perish*, and that, *whatever has perished*, was *unworthy to sur-*

vive, excepting in the fine arts, and excluding from them *music, we have benefited nothing by our intercourse with the ancients.* What would have been the consequences, had *Locke*, and *Newton*, and *Priestley*, been buttering their brains, after your example, with the *unction* of *antiquity*? Pretty *steam engines* and *spinning-jennies* they would have produced, had *Watt* and *Arkwright* fiddle-faddled their hours over "*stop watches.*" Would it not at the present moment have been well for *philosophy* had *Aristotle* perished in his mother's womb? What a heap of rubbish have "the schools" (par excellence) overwhelmed *metaphysics* with? Has not the Devil been less an enemy to *Religion* than "*the Fathers*"? Does Sir *John Sepping* ever refer to *Noah*, the *first*, and *indisputably* the *greatest*, of ship-builders? Did *Ricardo* ever name *Moses* (a brother Jew too) in his admirable work on political economy? or *Malthus* ever *think* of *Solon*, when writing his essay on population? What did *Bonaparte* know about the mode by which the Egyptians crossed the Red Sea when he passed his army over the Beresina? did he dream of Hannibal when he bivouacked on the Alps, or of Cocles at the Bridge of Lodi? but to come more home with the argument, John Hunter, Pott, Desault, Boyer, Cline, (never mind chronological order,) Cooper, Baillie, Morgagni, Blumenbach, Dupuytren, Bichat, Abernethy, cum multis aliis, are universally admitted, by general vote and consent, and almost literally, nemine contradicente, to have done more towards the real improvement of our profession, and the advancement of science, than *ten times* their number *either now living*, or that *ever* have lived; and how many pages can be selected *from all their works together*, in which the *ancients* have *even been mentioned*, excepting *historically? Many* of these *really great men* never sullied their paper with such names; *not one of them*, we will wager our salvation, ever heard tell of *your knight* of the "*pulse watch*," and we question whether there are *nineteen* pages in their *united publications* upon "*the pulse*,"—that there are not the names of Floyer and Forestus, Sennertus and Fernelius, Riverius and Bellini, Hoffman and Stahl, Celsus and Cheyne, Bichat and Hunter, Abernethy and Mead, Heberden and Parry, Wood and Steele, Boswell and Johnson, *one* Thomas Hammond, and (risum tineatis) the *watch maker*, Samuel Watson! Sir T. Brown and Richerand, Galen and Hippocrates, Carson and Willis, Gregory and Borelli; that there are not these names, (*all* of which occur in the paper referred to,) or a *similar number* of such a heterogeneous assemblage, in any readable work (an obituary excepted) of the present day, any printer's devil will testify; but what are they compared with "cacochymias, concoction of morbific matter, cacophonous language, Athenæ Oxoniensis, pulsus vermicular, formicans, tremulus, senatus, caprizans (*goaty*), dicrotus, myurus (mouse-tailed), &c. Religio medici (what *religion* is this?)—Addisonian school—original gothic and florid richness of language!—Σφυγμιχὴ—Semirotica—hot and cold intemperies, hot and cold cacochymia—four secreted humours, viz. choler, salt serum, phlegm, and succus melancholicus; calidum innatum, facultas pulsatilis, salt lymph, whose office is to change the bitterness of choler to a sweetness; ars sphugmica"—others, and others still, which we have culled at random. We do seriously ask, whether there can be either rhyme or reason in putting to any other purpose *than one*, which *cleanliness requires*, but *decency* forbids to name, books of this description? and whether the man, who wastes his time over such stuff, is not an useless and inefficient member of society? Some of the *cream*, however, is yet behind, and sickened as we have been with the overdoing of whey and skimmed milk, which we have already been drenched with, we must contrive to give a little of it.

In the first place, come the birth, parentage, and education of "Sir John Floyer, Knight," as though they had any concern with his "*pulse watch*"; how he wrote an essay "*on cold bathing*," for which Sir R. Steele (most deservedly, no doubt) cut him up in the Tatler; how he advised Dr. Johnson to go to London for the *royal touch !!!* (a rare old woman truly), and falsified his age (another *female* trick); and when modestly asked how old he was, replied—"although *generally* a man of *elegance* and *civility*" (bravo!)—"Go look," (the brute! look where?) Then we are treated with a rigmarole about his name occurring in a charter of James the Second (closely connected with "the *pulse watch*"); his becoming a justice of the peace (still no *pulse watch*); of the abitrary acts of James—(would he had broken *the watch!*); "and then, and then, and what then"—why, then, *at last* we come to "the *pulse watch*," of which "*Mr. Samuel Watson*" *was the maker!!!*—Eheu jam satis! No such thing; after a page or two of your elucidations, we suppose you call them, Messrs. Editors, the worthy Knight begins talking about the Greeks, with their ars something (we have taken the pains to write it *once* already), and the Chinese with their *therapeutics* (*Chinese* therapeutics !!!), and there, not having a friendly Ariadne at our elbows, we must leave him, for to follow, unarmed, into the labyrinth which yawns upon us, we dare not for our souls. At length out pops the Knight again, with a " wonder that Galen did never count the pulse;" and having thus, like a whale, shown his nose and taken *a blow*, down he goes again into the depths of " cacochymias and succus melancholicus." Again he rises, and again *you* put in a harpoon, or give a gentle friendly tug to that which Steele had stuck into the monster, and for a while he is left writhing in his " *cold bath*." You then most piously pity that mind which takes " no interest in what Galen, the master-spirit of his age, thought about the pulse," (as if *any mind* minded one straw about the matter)—" *tranquillize* yourselves (how amiable!) in recurring in this manner to past times, and in knowing nothing which contributes more, amidst the turmoils and perplexities of the world, to allay for a little the *sad feelings these excite*, (oh! you consummate hypocrites, or puling puritans!) than the intercourse you are thus enabled to hold with other ages." A better prescription by far is the following:—Keep your pity for *your own* belly-aches—let poor Galen rest—" *tranquillize*" yourselves with a bowl of punch—" recur to past times," by thinking of when you could not afford such a " *tranquilliser*" to the credit side of the account of the " turmoils and perplexities of the world"—put your fees—and hold *actual* " *intercourse with other ages*," by going to bed to *a mummy!!!* (N. B. Dr. Granville has got a female one; she has a diseased ovary, but n'importe); and now, positively, we must leave you, Galen has set you running a muck, but lest you fall victims to your zeal, we will do you the favour to guard your fair name from one imputation—You are no atheists!!!—" We are confirmed that there is a God above us!!!" What a delightful confirmation!—what a glorious discovery! (" *they will go to heaven notwithstanding, said the boy*); but are you sure of it—can it not admit of a doubt? Surely if you can write *nineteen* pages upon a "*pulse watch*," you will not dismiss the *existence of a God* in one solitary line. Do now, for God's sake, give us a " retrospective review" upon the subject in your next. Surely you may stumble upon some unlucky wight, ancient or modern, who has doubted the fact, and then what a triumph!—to prove that Samuel Watson made Sir John Floyer's pulse watch! and God Almighty the world! in *the same periodical!!!* But you cannot do it, we defy you to do it; that is, *of yourselves and by yourselves*; for you finish your Deistical rhapsody by telling us, " *that man in himself is nothing, and of himsel, can effect nothing*." What *is* the meaning of this, or has it any meaning at all? Surely your compositor has made a trifling mistake, and interpolated a piece of some good man's sermon into your lucubrations, or you are farther gone than we suspected. God help you; but never again attempt to palm another line of *cant* upon us, or we will so strip you of your lion's hide, and so ruthlessly becudgel the ass's carcase, that you shall be lingering, but living demonstrations of the fact, that " *man is nothing, and of himself can do nothing*."

" The spleen governs the mouth; that which is moisture in the heavens, in earth is earth, flesh in the body, and spleen in the members."

The above quotation *you* give from some Chinese tract or other (are you sure of its Chinese origin? to us there is something of the " *begotten but not made*" about it), which you then sneeringly dismiss. Fiat justitia is an excellent sentiment; it is palpable nonsense we admit; but when you make sense " of *man is nothing and of himself can do nothing*," then will we make it (the Chinese quotation) clear and intelligible to the meanest capacity, and admit that all are fools who do not waste the midnight oil in poring over " *the ancients*," that Sir John Floyer was " a *master spirit*" and his " *pulse watch*" a greater invention than the " *steam engine*," and that your's is the most interesting, clever, erudite, and excellent periodical that ever the profession was blessed with.

ON THE MUSCULARITY OF ARTERIES.

To the Editor of The Lancet.

Sir,—In the 127th number of your far-famed Journal, I observe a letter signed " E. W.," in which it is stated, that in an essay by M. Beclard, entitled, " Recherches et experiences sur les Blessures de Arteres," mention is made of a *large proportion of fibrine* being discovered by Orfila in what is generally, but absurdly enough, denominated the *muscular coat* of arteries. This argument drawn from the chemical constitution of arteries, which has been so much insisted on, and which indeed has been deemed incontrovertible by those who contend for their non-muscularity, the St. Bartholomew gentleman seems to think might be effectually refuted on the authority of the above mentioned celebrated chemist. I beg leave, however, to inform E. W., and, if he will, Dr. Clutterbuck, that this statement of M. Orfila is incorrect, unwarrantable, and diametrically opposite to the careful, accurate, and conclusive experiments of Young, Thomson, Berzelius, and a host of other able and scientific chemists. And I am firmly convinced that every one who maturely and deliberately examines the experiments upon which the statement of Orfila is founded, must come to the palpable and unequivocal conclusion, that there is a fundamental error in the manner in which they were performed, and that therefore the inferences which he deduced from them must be rejected as false, fallacious, and totally inconsistent with sound inductive reasoning. In fact, Sir, every argument that *ever* has been adduced by those pseudo-physiologists who advocate the muscularity of the arteries, only serves to exhibit more prominently the utter futility and absolute absurdity of the puerile notions which they entertain on this subject, and in addition to the numerous convincing and indubitable proofs of their non-muscularity, of which we are in possession, to establish in the most direct and satisfactory manner the pristine strength, stability, and force of the arguments in support of the last mentioned true and scientific view of the question. If the *fibrous* coat of arteries is considered in a chemical point of view, we find that it possesses none of the constituent properties of muscle; if it is examined as far as regards its physical characters, not the slightest resemblance can be traced; or if, finally, we view it in its functional relations, it will be found to bear to muscle not the most remote analogy. How then, in the name of all the reasoning powers, is it possible that we should be so physiologically infatuated as to pronounce that muscle, which in every light in which we can examine it, presents appearances and characters so entirely and so essentially different? Trusting that in some nook of your widely circulated and eminently useful Journal, you will find a space for these few remarks.

I remain, Sir,
Yours respectfully,
Ιατρος.

FOREIGN DEPARTMENT.

ARCHIVES GENERALES DE MEDECINE.

Anatomy.

Aneurism of the Aorta.—M. Andral, jun. made a report to the Academy of Medicine (Paris, the 28th of February,) on a case of aneurism of the aorta observed by M. Noble, surgeon at Versailles. The complaint manifested itself by dull pains in the left shoulder, and a gradual augmentation of the size of that part. This was soon replaced by a tumour, which, at the end of seven months, acquired the size of a full grown fœtus's head, and was recognized by the pulsations being synchronous with the pulse, to be of an aneurismatic nature. Serious symptoms gradually developed themselves, infiltration of the left arm, imperceptible pulse in this limb, and general debility; and death terminates the patient's life fifteen months after the first appearance of the disease. On examining the body, an opening to the extent of a shilling was observed in the parietes of the aorta at its arch; this opening communicated with a cavity, which appeared to be formed by the cellular sheath of the artery, and this cavity, perforated at a point of its circumference, was connected with another much larger, the parietes of which were principally constituted by the ribs, the vertebræ, and especially the distended and attenuated muscles; it was this which formed the projecting tumour felt during the life of the patient. The interior of these cavities was filled with fibrous clots of different consistence, presenting on their external surface an infinity of small red vessels. Several portions of the ribs were destroyed, as well as a great part of the bodies of three vertebræ. From this case the following conclusions may be drawn, 1st, that it confirms the assertion of Morgagni, viz. that individuals affected with an aneurism of the aorta seldom present that state of general infiltration which is so common in organic affections of the heart; 2dly, That the vascular ramifications on the surface of the clots prove that they were about to be organized, a fact, however, which has been frequently observed; 3dly, That it rarely happens that the destruction of the bodies of the vertebræ, by an aneurism of the aorta, proceeds to such an extent, that the tumour comes in immediate contact with the spinal marrow. M. Andral only knew one case of this kind. M. Laennec then recalled to the recollection of the meeting, that he had presented to its notice, on a former occasion, a case of aneurism of the aorta, with destruction of the body of the vertebræ, incipient alteration of the dura mater, compression of the spinal marrow, and in which case an attack of paralysis had supervened at the moment of the rupture of the aneurismal sac.

Absence of the Uterus.—M. Renauldin presented to the meeting the genital organs of a female, in which the uterus was wanting. The woman, 52 years of age, had died of a cancerous affection of the stomach; she was of an exceedingly small stature, being only three feet and a half in height; her intellectual faculties had never developed themselves, the menses had never appeared, nor the least development of the breasts taken place. The parts of generation were well formed externally, the hymen existed in part, and the finger, on being introduced up the vagina, instead of meeting with the neck of the uterus, was opposed only by a very small tubercular body. Between the bladder and the rectum, in the place of the womb, there was a sort of resisting chord of the size of a pin, communicating at one end with the vagina, and at the other with the Fallopian tubes; the tubes were considerably enlarged at the point, where they terminated in this canal, forming at this part a kind of small sac; some slight rudiments of the ovaries were discovered. On making a section of the vagina and the canal, it was very evident that the first was properly developed, and that the second, of an inch in length, was, from its consistence and organization, the neck of the uterus, the body and fundus of that organ being entirely wanting.

Displacement of the left Kidney in a Child born before the full time, and some peculiarities in the Vascular System resulting from it.—By M. Martin.*

The subject of this paper is a male child, small, weak, born before the full time, and two days old when it died. It was thirteen inches and three quarters in length, and weighed between three and four pounds. The digestive apparatus presented nothing remarkable; the mucous membrane only of the stomach presented some red semicircular streaks. The small intestines had a white tint, as well as the large, which were distended with meconium. The liver was black, much gorged with blood, and of an extraordinary size. The respiratory organs presented nothing remarkable; the right lung was healthy; the left was gorged with blood at its posterior surface. The ductus Botalli, and the ductus arteriosus, were open. The cerebral substance was throughout red, and the inferior vessels of the brain much injected.

Urinary system, and blood-vessels belonging to it.—The left kidney was found in part placed in the excavation of the pelvis. It was connected by its posterior surface with the last lumbar vertebra, and the anterior and superior portion of the sacrum; its anterior surface was concealed by the peritoneum, which covered it immediately in its whole extent, as well as by the rectum, which crossed it anteriorly. The inner edge was exceedingly concave at its middle portion; the origin of the ureter was seen, and the outer edge was convex, and of a spherical figure, and along the side of it passed the common iliac artery, which, arriving at the place of its bifurcation into the external and internal iliacs, was still covered by the edge of the kidney. The superior portion of the kidney was placed in the angle formed by the two common iliacs, the inferior in the pelvis behind the bladder and the left umbilical artery. The left renal artery proceeded from the anterior superior portion of the left common iliac, as near as possible to its origin; its calibre was not at all inferior to that of the right renal, situated in the angle formed by the common iliacs; it proceeded from above downwards, along the anterior surface of the base of the sacrum, to the kidney. There was, besides this, another smaller artery distributed to the kidney; this arose from the posterior superior and internal part of the left common iliac, proceeded upwards, on the outer side of the renal, between it and the sacro-median. The sacro-median arose from the posterior superior and internal part of the right iliac, opposite to the vessel just described; it was small, and passed between the preceding and the right common iliac, but lower, between the ureter and internal surface of the kidney, till it at last reached the top of the os coccygis, between the rectum and the anterior surface of the sacrum. The right renal artery was of the same calibre as the left, took its origin at the usual place, about a line and a half from the superior mesenteric. The vena cava crossed this artery. The right kidney had nearly twice the size of the left; its ureter, which arose immediately below the renal vein, was longer than the left. The right diaphragmatic artery arose from the fore part of the aorta; it was very small, and took a course from below upwards. The cœliac arose from the anterior and middle portion of the aorta, a line below the diaphragmatic, and was of a similar size to the renal. The superior and inferior mesenterics took their origin, as usual; the left diaphragmatic arose from the side of the aorta, nearly opposite to the one on the other side. This artery was exceedingly small. Between the cœliac and superior mesenterics on the right side, the capsular artery arose, equal in size to the superior mesenteric; on the left side there were two capsular vessels the one equal to the renal, the other to the left diaphragmatic. The course of the large intestines was in some degree deranged by the left kidney; indeed the rectum, resting on the anterior and superior portion of this kidney, was carried very much upwards, and instead of reaching the left iliac fossa, was carried horizontally into the left flank. The testicles, which were rather large, had already descended into the scrotum.

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* Annales des Sciences Naturelles, Jan, 1826.

Remarks on the above case, by M. Geoffroy Saint Hilaire.

From the philosophic impulse given to researches on monstrosities, in the present day, we have learned that there exists no organic derangement without their depending on a new ordinance, and casting aside all the efficient causes of the regular functions. If this be true, we ought to return successively to the parts of the monstrosity, although for the most part they might have been observed before; for it ought now no longer to be a question about uniformly qualifying them by *vices of conformation or displacement of parts.* Under the influence of these ideas I examined, with a lively interest, the case of a kidney descended into the pelvis, forming the subject of the preceding article. It is a simple case, and consequently a less complicated problem, and one more easy of solution. The kidney alone, displaced without the capsula supra renalis, showing the independence of these parts, and particularly the renal artery, arising from the bifurcation of the two iliacs, engaged my attention. For I see myself brought into this dilemma,* either that the principle of connexions will be seriously attacked by the displacement of this artery and must give way, or it will raise itself by affording us new light on the character of primitive formations. It now remains to be examined, if we cannot reconcile the value of the principle of connexions with that of a real displacement of the arteries. First, let us recollect that we have set out in order to establish the principle of connexions from the osseous and cellular systems; for within the compass of these considerations the principle of connexions has not appeared to me to offer any exceptions. But it will be said, are not these organic products, in regard to the arterial system, results of the generative system? Must we then admit constant effects engendered by variable causes? Undoubtedly not, for this is evidently impossible. If this be the case, where shall we find the explanation of the difficulty? It is, I think, in the necessity of establishing a distinction between the two extremities of the arteries. In fact, an artery is only a generator at its confluent extremity; it is at this extremity that it must fail when the principle of connexion is attacked; and it is to the other extremity that the case of M. Martins bears a relation. In fact, another principle which changes and remodels the bases of anatomical science, the principle established by one of the most ingenious and profound anatomists of modern times, viz. *that all the first formations proceed from the circumference to the centre,* appears to us to afford a key to these anomalies; for it is not only the bones, muscles, and nerves which are subjected to this order of development, but also most essentially the vascular system.—This begins in the integuments of the being about to be created; it continues to spread previous to its forming into groups, and before several of its interior branches meet and anastomose to form the heart. Several organs of the embryo form at the same time, among others, the kidney or the thread of vessels which then represents it. All these organs open at a common reservoir, containing the fluid which is to be afterwards raised to the state of blood. There it is that a band of the nature of those which, according to my opinion, form the commencement of the monstrosity attaches to the membranes of the ovum, the vessels of the kidney. With respect to the capsula supra renalis having remained in its place, whilst the kidney was displaced, I shall take an early opportunity of explaining my views.

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* Here M. G. Saint Hilaire is alluding to the system which he has developed in his admirable work, entitled, *Philosophie Anatomique.* 2 vols.—Ed.

Physiology.

*Inspiration the principal Agent in Venous Circulation.**—We noticed, in a former number,† the experiments of Dr. Barry on this interesting subject, and it is principally for the purpose of attending to a practical suggestion afforded by these experiments, that we now return to them. As might be naturally expected, ever since Dr. B. made known his views on the influence of respiration or circulation, it has been attempted to detract from his merits, by asserting that the same thing had been known long before. The great difference, however, between Dr. Barry's views and those of Haller, and others on this point is, that the latter regarded the heart as the primitive cause of the vacuum which operates in the system, whilst Dr. B. attributes the dilatation of the heart itself, and of its proper auricles, to the tendency to form a vacuum which takes place in the whole cavity of the chest during inspiration. In the Report accompanying this memoir there is a subject alluded to of the highest importance, viz., that the act of inspiration which produces the vacuum, and consequently the flow of blood into the cavity of the thorax of those animals which have lungs, is not sufficient to explain the movement of the blood in the veins of reptiles and fishes, which have another mode of respiration, the same coincidence of action not taking place between inspiration and the entrance of venous blood into the heart.

M. Barry is so strongly convinced of the action of the atmosphere on venous absorption, that he regards, as a sure means of preventing the absorption of poison into the system from wounds, the application of a cupping glass on the injured part. From experiments made with reference to this point, the opinion has been verified; nay, more, it has been found that the application of a cupping glass to a poisoned wound, even after a part of the poison has been absorbed, prevents the development of any bad symptoms. It must have been in allusion to this remarkable effect that Celsus employed the following passage—"Utique autem si rabiosus canis fuit, cucurbitulâ virus ejus extrahendum. Repentium quoque morsus non nimium distantem curationem desiderant; venenum extrahendum est: id cucurbitula optimè facit." Although it appears that the remedy was not unknown to Celsus, still we are indebted to Dr. B. for an explanation of the principle on which its modus operandi depends.

M. Flourens, in a work* recently published, *Experiences sur le Systeme Nerveux, par M. Flourens, Paris*, 1825, has shown, by the most careful experiments, 1st, That wounds of the brain, without loss of substance, cicatrize by the immediate reunion of the divided parts; 2nd, That those with loss of substance are followed by a cicatrix, which does not prevent the functions of the brain being re established; and 3d, That there is an immediate and absolute cause of deafness viz., the destruction of the nervous expansion of the vestibule or of the auditory nerve itself.

Muscular Contraction.

It was known by the galvanic experiments, and the microscopic observations of Prevost and Dumas, that the muscular fibres, parallel and rectilinear, in a state of repose, contract in zigzag at the expence of their length, and the expanded nervous bundles constantly occupy the angles of flexion of the muscular fibres, as if the approximation of these nervous filaments were the cause of the contraction of the muscle; but it remained to be known whether the muscle which diminishes in length gains as much in breadth, or, in other words, if it changes form without any alteration in size. M. Bazotti has proved this last proposition in the following manner; he suspended the posterior half of a frog in a flask, mounted with a graduated tube filled with water; then, by the assistance of the galvanic battery, he produced contractions in the animal without any rising of the water in the tube being the consequence.

Monstrosities.

M. Geoffroy Saint Hilaire, in a recent meeting of the Academy of Medicine, communicated verbally some very curious details on the various anomalies in the organization which result from the different positions of the egg submitted to incubation: thus, for instance, the vertical position, impeding the development of the chicken, produces a peculiar kind of monstrosity. M. G. St. Hilaire has promised fresh details and experiments, which we trust will throw some important lights on the formation of the different monstrosities.

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* Recherches Experimentales sur les Causes de Mouvement du Sang dans les Veines, par David Barry, M.D., avec le Rapport de M. le Baron Cuvier et de M. le Professeur Dumeril. Paris, 1825.

† Vide LANCET, Vol. X., No. 5, p. 140.

* Vide LANCET, Vol. IX., p. 489.

Pathology.

Diseases observed at the Hotel-Dieu in the Clinical Wards of Professor Recamier, during the fourth trimestre of 1825.*—The number of patients admitted into the Clinical Wards during this quarter, amounted to a hundred and thirty-nine, viz., seventy-seven men and sixty-two women, of which twenty-two died. A hundred and seven were attacked with acute and thirty-two with chronic affections. The acute complaints, which prevailed during the autumn, particularly consisted of catarrhal fevers. Inflammation of the air passages was rather common, and especially pleuro-pneumonia. The small-pox, which has prevailed for half a year, still continues, but with much less severity than in the preceding months. The other diseases of the season were affection of the pleura, rheumatism of the joints, intermittent fevers, erysipelas of the face, scarlatina, anginæ, &c.

Intermittent Fever.—Rest, restricted diet, and cooling drinks were generally sufficient to remove the quotidian form of this complaint. In three cases of tertian intermittent, one amended after the use of a purgative; the two others were treated by evacuations of blood, both general and local; in the one case with success, but in the other symptoms of biliary derangement occurred, which, in addition to the bleeding, required the use of emetics for their removal. The action of the sulphate of quinine is so different in different subjects, that we cannot abstain from mentioning the case of a man who had laboured under a quartan for five weeks, which was completely checked by four grains of this medicine. Although we see some physicians never administer the quinine but in very weak doses, as from two, four, or six grains at the most, and that with the view of not exciting any internal inflammation, which is frequently the cause of intermittents, we will still observe, that in certain individuals, the only way of obtaining from this medicine any success, is to give it in large doses, from twelve, sixteen, twenty and twenty-four grains.

Affections of the Brain.—Of five patients attacked with cerebral affections, one alone survived. Two came into the hospital in a state past amelioration, one even died a few hours after admission; his symptoms were profound coma, dilatation of the pupils, which were also insensible to the light; a considerable rigidity of the superior and inferior extremities, with alternating spasm of the muscles of the face and arms; the sensibility of the different parts of the body would be excited by a strong stimulant, as a blow with the hand. On examining the body, considerable congestion of the pia mater and inflammation of the arachnoid, of the lateral ventricles, with a considerable effusion of flaky serum into these cavities, were observed. In another woman who recovered from inflammation of the brain, there was a suppuration of part of the left hemisphere found in this case, and paralysis of the right side had existed some time before death.

The next case of cerebral affection recorded is interesting. The patient was a man forty-two years of age, and for a few days prior to his death laboured under the following symptoms: aphony, insensible and contracted pupils, power of the locomotive system, rigidity of the neck and trunk; in the beginning he had no fever, was perfectly sensible, and free from coma. Leeches were applied to the neck, and cupping glasses along the spine; he tried baths and the tartar emetic in large doses, but without effect. The inspection afforded no satisfactory explanation of the complaint; there was no alteration in the anterior lobes nor any other part of the brain, if we except the fornix, which appeared slightly softened.

Affections of the Chest.—The inflammation of the mucous membrane of the air passages presented nothing very remarkable. The pulmonary catarrh yielded easily to the exhibition of antiphlogistics, seconded in some degree by the application of blisters between the shoulders. One patient only died of inflammation of the minute ramifications of the bronchia, they were found of a highly livid colour, and this colour diminished in intensity in proportion as it approached to the root of the bronchial tubes. Among seven persons affected with pleuro-pneumonia, one died. This patient was bled six times in a very short period; the difficulty of breathing, which formed the principal symptom, did not however diminish, and the young man died on the twentieth day of his illness. The right lung was hepatized in several places, the two layers of the pleura adhered to each other to a considerable extent, and the left lung was œdematous at its posterior part.

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* Revue Medicale, April 1826.

The diseases of the heart consisted of contractions of the orifices and hypertrophy of the ventricles. Two patients attacked with the first of these complaints experienced remarkable relief from the employment of leeches. The third, as well as the two who presented signs of hypertrophy, died at the commencement of January, just as the cold began to set in with great severity; and a fact worthy of remark is, that they all died within a few hours of each other. We see from this, what indeed we have several times had occasion to observe, the influence of atmospheric causes on the fatal termination of certain diseases, and we again mention it as capable of affording useful data in the treatment of similar complaints.

The other diseases mentioned in the report present nothing worth transcribing; the treatment at present in vogue at the Hotel Dieu, and many of the other Hospitals at Paris, consists in the application of leeches, and the exhibition of the tartar emetic, in nauseating doses; it is the contra-stimulating plan as recommended by Rasori, and since so warmly advocated by Tommasini of Bologna. It is not, however, in affections of the chest only that the tartar emetic is at present employed in such large doses; but also in cerebral affections, in severe continued fevers, and other complaints in which Rasori himself would not have ventured to employ it. We even find it mentioned (*Vid. Nouvelle Bibliotheque*, p. 108, Jan. 1826,) that this powerful medicine was prescribed in a severe attack of dysentery, at the rate of *eighteen* grains per diem!

On the causes of Inflammation of the Veins, and in particular of those of the Brain—By A. N. Gendrin.

Inflammation of the veins is not an affection recently discovered, since Aretæus* has described a disease, which he regarded as an inflammation of the vena cava. Still, before the latter part of the last century, our ideas on this disorder were vague, and especially prior to the appearance of the writings of Schmuck,† Hunter,‡ Sasse,§ and Travers.‖ These writers, in illustrating their researches by anatomical observations, commenced by making thoroughly known an inflammation, respecting which Morgagni had collected several facts. Since these authors several practitioners have directed the attention of the profession to an inflammatory affection of the veins, and have enriched science by the result of their observations. Inflammation of the veins, is sometimes produced by the act of bleeding, particularly when it is performed by a rusty instrument. The inflammation has invariably its seat in the part of the vessel superior to the incision. If the veins can assume an inflammatory diathesis, after the simple incision made during bleeding, it is still more likely that they should take it on in more extensive operations performed on the veins. Thus this complaint has been observed after ligatures on veins, or division of these vessels for the cure of varix. Travers quotes several instances, and both Osiander and Meckel have seen inflammation of the umbilical veins, and consequently of the vena porta, developing itself after a ligature on the umbilical chord. If veins become inflamed sometimes by the simple incision of a part of their trunks, they are also frequently attacked with inflammation after large operations, especially if the surface of the wound has been much irritated: for this remark we are indebted to John Hunter.

We have dissected with care three persons who died from lithotomy, one from the high, the other two from the lateral operation, and in the three cases we found inflammation of all the abdominal veins, even into the vena cava. This we are convinced is often the immediate cause of death in cases which terminate fatally after the operation for stone. In the animals on which we made large and extensive wounds, for the purpose of studying the process of cicatrization, we were able in several cases to trace by dissection the inflammation of the veins which were concerned in the wounds as far as the principal trunks. In the cases we have mentioned, the affection is the effect of irritating causes applied directly to the vessels, and this cause is frequently nothing more than the product of inflammation introduced into the venous trunks by absorption, and acting thus totally on the parietes of the vessels. Inflammation of the veins developes itself sometimes without any assignable cause, as, for instance, in the short veins in persons in child-bed. The veins which are the most frequently inflamed, cæteris paribus, are those of the extremities, especially the lower extremities: those of the pelvis may be classed in the second order. We possess but few instances of the thoracic veins, and still fewer of those of the brain being inflamed. Dr. Abercromby has inserted, in the *Edinburgh Medical and Surgical Journal* for July 1818, some cases of inflammation of the cerebral veins, and in the *Revue Medicale*,* for July 1825, M. Ribes mentions a case of inflammation of the superior longitudinal sinus. The following case, which we had an opportunity of observing, seems to present a similar affection, which appears the more remarkable as the cerebral inflammation appears to have been connected in its development with that inflammatory state of the veins.

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* De Causis et Signis Acut. Morb. cap. viii. Lib. ii.

† Dissert. sistens. abs. med. de vasorum sanguif. inflam. Heidelberg, 1794.

‡ Medical and Philosophical Commentaries, vol. iii. p. 430.

§ De vasor sanguific. inflam. dissert. Halæ, 1797.

‖ On Wounds and Ligatures of the Veins.

Case. Madame M., ætat. 22, of a strong constitution, high stature, and in good condition, was safely delivered of her third child. She had never been attacked with any serious complaint, nor experienced an uneasy symptom during her pregnancy, excepting a slight headache, within the last month of her time. The headache continued just the same, till the seventeenth day after pregnancy, when it became worse, and was attended with pains in the left ear. On the following day this was succeeded by symptoms which threatened an attack of inflammation of the lungs. Leeches were applied to the epigastrium and the arms, the veins of which could not be found. Towards evening, after a sleep of three quarters of an hour, Madame M. perceived, on waking, that her right arm was swollen, and that she could not move it; the leg of the same side was also swollen; on the 18th day, the paralysis increased, the tongue became impeded in its motions; on the 19th the paralytic symptoms made fresh progress, she was then bled both from the arm, and by means of leeches applied to the temples.

On the 19th day after delivery, (Feb. 1, 1826,) I, in conjunction with two consulting physicians, found the patient in the following state: pupils fixed; tongue moist, but could not be brought out of the mouth, it was not turned to either side; no rigidity of the neck, right arm entirely insensible and deprived of motion, no stiffness; the right leg equally free from stiffness, but preserved its sensibility. The patient could not retain her urine, but still was conscious when it passed from her; she could only articulate *oui* and *non:* the sight and hearing of both sides remained unimpaired; smell was also good. Exhalation from the skin; pulse from 90 to 95 in the minute, full and hard. On exploring the chest, slight rattle was heard anteriorly and on the right side; the respiration was not impeded. The patient made known by signs that she was suffering on the left side of the head. These symptoms increased, and on the 8th of February (26 days from her confinement) she could not articulate the smallest syllable; her countenance was fixed and debilitated, the teeth fastened together; the right arm contracted and semiflexed on the stomach, the left arm in a continual state of agitation; the pulse was very frequent, strabismus; particularly of the left eye, the catamenia had appeared. These symptoms increased, and at eight in the morning she died.

Inspectio cadaveris.—After removing the calvarium, a longitudinal incision of the dura mater on the right side of the falx, showed that the middle vein of the cerebrum was very much swollen and tortuous, especially on approaching the falx, where it was about to open into the superior longitudinal sinus; it was of the size of a common pen. We found it filled with a yellow puriform matter, which obliterated its cavity. In the course of this vein, the arachnoid was of a transparent white colour. The corresponding vein on the opposite side was in the same state. In detaching the falx, we remarked along its surface a tumour from two to three inches in length, and from ten to twelve lines in thickness. This tumour, on which could be distinguished the tissue of the arachnoid, and of the dura mater in the healthy state, occupied the course and situation of the superior longitudinal sinus. On dissection, it appeared formed of a greyish cellular tissue, and was filled with pus. The whole cavity of the sinus was thus degenerated. The lateral ventricles were empty. On making a longitudinal section of the left hemisphere, we discovered considerable disorganization in all the posterior, and in a great part of the middle lobe on the outer side of the lateral ventricle. This was formed by an infiltration of yellow pus into the cerebral substance. There was also an effusion of serum at the base of the cranium. The other parts of the body were in a sound state.

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* Vide Lancet, Vol. VIII., p. 307.

SURGERY.

Operation for Stone—Controversy between M. Vacca Berlinghieri and Scarpa.

Most of our readers are aware of the discussion which has taken place within the last two or three years, both in France and Italy, on the recto-vesical operation. The most interesting part of the controversy occurred between Vacca Berlinghieri, professor of surgery at Pisa, and Scarpa, formerly professor at Pavia, the substance of which (consisting of six memoirs) was published by the late Pavian professor last year, and has been since translated into French by M. Ollivier. Berlinghieri appears to have given up the recto-vesical operation, of which he was formerly so warm an advocate, and, in the fourth Memoir before us, has recommended the following operation for the stone:

Operation in the Male.—Besides a common straight scalpel, Berlinghieri uses a straight knife, fixed at the handle, and having at the point a rounded knob, two lines in length, and which can move easily in the groove of the staff. The patient being placed in the same situation as for the recto-vesical operation, the surgeon puts the integuments of the perinæum on the stretch, taking care, however, not to draw them too much towards the scrotum, and then makes an incision at the edge of the anus, from that point upwards, along the raphe, and towards the scrotum. The incision is from twenty to twenty-two (Paris) lines in length, and embraces the fibres of the internal sphincter of the anus, which forms in front a plain triangular surface, the ejaculator urinæ, and the bulb of the urethra. The groove of the staff is then sought for with the point of the fore finger of the left hand, which is carried into the anterior angle of the wound, and the common straight scalpel is introduced, with which the parietes of the urethra in the whole extent, corresponding to the external wound, is divided. The operator then takes the blunt pointed knife, which he introduces into the groove of the staff towards the posterior angle of the incision in the urethra, at the same time taking hold of the staff, which in every case is raised against the arch of the pubis, by being inclined a little in front. The knife is carried into the bladder to the extent of an inch, and from below upwards, according to the direction of the staff; the handle is then raised towards the scrotum, the point of the blade is naturally out of the staff, which up to the present time has been kept in the same situation, and a small portion of the back resting supported against the staff. In withdrawing the knife in this direction, not only the neck of the bladder and the prostate are more or less divided, but also the membranous portion of the urethra, and the cellular tissue surrounding it, parts which had been but scarcely touched in the introduction of the knife. The instrument being withdrawn, the surgeon assures himself that the incision is sufficiently large, if it is not, the knife must be carried along the fore-finger of the left hand, and in this way the incision enlarged. In extracting the stone, the convexity of the forceps must be carried as much as possible towards the angles of the incision, in order to avoid the internal surface of the urethra, and the exterior of the rectum being irritated by the calculus, which is rather made to pass between the tuberosities, than the rami of the ischium.

Vacca's Operation in the Female.—The patient being placed as in the ordinary operation for stone, so that the pelvis should be more elevated than the rest of the body, a few ounces of luke-warm water are injected into the bladder by means of a syringe, for the purpose of distending its parietes, and making them project in the vagina. If the patient cannot retain the liquid in the bladder, the orifice of the urethra must be compressed by an assistant. A kind of forceps is then introduced into the vagina, the concave extremity of which enclose the os tincæ, whilst its flat surface rests against the posterior parietes of the vagina. The forceps is then confided to an assistant; the operator carries the fore-finger of the left hand into the vagina, precisely in the point corresponding to the neck of the bladder, and directs along the finger the *bistouri caché,* which he then sinks into the bladder from below upwards, and before backwards. The flow of urine announces the entrance of the instrument into the bladder; he then opens it and withdraws it, by elevating the handle towards the pubis. The finger is then carried into the wound to ascertain the size of the stone, and enlarge the incision if necessary. The extraction is effected in the common mode. It is of the highest importance to assure one's self by the finger, in the most positive manner, of the situation of the bladder before the introduction into its cavity of the bistouri caché, because it might enter on one side, if care were not taken.

In reference to these two modes of operating, Scarpa makes the following observations, first as respects the male then the female:

Letter of M. Scarpa to Vacca Berlinghieri, Professor of Surgery at Pisa.

Sir,—If according to your new mode of operating, a perpendicular incision is made before the anus, and which incision accurately divides the median line of the perinæum, the neck of the bladder may be afterwards divided laterally with ease, notwithstanding the external direction of the wound, by a suitable inclination of the handle of the staff towards the right groin of the patient, and this without fear of wounding the left vas efferens, the top of the corresponding vesicula seminalis, or the rectum. But the case is, that the internal wound, which is oblique towards the tuberosity of the ischium, bears no relation to the external one made on the raphe of the perinæum; moreover, if a sufficient inclination be not given to the catheter, merely to avoid the verumontanum, the deep incision will necessarily follow, nearly perpendicular on the prostate, and then beyond the substance of the gland on the superior parietes of the rectum; if, in order to avoid this accident, the neck of the bladder and the prostate are only slightly cut, instead of being properly divided, then the opening of the wound is not sufficient, and will only admit of the extraction of small calculi, or small fragments of the stone.

The external incision performed perpendicularly on the raphe of the perinæum, according to the rules which you lay down, present moreover real inconveniences. *First*, although its length ought to be twenty-two lines, there is only really the portion enclosed between the margin of the anus and the base of the bulb of the urethra, *i. e.* only one inch for the passage of the stone. The remainder of incision, if it were further lengthened on the penis, would not facilitate, in any way, the extraction of the calculus. The two angles of the incision are not capable of been equally dilated, because the direction given to the blades of the forceps is such that the bulb of the urethra being pushed directly upwards against the arch of the pubes, the superior angle of the wound offers a considerable resistance to all farther separation; and on the other hand, the inferior angle, situated in the midst of integuments possessing great thickness, is just as little capable of dilatation, as it corresponds to the fibrous and muscular tissues which intimately unite the bulb and the membranous portion of the urethra to the corresponding part of the rectum. Besides the irritation caused by the presence of the forceps and the calculus produces the contraction of the fibres of the internal sphincter, which is attached to the bulb, and that of the levatores ani, the action of which is concentrated towards the inferior angle of the wound, and thus contributing to prevent the dilatation in this direction.

The external incision made perpendicularly along the raphe of the perinæum, is performed in the part the most remote from the orifice of the bladder, and presents also the inconvenience of dividing in the middle the bulb of the urethra. Not only is this division of the bulb unattended with any advantage, but it also becomes the cause of hæmorrhage when the calculus is withdrawn. I am perfectly willing to accord, that in children this division merely gives rise to the flow of a small quantity of arterial blood, which immediately ceases on coming in contact with the air, and a slight venous bleeding, but in adults, and especially in aged persons, the arterial hæmorrhage is sufficiently extensive to demand the prompt application of a ligature. The two tranverse arteries of the perinæum furnish on both sides two or three considerable branches, which are distributed to the bulb, and divide in such a large number of ramifications, that it is difficult to find all which furnish the blood, and to tie them conveniently; thus from the disposition of the arteries I am at a loss to conceive, how this accident did not occur in the two first patients operated on by you according to the new plan, the one sixty-three, the other forty-five years old. The merits of your operation cannot, I think, be better appreciated, than by comparing them with the operation of Cheselden, viz. the lateral operation, properly so called.

1. We have seen that, in making the incision in the middle of the perinæum, and to the extent of twenty two lines, there are only twelve lines of that opening

which serve for the passage of the stone, and the two angles of the wound are not capable of equal dilatation and extension. In the lateral operation, the external incision, which commences above and to the outerside of the anus, is carried obliquely towards the left tuberosity of the ischium, includes the integuments, levator ani, transversalis perinæi, and opens a passage in the middle of the triangular space formed by the erector penis, ejaculator urinæ, and transversalis perinæi. This wound, two inches or more in length, is susceptible of a remarkable dilatation in every direction; and if it be necessary to depress the rectum, to admit of the more easy extraction of the stone, the pressure is not employed as in the new method, on the point where this intestine is intimately connected with the perinæum but where it can be easily pushed towards the coccyx; on the other hand, the bulb of the urethra instead of offering a considerable resistance to the extraction of the stone, is in the lateral operation simply turned to one side.

2. In the new method, the internal incision (if it is always made according to the manner in which the knife is withdrawn from the bladder,) is performed so as to prevent the vas efferens and rectum being injured, but it bears no relation to the external incision; independently of this, the course which the stone must take on being withdrawn is the longest which can be made in the substance of the perinæum, and does not correspond to the widest separation of the rami of the ischia. In the lateral mode, on the contrary, the external wound is equally in the same direction with the neck of the bladder, which is completely divided; the passage is the shortest to arrive at this organ, so that during the removal of the stone, when the one end is at the neck of the bladder the other is to be found between the edges of the outer wound; and in addition the stone passes through that part where the rami of the ischia are widely separated.

3. In the new method, the division of the bulb is not only useless for the extraction of the stone, but gives rise to hæmorrhage as mentioned above; in the lateral operation, the bulb remains untouched, and the internal incision only divides the membranous portion of the urethra, below the transverse artery of the perinæum, which is not exposod to be wounded.

From these different considerations, I think that the new operation presents no advantages over the lateral operation of Cheselden; and the more I study the former, the more I am convinced of the advantages of the latter, an operation which is founded on the most accurate notions of surgical anatomy, and is marked by a superiority over all the modes proposed for the extraction of the stone from the bladder.

II. I have declared to you freely my opinion on the new plan, which you have recently put in practice on the human subject; I must also tell you that the experience of others, as well as my own, has proved, that the high operation in the female is not so serious in its consequences as you imagine, especially in the cases where the stone is of a moderate size, and the bladder healthy. Nevertheless the *vagino-vesical* operation ought not to be rejected, because experience has shown, that it is never followed with vesico-vaginal fistulæ, and that the linear cicatrix, which results from the division of the texture common to the bladder and the vagina, does not prevent the dilatation of the latter in labour. I approve, then, entirely of your mode of operating on the female; it only appears to me that the operation would be more prompt if the bistouri which you used, instead of being straight, were a little curved towards the point, and if the injection of the water into the bladder was done by an assistant at the moment when the finger of the operator, introduced into the vagina, directs the point of the instrument towards the bladder, the fundus of which is rendered prominent by the injected fluid. I remain yours,

A. Scarpa.

Professor Vacca Berlinghieri.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Abdominal Tumour.

James Baker, ætat. 26, of sallow complexion and spare habit, was admitted into Job's ward, under the care of Mr. Key, on account of a tumour in the abdomen. The tumour is about the size of a half quartern loaf, situated under the abdominal muscles, extending from the symphysis pubis to the umbilicus, and occupying the fore part of the abdomen. It is firm, somewhat elastic, and, as far as can be felt through the parietes of the abdomen, has a regular surface; its edge is well defined, it is moveable and not very painful on pressure.

The disease is of twelve months' standing, and the patient states, that when he first discovered it, it was the size of a small orange. He was lying in bed when he felt it, and he attributed its formation to over exertion at a game of skittles on the preceding evening.

From this period, however, his health began to decline; he was occasionally attacked with fits of vomiting, and threw from his stomach at each time a quantity of green bilious fluid; his bowels also were obstinately constipated, and he gradually became weak and emaciated. He says that the tumour attained its present size, within a month after the time he discovered it.

At the request of Mr. Key, Sir Astley Cooper saw the patient. Both these gentlemen were of opinion that it was a mesenteric tumour. The following plan was directed: Two grains of the *hydriodate of potash* to be taken three times a-day, and the *hydriodate ointment** to be rubbed over the abdomen night and morning. In the course of a few days the dose of the salt was increased to three grains, and eventually augmented to four grains, which dose he continued to take for several weeks. There was no decided effect produced by the medicine; the tumour did not lessen, but the patient's general health became much improved, and after remaining in the Hospital upwards of two months, he left of his own accord.

Upon visiting him one day, about a month after admission, we found him vomiting a greenish fluid, and complaining of much pain in the abdomen, with a sense of constriction extending to the lumbar region. This attack proved very distressing and obstinate, the sickness continuing throughout two days. Various means were resorted to, without producing any sensible benefit; at length the application of a mustard poultice to the pit of the stomach gave much relief.

Case of Phymosis, with Sloughing of the Penis.

W. C. ætat. 17, of pale complexion and spare habit, was admitted into Samaritan's ward on 26th of April, under the care of Mr. Key.

He contracted sores on the inside of the prepuce ten days before admission, and three days after their appearance, the penis began to swell, and he experienced difficulty in retracting the foreskin. It appears that he went on pursuing his customary employment, at the same time allowing the penis to hang down unsupported. The swelling and inflammation increased greatly, attended with great pain, and much constitutional disturbance. A small dark spot now made its appearance on the integuments of the upper part of the penis, and he resorted to the application of poultices.

Gangrene having thus commenced, spread with great rapidity. When admitted into the Hospital, the whole of the integuments of the penis up to the pubes, were in a complete state of gangrene; the pulse was small and quick; the countenance pale and anxious; the tongue covered with white fur, but moist.

The patient was ordered to keep his bed, and the *London treacle poultice* to be applied to the sore.

On the following day (27th), he was seen by Mr. Key; the prepuce was now slit up, and the glans exposed. On cutting through the integuments, it was seen that they were spongy and quite destroyed; the glans penis too appeared to be involved; it was insensible to the touch, and had a livid appearance. From the circumstance, however, of the patient being sensible of the introduction of a probe a short distance into the urethra, Mr. Key was inclined to think the gangrenous inflammation had not destroyed the deeper-seated parts.

The patient passed a restless night; the pulse is of the same character as yesterday. Mr. Key directed the poultice to be continued, and the following medicine to be exhibited every five hours:

> *Carbonate of ammonia*, 10 *grains;*
> *Tincture of henbane*, 20 *drops;*
> *Decoction of bark*, 2 *ounces;* mix.

29. There is a dark bloody oozing from the parts; constitutional symptoms much the same. Contin. remedia.

30. Considerable hæmorrhage came on last night from the upper part of the penis, in consequence of which, by the direction of the dresser, spirit of turpentine and flour were applied to the penis; afterwards the turpentine alone was applied, by means of rags made wet; the warm poultices were discontinued. The pulse continues quick and irritable; he gets but little sleep; tongue moist; bowels open.

May 2. There is now a broad line of demarcation on the dorsum of the penis, nearly close to the pubis, and it is very evident that the whole of the penis will slough away. On raising the penis for the purpose of examining it, considerable hæmorrhage came on. The blood was of a bright red colour, and flowed from the situation of the dorsal artery of the penis. The turpentine has been continued as an application since the last report, and there has not been much bleeding.

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* This ointment is prepared by adding one drachm of the hydriodate of potash to an ounce of adeps.

4. The disposition to hæmorrhage has ceased; the line of demarcation has greatly extended, and the parts which are sloughing emit an extremely offensive effluvium. The pulse preserves the same character as from the commencement, and the tongue continues moist. Mr. Key directed the *solution of the oxymuriate of mercury* (*P.L.*) to be applied to the parts, by means of pieces of lint made wet therewith, and over these a linseed meal poultice.

Sulphate of quinine, 3 *grains;*

to be taken every six hours.

7. The process of separation has gone on so rapidly, that the penis was only retained by a very slender portion, which Mr. Key cut through to-day with a pair of scissors, and thus removed the whole gangrenous offensive mass. There is an unhealthy surface at the point of separation, and the integuments above the pubes are much inflamed and excoriated; this is supposed to have arisen from the application of the turpentine.

Mr. Key was apprehensive that this state of the integuments might be kept up or increased by the warmth and moisture of the poultices, and therefore directed them to be discontinued. The oxymuriate solution to be applied to the surface of the sore, and a lotion of the superacetate of lead to be applied over the inflamed integuments.

9. The sore has somewhat of a phagedenic appearance. The parts above the pubes have nearly assumed their natural aspect; the pulse continues quick, and the tongue moist; the patient's appetite is good: he still complains of want of rest. The dilute nitric acid lotion to be applied to the sore, and over this a small linseed meal poultice:

Dover's powder, 8 *grains, to be taken at bed time*;
Sulphate of quinine, 3 *grains*;
Capsicum, 3 *grains, to be taken every six hours.*

11. The surface of the sore is becoming clean; the corpora cavernosa look healthy, but there is a little slough beneath them. Pulse quick, but with more tone, and less irritation. He has slept better since the exhibition of the Dover's powder. Omit the poultice; continue the nitrous acid lotion to the sore, and the use of the internal remedies.

13. The surface of the sore looks clean, with the exception of a small part. The following lotion was directed to be applied in lieu of the nitrous acid lotion:

Muriatic acid, 1 *drachm;*
Nitric acid, 25 *drops;*
Water, 1 *pint*; *mix.*

17. The remaining portion of slough is thrown off, and at the upper part the sore has begun to granulate kindly. He continues to use the lotion, and to take the quinine and capsicum. The patient's general health is evidently improving.

22. Sore nearly healed. Contin. remedia.

26. On visiting him to-day, Mr. Key ordered the medicine to be discontinued; the parts are quite healed, and he only complains of debility. The opening into the urethra is very small, and a bougie has been passed by the direction of Mr. Key; this occasioned some pain and irritation.

The patient will leave the Hospital in the course of a few days.

The cases admitted by Mr. Key into the Hospital on Wednesday April 17th, were as follow:

Males—Disease of the bladder; staphyloma; cancer of the lip; abscess of the thigh; abscess in the axilla; herpetic eruptions; disease of the shoulder joint; abscess in the loins; chronic affection of the knee joint.

Females—Polypus uteri; hæmorrhoids; tic douloureux; irritable breast; disease of the spine.

The case of *diseased bladder* occurs in a countryman about 53 years of age; he has for twelve months laboured under symptoms somewhat resembling those of calculus in the bladder, and indeed was sent into the Hospital by a country surgeon, under the impression of his having stone.

The man has been sounded by Mr. Key; he is not able to detect stone, and as the symptoms have been very much relieved by the exhibition of 30 drops of the liquor potassæ and twenty drops of the tincture of henbane, three times a day, Mr. Key thinks they are referrible to irritation of the parts about the neck of the bladder. The prostate gland is enlarged, and this may probably be the cause of irritation.

The patient, at his own request, will leave the Hospital in the course of a few days.

In the case of *staphyloma*, the power of vision is entirely destroyed; there is a firm elongated tumour projecting between the lids, it is of a bluish colour, and is regular on its surface. The disease has been of several months' standing, and appears to have originated from disease of the cornea, induced by a spicula of barley getting into the eye. Nothing has yet been done for this case.

Cancer of the lip. This patient is 66 years of age, and has had the disease upwards of two years. He distinctly attributes its formation to the circumstance of putting a new pipe into his mouth, which stuck to his lip and thus occasioned him to pull off the skin. Shortly after, a warty excrescence appeared, which continued gradually to enlarge until November last, when it ulcerated. The parts were removed by excision on the 26th of May, and the edges of the wound brought together by sutures.

The remainder of the male cases do not present any thing worthy of notice.

The case of *polypus uteri* occurs in a patient about 38 years of age; it grows from the inside of the cervix of the uterus, being attached by a broad base, and hanging down into the vagina, but not protruding externally. Dr. Blundell has examined this case, and concurs with Mr. Key in the propriety of attempting the extirpation of the tumour by means of ligature. We shall give a further account of this case when the plan has been tried.

The cases of *hæmorrhoids* and of *irritable breast* do not present any thing particularly worthy of notice.

The case of *tic douloureux*, which is unusually severe, and the case of *diseased spine*, we shall report on a future occasion.

Mr. Key operated for femoral hernia on Saturday 21st May. The patient, a female, 50 years of age, is doing well.

ST. THOMAS'S HOSPITAL.

Amaurosis.

Case 1st.—J. F., ætat. 47, a carpenter, was admitted into Luke's Ward on the 13th of April, under the care of Mr. Tyrell. He has perfect amaurosis of the left eye, and imperfect amaurosis of the right eye; there is strabismus or squinting, both eyes being turned inwards. The eye-ball is very unsteady, constantly moving about; the pupils are of a moderate size, and not obedient to light. The eye altogether has a dull, unnatural appearance; the vision of the right eye almost lost.

He says that a year and a half since he was attacked with violent inflammation of the eye, and that it continued for a long time, during which he had violent pains in his head of a shooting kind. He still complains of pain in the head, which is occasionally severe. The following plan of treatment was laid down April 15:

Blue pill, five grains,
Opium, one-third of a grain; to be taken three times a day.

A blister to be applied to the forehead.

26. Mouth sore from the mercury, has less pain in the head, vision slightly improved.

May 6. Continues to take the mercury, there is no improvement since our last report.

17. Mr. Tyrrell directed the extract of belladonna to be applied round each eye, the patient says that his vision is less clouded; the eyes appear less unsteady.

24. Complains of much pain in the head; for which a blister was directed. The belladonna to be omitted.

29. The pain in the head is diminished, the blister appeared to be decidedly serviceable. The blue pill and opium are still continued.

Since the patient's admission, his power of vision has certainly increased in a slight degree, but as Mr. Tyrrell observes, the cause of amaurosis in this case is probably beyond the reach of medical aid.

The patient still continues in the Hospital.

Case 2nd.—M. A. W., a delicate looking girl, was admitted into Elizabeth Ward, under the care of Mr. Tyrrell, on 13th of April. She has imperfect amaurosis of both eyes.

The patient states, that about eleven weeks ago, she was attacked with fever, she had violent pain in her head, and completely lost her faculty of hearing and power of vision. The fever continued throughout several weeks, and in fact she is only now becoming convalescent; she is very much debilitated, being unable to sit up. The sense of hearing gradually returned to her.

It should be observed, that previous to the attack of fever, her vision was very imperfect, she could not see to read or sow, but could discern objects. The first attack was four years ago, when she had violent beating pain across the forehead, for a long time, and as she describes it, her eyes felt swollen, and as if they would start from her head. Her mother now took her to Mr. Ware, but it appears not until the disease had become irremediable. After remaining some time under his care she left him with the imperfect state of vision mentioned above, when she was attacked with fever, and deprived of her remaining portion of vision.

The eyes appear very bright; there is a very large dark pupil, which is not obedient to the impulse of light. She cannot in the least distinguish the nature of objects, but is sensible of their motion if it be made close to the eye.

The pulse is not very deficient in strength; there is a small ulcer over the trochanter major, produced by pressure during the fever. Mr. Tyrrell directed the application of a blister to each temple, and the exhibition of 5 *grains of quicksilver with chalk*, twice a day. A poultice of linseed-meal with black-wash, to be applied to the ulcer.

On the 17th of April, we find her vision improved, she can distinguish a difference of colour in the striped bed furniture, but on showing her a red handkerchief, she said it was dark.

26. The mouth is slightly sore, vision continues to improve; and she is gaining strength daily. The mercury only to be taken at bed time.

From this period to the 24th of May, she went on taking 5 grains of the hyd. c. creta., every night, when Mr. Tyrrell diminished the quantity to 3 *grains.*

On visiting her on the 29th, we found her vision so much improved that she could distinguish the situation of the hands of a watch. The pupils were much less dilated, and on exposing her eyes to the light of a window, they seemed to be very active, alternately contracting and expanding without the lids being closed. It seems that the eye is preternaturally sensible, exposure to light occasioning a flow of tears, and giving pain if persisted in. Her vision is now nearly in the same state as previous to the attack of fever her bodily health is good.

ST. BARTHOLOMEW'S HOSPITAL.

Alleged Fracture of the neck of the Thigh-bone within the Capsule, with subsequent bony union.

While the pupils were in the operating theatre on Saturday, (May 20,) waiting for the patient to be brought in, Mr. Earle stepped forward, holding in his hand a longitudinal section of the head of a thigh-bone. "I have here," said Mr. Earle, "the finest specimen of bony union within the capsule that I have ever seen, or I believe that has ever been met with; and as the particulars of the case are well known, it is an additional gratification to me to show it you; they are these: a gentleman of Leeds, 70 years of age, while walking along the pavement slipped off the curb-stone, and falling, fractured the neck of the thigh-bone; he was taken up and conveyed home, and the surgeon (Mr. Chorley we think Mr. Earle called him) adopted, after ascertaining the nature of the injury, a rather novel plan of treatment: he laid his patient on the opposite side to that of the fracture, and kept up extension by means of pullies, for about three weeks. This plan, however, did not succeed, as the limb was found, after all, to be shortened; the limb was then placed on a double inclined plane, and, after a few months, union was found to have taken place. It is now two years since the occurrence of the accident, and the other day the death of the old gentleman afforded an opportunity of examining the state of the parts. You see there has been an oblique fracture across the neck and a considerable depression of the head of the bone in consequence, so as to bring it in a line with the trochanter major; here is the ridge of bone to which the capsule is attached posteriorly, and here is the line of fracture clearly within this; a longitudinal section has been made of the head and neck, and here you see the blade of bone forming the line of union. Mr. Jackson of the Borough has been kind enough to bring it me, and from him I learnt these particulars."

Mr. Earle saw every part very distinctly, but we could not make our minds up so readily; in one half of the bone there is an evident fracture, but in the other portion, which Mr. Earle traces under the head of the bone, we think it is not so evident as he supposes. Mr. Lawrence, Mr. Stanley, and others, likewise doubt whether this is really the line of fracture or not; and the internal portion of the bone, if it was ever fractured, is so uniformly united, as to render it difficult to say where the fracture took place.

Two cases of Trismus and Opisthotonos.

Two cases of tetanus, arising from injuries to the lower extremities, have lately occurred at this Hospital. The following are the particulars of each:

Case. 1. —— Dangly, a man of rather spare habit, 36 years of age, was brought to the Hospital on the 10th of February, having received an extensive lacerated wound on the inner side, and rather towards the back part of the right knee. The accident was occasioned by the horses of a cart becoming restive, and in his endeavours to stop them, he was thrown down, when one of the wheels passed over his knee joint. Mr. Earle examined the wound, and found an extensive laceration of the soft parts, extending from the inner condyle in a slightly oblique direction, and the bone laid bare to the extent of two inches and a half. The popliteal artery, and the other vessels of the ham, were found to be torn from their connexions, and considerably displaced. On his admission, the wound bled freely from the saphena vein. The hæmorrhage was arrested by bringing the edges of the wound together by means of adhesive straps.

13. A bread and water poultice has been substituted for the adhesive straps. The wound looks healthy, and discharges good conditioned pus. The patient is harassed by a troublesome cough, which almost deprives him of rest. He is therefore ordered to take the following draught three times a day:

Almond mixture, one ounce and a half;
Compound tincture of camphor, half a drachm.

17. The wound discharges freely, and has a healthy aspect. The patient complains of a tightness of the chest, to which a blister is ordered to be applied.

20. Has passed a very restless and uneasy night, and felt sudden twitchings in the injured limb. At present (12 at noon), he is incapable of protruding his tongue, accompanied with a sense of constriction about the epigastrium, an incapacity to open his mouth as wide as usual, and a feeling of stiffness about the back part of his neck. His bowels, which have hitherto been pretty regular, have not acted since yesterday morning. Pulse 96, and wiry; countenance slightly flushed. He was directed to take five grains of calomel, with ten grains of jalap immediately, and to be repeated every six hours; and ten drops of laudanum, gradually increased at each dose, in the musk draught, every four hours.

Mr. Earle consulted with Mr. Lawrence, who happened to be at the Hospital, as to the propriety of amputating the limb. But they both concurred in thinking no benefit would be likely to accrue from such a proceeding. Mr. Lawrence observed that the symptoms at present certainly did not justify such a measure, and in a case which came under his care in the course of last summer, where the symptoms were much more severe than the present; the patient got completely well, by keeping the bowels freely open by croton oil, which remedy, or some other very active medicine, he should be inclined to recommend in the present instance.

21. (1 p.m.) the appearance of the wound to-day is much worse, and an incision was made through it, in order to lay the parts more freely open, and to allow of the freer discharge of matter. The constitutional symptoms are also worse; the man has passed a sleepless night, and his mouth has now become almost completely closed. The muscles in the other parts of his body, however, are not affected. The powders have been regularly given, but no effect has yet been produced. A purgative injection was therefore ordered by Mr. Earle to be immediately given, with another dose of the powder.

22. Last evening about six o'clock, the sister reports the man had a scanty evacuation of a dark colour, but the bowels have not acted since. The spasmodic twitchings have not been so frequent through the night. The surface of the wound has a flabby and unhealthy aspect, discharging foul ill-conditioned matter, of a strongly offensive odour. The mouth has become sore from the calomel which he has taken, and he was desired to wash his mouth with a lotion, to be injected between his teeth, by means of an elastic gum-bottle. Mr. Abernethy saw the patient to-day, and in giving an unfavourable prognosis, he strongly discommended the use of purgatives containing so much calomel. The tetanic symptoms are just the same. Discontinue the powder.

23. Through the night, house-medicine has been given him every two hours, and he has taken four doses in all; the bowels have only been relieved once sinc the evening of the 21st, which was this morning; the motion was very dark and liquid, and of an extremely offensive odour. The ptyalism occasioned by the calomel is very distressing to him, as he is obliged to be constantly raising himself in the bed to spit, and the greatest exertion and difficulty is attendant on it, as he can scarcely separate the teeth sufficiently to allow the saliva to flow. The discharge from the wound is very offensive, but less in quantity than yesterday. Mr. Earle directed a drop of the croton oil to be given on a little sugar immediately, with two drops of the hydrocyanic acid, and 10 drops of laudanum in the former vehicle every four hours, and the acid to be increased to four drops every six hours. A bread and water poultice is applied to the wound. The man complains of additional pain in the muscles of the neck, which are extremely rigid, and the contiguous parts have a full and distended appearance.

25. The night nurse reports that this morning early, without any particular change in his symptoms, excepting that

of his complaining of an increase of pain in his head, he became slightly convulsed and died.

We regret to add, that the friends came and removed the body before any examination could be made.

Case of severe Gonorrhœal Ophthalmia.

J. Ottaway, a husbandman, 37 years of age, of a robust habit of body, was sent from the Eye Infirmary, Moorfields, yesterday (May 17th) labouring under the effects of a severe attack of gonorrhœal ophthalmia. The man was exceedingly taciturn, and gave such a very unconnected history of the complaint, that it was with difficulty we gathered the following particulars from him :—About five weeks since his eyes became " sore," (a term which the vulgar apply to all affections of the eye,) feeling as if sand had got into them ; that the pain grew excessive, and after passing a very restless night, the next morning (as some neighbours' told him it was a very efficacious remedy) he washed his eyes in his own urine.

Shortly after this application, the eyes became much more inflamed; his vision was almost gone, and he was in consequence prevented from pursuing his daily avocations, and kept his bed.

Mr. Lawrence said, there was no doubt that the affection was gonorrhœal ophthalmia ; and then proceeded to question the man on the subject. He pretended not to know what such a complaint as a clap was, but on desiring him to show his penis, it was discovered that he had warts and a discharge from the urethra. The disease of the eyes might be considered to have run through its more acute stages. Both eyes are completely disorganised ; with the exception of a slight portion of the cornea of the left one, which is in a state of ulceration. There is, besides, great tumefaction of the conjunctiva palpebrarum of both eyes, producing ectropium, or eversion of the lids; so that the orbits appear to be surrounded by large fleshy masses. On separating these, in order to examine the parts within, the only perceptible objects are large granulating bodies, having a red and uneven surface, occupying the original seat of vision. In fact, the corneæ after being violently inflamed have ulcerated, and subsequently sloughed. This process seems to have been arrested, and now florid granulations have succeeded, so that vision is irreparably lost. A most profuse discharge of purulent matter is secreted from both eyes. The man says that both eyes became bad about the same time.

Mr. Lawrence considered that the only thing to be done, would be to reduce the great tumefaction of the palpebral conjunctiva, and thus remove, as far as possible, the unsightly appearance which the parts now present. For this purpose, after administering a dose of calomel and jalap (4 grains and 12), a solution of alum (4 grains to an ounce of water) was ordered to be applied occasionally, and the following draught to be taken three times a-day, with 5 grains of Plummer's pill every night.

Sulphate of magnesia, 1 *drachm* ;
Mint water, 1 *ounce*. *Milk diet.*

19. The excessive œdematous tumefaction is rather diminished. The man says he can barely distinguish light. Continue as before.

20. The discharge continues very abundant, but the conjunctival membranes do not present a particularly vascular condition. Mr. Lawrence directed two or three drops of the liquor plumbi subacetatis to be introduced between the lids twice or three times a-day, and the eyes to be bathed occasionally, in the intervals, with the alum solution.

23. The fleshy masses before alluded to are now greatly diminished, and thus far the patient may be said to be better. The discharge from the urethra is also less. Bowels regular.

30. Says he can perceive light a little better than when he first came to the Hospital; but on examining the organs of vision, no alteration is observable. Continue the medicines as before.

April 1. Has passed rather a restless night; complains of a shooting pain across his forehead ; bowels open ; tongue loaded; let him be cupped to 8 ounces from the back of the neck.

3. Felt relieved after the cupping, but the pain has now returned as bad as before; tongue slightly loaded ; bowels open; pulse 90; repeat the cupping to ten ounces.

5. Much better; the pain in the head has now subsided ; and he rests well at night. The discharge from the urethra has nearly stopped, and the warts have almost disappeared by the application of caustic.

The man went on favourably until the œdematous tumefaction of the internal lining of the lids had been in great measure reduced, and the ectropium removed ; and as the reduction of these were the principal objects which Mr. Lawrence had in view in admitting the man into the Hospital, it was considered unnecessary to detain him any longer.

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE,

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

Lecture XIX.

Affections of the Lids.

Gentlemen,

The eyelids participate in the external inflammations of the eye; that is, in common, catarrhal, purulent, and strumous ophthalmia. You will not see a severe case of these inflammations, more particularly of the three first, without more or less palpebral redness and swelling. This influence is not reciprocal: there may be high inflammation, and much swelling of the lids, without any affection of the globe. Neither are the lids involved in cases of internal inflammation; that is, if the disorder is confined to the internal parts.

The lids are liable, like other parts of the body, to common inflammation, and this may tend to suppuration and the other consequences of inflammation; but there is nothing peculiar in the abscess thus formed nor in the essential points of treatment. Matter formed in the lids may approach to the surface either on the side of the integuments or of the mucous membrane, or it may present in both directions. The only point of consequence to attend to, with respect to this affection, is to endeavour to limit the extent of suppuration as much as you can; and on that account you should make an opening into the abscess as soon as possible. If you allow the integuments of the lid to be distended, so as to form a large cavity, the consolidation of the abscess may cause the tarsus of the upper lid to be unnaturally fixed to the superciliary ridge, and ectropium with great deformity ensues. This point is still more important in scrofulous abscesses of the lids, than in common suppuration, because the action is more indolent in the former case, and proceeds, if left alone, to a suppuration occupying the whole lid. I have seen about half a dozen instances, in which eversion of the superior tarsus and most distressing deformity have resulted from this cause, the external convexity, or the very ciliary margin of the tarsal cartilage, having become closely attached to the edge of the orbit. In one case, of a young gentleman from Scotland, where the appearance was so very disagreeable that he kept the eye constantly covered by a close green shade, and consequently was prevented from using the organ, I succeeded, by a painful operation and much subsequent trouble, in removing the deformity almost entirely, and in restoring the use of the eye. [Mr. Lawrence entered at some length into the method which he adopted on this occasion.] In another instance, of a very scrofulous subject, an abscess was allowed to burst of itself in each upper eyelid, producing ectropium on each side, which greatly disfigured the individual, and could be only partially remedied. In cases then of suppuration of the lids, make it a rule to puncture as soon as you can ascertain the existence of matter, and if this be done with moderate attention there is no danger attending it.

In cases of erysipelas and œdematous affection of the face, the lids swell uncommonly, and the eyes are closed with great alarm to the patient; they are terrified at finding that they cannot see. As the globe is not affected, vision is in no danger; the swelling goes away as the inflammation which produced it subsides. In great œdema of the lids there would be no harm in puncturing with a lancet to let out the serous fluid.

Ophthalmia Tarsi.

Inflammation of the lids often occurs as a primary affection, independent of inflammation of the globe; this affection is sometimes called *ophthalmia tarsi.* The tarsus of course may partake of the inflammatory action, but the principal seat of inflammation in most cases is the mucous membrane lining it.

Symptoms.—The phenomena exhibited by inflammation affecting the lids are much the same as in inflammation elsewhere; these are, redness, increased vascularity of the mucous lining, considerable heat, burning, and pain in the part. Frequently there is an increased mucous discharge from the inflamed lids, and more or less alteration in the qualities of the Meibomian secretion. In this affection you will find it necessary to remove blood by leeches, to bathe the parts with tepid water, and apply tepid fomentation, or cold washes if more agreeable to the feelings of the patient. In addition to these give some brisk aperient medicine, and apply some mild ointment to the edges of the palpebræ at night to prevent their adhesion. If, however, the inflammation be neglected it will become chronic; the edges of the lids will be more or less thickened, and have an excoriated appearance; the Meibomian secretion, instead of being unirritating and bland, as it is in the natural state, has an acrid and irritating character. The lids adhere during the night, and there is an accumulation of incrusted matter about the cilia; this affection will continue for months, or even for years, and is technically termed *lippitudo.* In the milder forms of this chronic inflammation of the lids, without much redness or excoriation, you may have principally a sense of itching and tingling, together with an agglutination of the lids during night, and this sense of itching seems to have induced Mr. Ware to call it *psorophthalmia*, adopting the term psora on account of its itching; but there is nothing of a psoric character in the affection. I deny the existence of an itching inflammation of the eye, although it has been described particularly by the Continental writers. I am in the habit of seeing numerous cases of itch in its most aggravated form, but I have not seen inflammation either of the eye or lids in these instances, neither during nor subsequent to the itchy eruption. Where the body has been covered with itch to the greatest degree, I never saw any kind of ophthalmic disease attributable to this specific cause; indeed it is well known that the head and face are peculiarly exempt from this loathsome disorder, and that they very rarely suffer, even when all the rest of the body is thickly beset with vesicles and pustules of scabies. Nor has the rapid cure of the itch by suitable treatment, in instances of its most extensive prevalence, had any injurious effect within my experience. I have neither seen ophthalmia, nor other affections of the organ, from the retropulsion of scabies.

Tinea.

There is, however, an inflammation of the lids which occurs in children, in which there is at first a redness of the lid, an increased vascularity of the mucous lining, and then a thickening of the lids; after which a series of vesicles, or pustules, forms along the roots of the cilia; these pustules generally contain a yellowish matter, and when they burst little scabs are formed upon the part. These pustules are very much like certain forms of porrigo, or scald head, and it is probable that they are the same kind of pustules; it is this form of disease that is called *tinea* of the lids at this Infirmary. It occurs most frequently in young persons, and the ulceration taking place about the roots of the cilia, loosens them and they fall out.

Treatment of Tinea and Lippitudo.

Now in an affection of this kind, as well as in that form called lippitudo, the one being only distinguished from the other by the absence of ulceration, the lippitudo being a state of excoriation and rawness of the lids, and so forth, without the formation of ulcers, and the tinea being the same kind of inflammation, but attended with the formation of ulcers along the lids; in both these affections, the first step in the treatment is to put a stop to the inflammation by the mild means I have mentioned, and when this is done, you should have recourse to local stimulants and astringents, as you would in similar affections in other parts of the body. Mr. Ware has given great currency to a local application, which, perhaps, will answer the purpose as well as any other, and that is the citrine ointment, which is applied to the ciliary margins of the lids once in twenty-four hours. Take a little of the ointment upon a camel's hair pencil, warm it over the flame of a candle, and apply it to the surface of the ulcers, but take care not to let it come in contact with the conjunctiva of the eye. The red precipitate ointment is a favourite remedy, and it is a very good application if carefully used, but if you trust it to the friends of the patient, they generally employ it carelessly; it is better, if you can, to do it yourselves, or if you give it to them, mix it with two or three times its weight of spermaceti ointment. Astringent washes are not of great use in these cases. There is an ointment very much in use among foreign practitioners, under the name of the ointment of Janin; its active material is the white precipitate. There is an empirical preparation very much in use for sore eyes, as people call them, which is Singleton's, or the golden ointment, and you will meet with persons who will give you the histories of its marvellous efficacy. Dr. Paris, in his Pharmacologia says, that it contains orpiment, or sulphuret of arsenic; but the citrine ointment, which we are generally in the habit of using, will answer every purpose. Such are the means to be employed to remove these affections of the lids, and they are all that are requisite. The employment of various stimulating washes for the purpose of clearing the sight, as it is called, is unnecessary; the film which is sometimes spread over the cornea, is nothing but a portion of the morbid secretion of the Meibomian glands, and as you remove the inflammation, so will they return to the natural state of secretion.

There is a condition of the lids, more particularly in scrofulous subjects, where the ciliary margins, after long continued slow inflammation, become thickened, indurated and knotty; they ulcerate irregularly, and incrustations form about the lashes, which are often partially or generally detached. This swollen and knotty state of the lids, in which their margin often loses altogether its natural figure and appearance, has been technically called Tylosis. In this state, or in aggravated cases of tinea, where the ulcerated margins of the lids are covered by hard incrustations, which, together with the cilia, prevent the application of remedies to the seat of disease, the best plan of treatment is to extract all the cilia, and then touch the surface over lightly with a pencil of lunar caustic. This has a great effect in healing the ulcerations and dispersing the swelling. The citrine ointment should be used afterwards, and the caustic may be repeated in a few days. Three or four repetitions are generally sufficient, There is another inducement to extract the cilia; those which fall out by ulceration are never replaced, because the bulb which secretes the hair is destroyed, but when the lashes are plucked out, they are afterwards restored. I have asked those people who have lost their eye-lashes by ulceration, whether they have felt any injury to the sight, and they have told me, that the loss of them has not been attended with the slightest inconvenience. The state of the lid, when deprived of the eyelashes, has been called *ptilosis* or *alopecia;* the effect of the removal is very inconsiderable, and unless you look closely to the lid of a person of light hair, you can hardly distinguish whether the eyelashes are wanting or not.

The foreign writers speak of pediculi occurring on the cilia, and, by their irritation, occasioning slight ulceration of the lids; and I once had an opportunity of seeing the case. A child came to the Infirmary, complaining of the eyes being sore, and said they itched very much. I looked at the eye, and could not see much the matter, but I thought that the cilia had rather a thick appearance, and on a more accurate examination, I found that this was caused by an infinite number of pediculi sticking over the hairs. I ordered the free application of the citrine ointment, and wished to see its effect; but the mother, who came with the child, was so much offended at being told the cause of the complaint, that she did not bring the child back again.

Hordeolum.

An hordeolum, or stye, is a painful affection of the lids; it is a small hardish tumour, which forms just upon the edge of the lid, of a bright red colour, and frequently of a very sensible kind. It is a little conical elevation on the ciliary edge of the lid, which, after a time, shows a whitish point in its centre; suppuration occurs, and then the matter it contains makes its way out. This inflammation is not only attended with suppuration, but often with the formation of a small slough; it is a boil in miniature. The density of the texture explains the acute pain attendant on this form of disease. The process of suppuration is not quick; and when it has taken place, ulceration slowly follows, and the slough gradually makes its way out. When the suppuration is very decided, you may puncture it with a lancet; but it is not well to be hasty in puncturing. Some hordeola form more quickly, with greater suppuration and no slough; but, generally speaking, they are slow in their progress, and frequently occur, many of them in succession, in scrofulous individuals. In such cases you must employ the remedies most likely to correct the state of the general health; use soothing local applications; puncture the tumour when suppuration has sufficiently advanced, afterwards bathe with tepid fomentations, or apply a soft poultice. Mild aperients, with attention to diet, and the citrine ointment, will be the best means after inflammation has subsided, and with the view of prevention.

The eyelids are subject to some destructive affections of the ulcerative character; for instance, to carcinomatous ulceration, which will be considered afterwards. They are liable to a tubercular swelling and subsequent ulceration, different in character and progress from the carcinomatous, but equally intractable. A knotted induration and swelling takes place, and this slowly ulcerates; it is sometimes painful, sometimes indolent. It may begin on the ciliary margin, or on the outer skin; when the ulcerated edge reaches the tarsal surface, it irritates the globe with great annoyance to the patient. It proceeds very slowly. I lately removed a disease of this kind from the lower lid; it had lasted about four or five years, and at that time had not extended along the whole lid, nor throughout its entire depth. In a patient of the Infirmary, it has existed about seventeen years, and has nearly destroyed both lids, without extending to the globe.

The only safe treatment in such cases, is free removal in the early stage; that is, as soon as the character of the affection is clearly marked.

The eyelids are liable to *syphilitic ulceration*, which I believe is not described, although the affection is not uncommon. You will find syphilitic ulceration occasionally happening on the ciliary margin of the palpebra, and extending, so as to destroy the substance of the lid equally, the mucous membrane, cartilage, and skin, being all involved; or you may have it occurring first upon the mucous surface: in either way it is attended with serious risk, as the ulceration, if unchecked, will destroy the lid. The treatment of such a kind of ulceration must of course be very similar to that of a syphilitic ulcer situated in any other part. The constitutional measures necessary for the removal of that specific malady must be had recourse to in order to put a stop to the progress of the ulceration. It is that kind of sore which Mr. Hunter has pointed out and described as being caused by a process of ulceration without reparation. An excavation takes place, a deep hollow is formed, but no granulations appear, and the sore presents a whitish yellow sort of surface. Ulceration goes on without any process of granulation, and in this way it extends along the whole of the lid. I have seen some cases in which foul ulcers have been developed in the upper lid, and spread over the whole of its inner surface, without appearing externally. In one case in particular, I believe the sore would not have been discovered, if I had not before directed my attention to the subject, and examined the inner surface by everting the lid, and there was a syphilitic ulcer as large over as a sixpence. Sometimes I have seen two or three small syphilitic ulcers upon the mucous surface of the upper lid. These cases all require mercury for their cure, and the best mode of proceeding is to employ it actively, so as to bring the system speedily under its influence. I have given the oxymuriate of mercury in the decoction of sarsaparilla, with very great advantage; the same good effects appeared to attend its use as in the case of syphilis. One case of the kind was a woman of the town in St. Bartholomew's Hospital some years ago. She came in with a foul ulceration, occupying nearly the whole lower lid, and extremely painful; the surface was dirty white, and almost sloughing, the surrounding integument bright red. On questioning the woman, I could not clearly make out that she had recently had syphilis, and no other symptoms were present. Never having heard of syphilitic ulceration of the eyelids, and seeing the bright red colour of the surrounding skin, I applied leeches and soothing applications; evacuated the bowels, and regulated the diet; gave the patient opium, too, at night. This treatment produced no beneficial influence on the sore, which destroyed the whole lid. I then thought of using mercury, not from any conviction that the disease was syphilitic, but as a powerful means of correcting diseased action. I gave her calomel and opium every six hours; she was soon salivated, when the pain ceased, the surrounding redness went off, the sore became healthy, and very soon cicatrized. The lid was destroyed, but its loss was ultimately hardly noticeable. I have since seen many cases of syphilitic ulcer situated on the lids, either confined to the mucous surface, or occupying the whole thickness of the part, generally occurring in conjunction with other secondary symptoms, particularly with ulcerations of the skin and throat, but sometimes alone. In one instance of the latter kind, some years had passed without any appearance of disease. I have not seen this symptom removed without the use of mercury, and, in general, the decided influence of the remedy on the system has been necessary.

The lids are subject to a change of position as regards the globe of the eye; and the two changes of this sort are just the reverse of each other; they may be either everted, so that their mucous lining is turned out, or they may be inverted, so that their cutaneous surface is turned in against the globe. You may have a simple change of position, the lid being otherwise natural, or it may be accompanied with certain alterations in the structure and figure of the part. The tarsus may be elongated or shortened; its margin may be bent inwards; the conjunctiva may be thickened and changed into a fleshy kind of mass; the cilia may be directed against the globe.

Ectropium.

The eversion of the lids is called ectropium; this term was used by Celsus, and is a literal transcript of the Greek substantive ἐκτρόπιον, meaning eversion or turning out. This eversion may be either temporary or permanent; the temporary ectropium occurs in certain inflammations of the eye; it will take place in the purulent ophthalmia of children, and other inflammations in which the conjunctiva is much swollen; the thickened conjunctiva presses against the thin edge of the tarsus and thus turns out the ciliary margin of the lid, but this eversion gradually subsides as the inflammation is removed. The mere temporary eversion requires only slight occasional assistance on the part of the surgeon.

Permanent eversion takes place more frequently in the lower lid than in the upper; it may happen in either, from external injury; from ulceration of the integuments, or rather from the contraction attendant on the subsequent cicatrization, which produces the same effects here as in other parts of the body. The contraction of the cutaneous surface of the lid draws the tarsus outwards, and eversion is the consequence. These are generally very troublesome cases, and we have no perfect remedy for them; for if the cicatrix be divided, the healing of the wound which you have made produces a similar eversion after the operation. After extensive burns of the face, you may see the lid drawn down from the globe, and its edges fixed upon the cheek. It has been proposed by a German professor to make the following attempt to remedy this very inconvenient deformity; I have not seen the method tried. He advises a division of the cicatrix, so as to liberate the margin of the displaced and confined lid, and to dress the surface of the sore thus produced with irritating ointments, such as the yellow basilicon or red precipitate, so as to produce an exuberant growth of granulations in the sore, in the hope of supplying the lost substance, so that when cicatrization takes place, there may be no shrinking in the part. Amongst the descriptions which we have of the practices of savage tribes, it is said that they are in the habit of adorning themselves with projecting streaks upon their bodies, produced by making wounds and scarifications, and managing them afterwards in such a way as to produce an elevated surface on the skin. I once saw an African in St. Bartholomew's Hospital, who had several of these projecting cicatrices. Now if it can be done in the one case, it might be inferred that it could be effected in the other. Ectropium happens very frequently in the lower lid, as the result of lippitudo; when the mucous membrane lining the lid has been long inflamed and thickened, and when the irritating discharge has excoriated the skin, the latter shrinks under the repetition of such attacks, becomes shortened, and draws the edge of the lid outwards. When the tarsal surface of the lid is thus turned out, the exposure of the mucous membrane to the air, and other sources of irritation increases the inflammation and thickening, until at last it degenerates into a fleshy sort of substance, and then it is called a fleshy ectropium, (*ectropium sarcomatosum.*)

Treatment.—You will first investigate the case with the view of discovering the cause. If the state of chronic lippitudo still exists, it must be removed by suitable internal and local treatment; and a healthy state of the Meibomian secretion must be re-established. For this purpose no application is better than the red precipitate ointment, which may be freely applied to the thickened and everted conjunctival surface, as well as to the ciliary margin of the lid. It reduces the swelling of the conjunctiva, and rectifies the secretion of the tarsal glands. In this way you will often remove ectropium, even when accompanied with much thickening of the conjunctiva. If the latter affection do not yield readily, it may be lightly touched with the nitrate of silver. The shrinking and shortening thus produced on the internal surface draws the edge of the lid into its natural situation.

If you have tried these means, and still there should remain such a growth of conjunctiva as you cannot reduce, it will be necessary to shave off the thickened membrane, and the healing of the sore will draw the lid into its proper position. When the lid has been long and considerably everted, the tarsus stretched and elongated, it becomes changed in figure, so as no longer to adapt itself properly to the convexity of the globe even if the lid were returned to its proper situation.

Here it is necessary to remove a portion of the palpebra, throughout its whole thickness, of the shape of a V, a wedge-shaped portion of the lid. This may be done very easily, either with the knife or scissors; afterwards the edges of the wound must be united by two small silk sutures.

Entropium.

The inversion of the lids is called entropium, and that, like the ectropium, may be either temporary or permanent, partial or complete. This is a complaint of more injurious tendency to the organ, being often accompanied with great mechanical irritation, from the rubbing of the lashes against the globe of the eye, and thus producing severe inflammations with ulceration and opacity of the cornea.

Temporary inversion, particularly of the lower lid, will occur in chronic external ophthalmia, and sometimes even in more acute cases. The ciliary margin seems to become contracted by repeated and continued inflammation, a spasmodic action of the orbicularis is produced, occasioning constant winking, particularly when attempts are made to use the irritable organ; the contraction of this muscle forces the eyelid inwards, and then retains it in its unnatural position. The whole lid is absolutely rolled inwards, and the cilia frequently lie against the mucous surface of the lid, without irritating the ball; but if the inversion be less complete, the eyelashes are directed against the ball, with great aggravation of the inflammation. By drawing the skin gently downwards, you restore the part, which has its natural figure; but the patient presently winks or moves the lid, and the orbicularis turns it in again.

Treatment.—This temporary inversion of the lids may be generally remedied by the use of slight mechanical means. In the first place, you may often succeed by putting a small compress against the lower portion of the lower lid, and retaining it there by a strap or two of sticking plaster placed transversely over it. Pressure in this situation restores the ciliary edge to its right position, and if it be retained thus for twelve or twenty-four hours, you will find that the inversion will not be reproduced. In some cases, however, it is difficult to retain the compress on account of the tears flowing over the lid, and loosening the plaster; you may then succeed by employing a piece of double twisted wire, bent into the form of spectacles, so as to fit on the nose, and made to press upon the lower lid; this will in general answer very well in these cases of temporary inversion of the lid.

We are more frequently called on to remedy permanent inversions, accompanied with serious irritation of the eye from the pressure of the cilia against the globe.

Permanent entropium may happen from two causes; there is frequently in elderly persons a relaxation of the integuments; the skin of the lid loses its elasticity, falls into wrinkles; the fat is absorbed from the surrounding parts; and thus loose folds are formed in the lid. The balance between the external surface and the mucous lining of the lid is lost, and inversion is the consequence. The entire lid forms a round roll, the cilia lying in its interior; the essential form of the lid is not altered, and there is little or no irritation. In such cases, if you take up a fold of integument with the finger and thumb, or with a forceps, and draw it out a little, you will restore the lid to its proper situation. You must try how much of the skin, how large a fold of it is required, to draw the edge of the lid out; because if you take up too much, you would produce eversion. Having taken hold of as much of the skin as you consider necessary by the forceps, you may then remove the fold so raised by the scissors or by the knife. Or you may accomplish the purpose by the application of some strong escharotic; and we are in the habit of using the concentrated sulphuric acid at the Infirmary for this purpose. A small bit of wood should be scraped flat, and almost brought to a point, then dipped in the acid and drawn gently and repeatedly over the surface of the skin which you wish to destroy. You must of course use the greatest caution to prevent the contact of the acid with the ciliary margin, or the globe. You must continue to apply the acid until the proposed object is accomplished, which will generally require about ten minutes or from that to a quarter of an hour. The acid turns the skin at first white and then brown, the skin contracts, shrivels up, and then draws the ciliary margin of the lid outward. The portion of the skin thus destroyed by the acid should be a little more than appears to be absolutely necessary to bring the lid up, it should be everted a little, since the ulceration and cicatrization which follow this application yield a little, and yet the cicatrization produces a permanent contraction and consequent eversion of the palpebræ.

The most effective mode of proceeding, however, is the removal of a portion of the skin by the knife or scissors; you should take hold of a fold of the integuments by a forceps, having small horizontal blades corresponding in length to the ordinary length of the lid. These forceps are sometimes made with a spring between the handles, so that having opened the extremities and taken hold of the skin, the spring retains that hold, but I think those made without the spring are the best, as there is generally pretty considerable force required to hold the skin included between the blades of the forceps, and more than the spring in the handle usually affords, so that when you take hold of the forceps for the purpose of drawing the fold of skin outwards a little, the forceps loses its hold and drops off. After you have cut off the fold of skin, you should unite the edges by two or three fine silk sutures, and allow them to remain in about twenty-four hours; I never allow the sutures to remain longer than that time, the degree of adhesion which by that time takes place, is sufficient to retain the edges of the wound in apposition. The cicatrization produces a permanent contraction in the part, and consequent eversion, as by the acid in the former case. When the lid has been for a long time inverted, and there appears to be change of figure in the tarsus, with a tumid state of the lid and strong contraction of the orbicularis, it is necessary to do something more than merely removing a portion of the skin. The latter proceeding remedies the inconvenience for a time, but it is soon reproduced. You should therefore, after removing the fold of integument, take up a portion of the orbicularis, and remove it by the knife or scissors. The contraction of this muscle, which has so much influence in causing and keeping up the entropium, is thus weakened; and the subsequent cicatrization, being deeper and firmer, affords a greater security against relapse.

There is one form of inversion, in which the cause is seated in the tarsus and the mucous lining of the lid; it occurs when the lid has been long the seat of chronic inflammation, or when it has been frequently the subject of inflammatory attacks, the consequence of which is, that the tarsus becomes corrugated and shortened, the ciliary margin is contracted and presses inwards, and the cilia turned against the globe cause violent irritation, and keep up the inflammatory action which first produced the affection.— This inversion of the lid and of the cilia will occasion severe external inflammation of the globe, ending in opacities of the cornea, ultimately changes the texture of that part, rendering it vascular, and converting its mucous surface into a tough, opaque, and almost insensible covering. In an incipient case, you may do all that is necessary by removing a portion of skin; at all events you will find it a remedy which will last for some time, and you may entirely relieve the patient by this process. In order to make the operation more effectual, a portion of the orbicularis should be removed, that a firm cicatrix may be produced; or the acid may be employed, using it more freely, so that its action may extend deeper, and a solid scar be the result. If these means should fail, and the entropium be again produced, the question is, what is next to be done? A mode of operating has been recommended by Mr. Crampton, of Dublin, and followed with a little modification by Mr. Guthrie; it consists in a perpendicular division of the lid near to each angle' cutting through its textures longitudinally, so that it may be turned up and brought into a complete state of eversion. The whole of the lid is cut through by a strong pair of scissors, at each angle, so that when you lift it, the mucous or concave surface is fully exposed, and you see that the ciliary margin is contracted and bent inwards; but these incisions set it at liberty. You cut out a portion of the external skin, as in the operation already described, taking up the necessary fold with the forceps, measuring it, removing it with the knife or scissors, and then uniting with two small sutures. You are then to make a little cut, or nick, in each edge of the curved tarsal cartilage, so that it may more easily bend outwards in its proper direction. Then, having left the threads of the external sutures sufficiently long, carry them upwards and confine them on the brow by sticking plaster, elevating them sufficiently to evert completely the liberated upper eyelid, and to maintain it everted, with its mucous surface completely exposed. Thus the parts are to be left till the sutures come through by ulceration, and till the granulation of the two longitudinal cuts draws the lid gradually into its natural position. The inverted lid is to be covered by a piece of thin linen spread with spermaceti cerate. The object of the proceeding is to liberate the contracted tarsus, to destroy its unnatural curvature, and thus to prevent renewed inversions. Mr. Guthrie represents that it accomplishes these points completely; that it is a perfect remedy for the severe sufferings caused by habitual entropium. I have not employed the proceeding often enough to give a decided opinion on it grounded on my own experience. But, from what I have hitherto seen, I prefer to this rather complicated proceeding, in which great liberties are taken with the part, another and more simple plan, which is certainly effectual in removing the immediate cause of evil, viz. the irritation caused by the inverted cilia. This is the *excision* of the inverted cilia with that portion of the edge of the lid containing their bulbs. In a case of complete inversion, it is exceedingly difficult by any operation to accomplish a perfect cure; that is, to restore the edge of the lid, with its lashes, to its natural state; the excision of the bulbs sacrifices the lashes, but has the advantage of removing effectually all source of irritation from the eye. The cilia are formed in bulbs. The eyelashes, like other hairs, are formed in bulbs; and these are implanted in the edges of the lids, being about 1-10th or 1-12th of an inch in length. I advise, therefore, an horizontal incision to be made just beyond the bulbs, and corresponding in length to the space occupied by the inverted hairs; the portion thus marked out is to be dissected carefully off, so as to include the entire bulbs of the inverted cilia, leaving the internal mucous surface of the lid entire, and only removing as much as contains the bulbs of the cilia. I have adopted this mode of proceeding in many instances, and the result has been, in all cases, complete, as far as the liberation from irritation goes.

Trichiasis.

This word denotes an unnatural direction of the cilia, which turn inwards against the eyeball. It generally attends entropium, but not necessarily so: the lid, when inverted, sometimes forms a roll, the interior of which is occupied by the lashes. On the other hand, you may have the lid itself remaining in its natural position, but one or more of the cilia turned in and directed against the globe of the eye. This wrong direction of the cilia is called *trichiasis*, which is a term derived from the Greek word for hair. The changes, which the form and direction of the ciliary margin undergo in the worst forms of entropium, cause trichiasis, which is then combined with the inversion. Cicatrices of the ciliary margin, or tarsal surface of the lid, will cause partial trichiasis; thus it happens after wounds, or after ulceration from various causes. The trichiasis may be complete, involving the whole row of eyelashes; there may be only a single hair; or it may exist in any intermediate degree. We had a patient in the Infirmary, not long ago, in whom the entire series in both lids of both eyes was inverted; she had not only been deprived of all useful vision, but rendered miserable by inflammation and pain for many years. Sometimes one or two hairs are inverted, without any apparent cause; the lid and the other cilia being quite natural; in this case the wrongly directed hair is usually very slender and light coloured, so that close examination is necessary to detect the cause of inconvenience. The sensations of the patient, however, are very accurate; the feeling of a foreign body in the eye is almost invariably expressed. This mechanical irritation of the organ produces different effects according to its degree, and other circumstances. Sometimes there is slight uneasiness without inflammation: inflammation may be caused in the highest degree, with ulceration and opacity of the cornea, and the severest pain of the organ, with intolerance of light and the greatest irritability. Sight may be destroyed by the effects of repeated acute inflammation in the cornea, but the patient's sufferings are not at an end; they are only alleviated by keeping the eye absolutely at rest; the motion required in using it renews the pain.

Treatment.—The cure of trichiasis is either palliative or radical; the palliative cure is the plucking out of the cilia, and for this purpose we use forceps with broad ends. The lashes soon grow again, and must be extracted as often as they are reproduced. If the case requires a more effectual remedy, you must have recourse to the operation of dissecting out the bulbs of those cilia which are inverted, just as before described for entropium. There is a modification of this affection, called *distichiasis*, which is a long Greek word, meaning a double row; not that there is properly a double row, but there is a partial series of cilia produced on the inner margin of the lid, in addition to the natural rows of the cilia. The cilia thus formed upon the margin of the lid are turned inward against the cornea, and where the lids have long been the seats of irritation, then pseudo-cilia are not unfrequently produced. The before-mentioned palliative and radical measures are equally applicable to this case.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXVIII.

Diseases of the Intestinal Canal.

Gentlemen,

THE contents of the stomach having undergone the changes induced upon them by the action of the *gastric fluid*, are passed into the upper or first portion of the intestinal canal, (termed, from its length of about twelve fingers'-breadth, the *duodenum*,) where they are mixed with the bile and pancreatic fluid, and become, in consequence, perfect chyle, fit to be absorbed or drunk up by the lacteal vessels, in order to be carried into the general mass of blood. A large portion of the food still remains unabsorbed, as being unadapted to the purposes of nourishment, and is carried through the intestines, to be discharged at the termination of these, the anus. This purpose of propelling the contents of the intestines, is effected by the muscular power of the tube, which is exerted constantly, though in different degrees, in a worm-like manner, called accordingly the *vermicular* or *peristaltic* motion. This movement is altogether involuntary, except in the *rectum*, where it appears to be in some degree under the influence of the will.

The muscular action of the intestines may be either diminished or increased, producing a slower or a more frequent evacuation of their contents accordingly. Or it may be altogether lost or suspended, as in paralysis; again, it may be exerted violently and permanently, in what is called *spasm*, constituting the disease termed *colic*.

The intestinal canal possesses naturally none of that feeling which is termed *sensibility*, that is, which is attended with consciousness. Under disease, however, as either *spasm* or *inflammation*, it becomes sensible to pain. It is a highly vascular structure, and therefore susceptible of inflammation, which, when it affects the substance of the canal, is termed *enteritis*, and which, as in other cases, may be either *acute* or *chronic* in its form, or rather in its degree. The mucous membrane lining the intestines, is also very liable to inflammation, and the disease receives different names, according to its extent, and the particular seat it occupies. Sometimes the whole alimentary canal, including the stomach, may be thus affected. The disease is then termed *cholera morbus*, for a reason that you will presently understand. If the portion of membrane lining the *small* intestines is affected, it constitutes *diarrhœa*: if the *large* intestines, it is called *dysentery*. All these, though but varieties of the same thing, viz. inflammation of the mucous membrane, are yet sufficiently distinct in some of their circumstances, especially in regard to their treatment, to demand separate consideration.

The morbid states, then, to which the intestinal canal is liable, may be enumerated as follows:

1. *Enteritis*, or inflammation of the general structure: this, in its chronic form, lays the foundation for permanent contraction in the part affected, with thickening, induration, and sometimes ulceration; termed altogether *stricture* or *schirrus*.

2. Inflammation of the mucous membrane, under the names of *cholera*, *diarrhœa*, and *dysentery*.

3. Interrupted function without inflammation, and consisting in obstruction or impediment to the discharge of the contents of the canal; there are several different causes of such interruption of function, as, 1. Spasmodic contraction, or colic; 2. Mechanical pressure of any kind, as from enlarged viscera, or tumours of preternatural growth; 3. Displacement of parts, as *hernia* and *intussusception*; 4. *Inirritability*, or torpor of the canal—*costiveness*.

The extremity of the canal is liable to peculiar states of disease, termed *hæmorrhoidal affections*, which are occasionally the subjects of medical treatment.

Lastly, the intestines often afford a lodgement for parasitic animals, under the denomination of *worms*; a subject that cannot be wholly passed without notice. We will first speak of

Enteritis, or inflammation of the general structure of the intestines.

Symptoms.—This disease is marked by pain in the abdomen, often very acute, and then more difficult to bear than most other pains. The pain is constant, but not uniformly violent; and it is always aggravated upon pressure. The skin of the abdomen is often tender to the touch; and the heat of the parts is sensibly increased. There is *pyrexia*, or a general febrile state of system, the tongue being foul, the skin hot, and the pulse frequent. The increased irritability produced by the inflammation, occasions the intestines to contract; whence *constipation*, which is more or less complete, according to the violence of the disease. *Spasm* also frequently takes place, and thus the pain is aggravated at intervals. After the disease has continued for some time, an inverted action of the whole canal takes place; hence there is vomiting, first of the contents of the stomach alone; then of the secretions of the liver and pancreas; and lastly of the contents of the intestines themselves, fœcal matter being ejected. Although the constipation is so complete that nothing can pass downwards, it often happens that glysters are evacuated at the mouth. At other times, the spasmodic contraction of the whole canal is so strong, that glysters cannot be thrown up the rectum. The abdominal muscles are sometimes contracted, so that the outline of the different muscles can be distinctly traced, while the bodies of them are as hard as a board. After a time, the abdomen becomes tense and swollen, which shows effusion to have taken place, and is a very bad sign. The breathing is quick and short, because the descent of the diaphragm increases the pain, and the patient is unwilling, in consequence, to make a deep inspiration. He bends the body forwards, and draws up the thighs, in order to relax the abdominal muscles. There are often hiccup, cold extremities, and suppression of urine.

The pulse in this disease is generally very small and quick, as well as hard, beating often 140 or more in a minute. There is great depression of the general strength. When the disease is becoming dangerous, the tongue turns brown, as well as dry, and delirium frequently takes place.

This disease sometimes proves fatal in twenty-four hours, or even less; and when violent, it more frequently ends in gangrene, than perhaps any other inflammation. Gangrene is known to have occurred by the sudden subsiding of the pain, without any of the other symptoms being relieved; the vomiting continues; there are cold sweats, anxiety, delirium, sinking and irregular pulse, and death. The disease is not equally violent at different times, but may proceed mildly, and be thus protracted for many days, or even a week or more; which is often the case, when produced by simple displacement of parts, such as *intussusception.*

Causes.—The *causes* of *enteritis* are the common causes of inflammation; namely, *cold*, direct irritation of various kinds, as by acrid purgatives, such as *elaterium*, *scammony*, *calomel*, &c.; and hard and sharp bodies swallowed, as plum stones, or the like; hardened fæces; *crude mercury*, (which was formerly used to *purify the blood* and clear the complexion, also for the removal of spasm,) intussusception; hernia; long-continued spasm; suppressed diarrhœa.

The *prognosis* in *enteritis* is generally unfavourable. This disease is always to be reckoned dangerous, but of course is more or less so, according to its violence, and the nature of the cause inducing it. Much will depend also upon the propriety and activity of the treatment employed. If the disease is violent, and should have been overlooked for twenty-four hours, it will be very likely to prove fatal. Some of the causes are scarcely within the reach of art; as for instance, *intussusception;* but this can never be known with certainty during life. If evacuations from the bowels have been procured, the *prognosis* will be generally, though not always favourable; but till this has freely taken place, the patient is never safe. The bad symptoms are, continued constipation with vomiting; a dark brown and dry tongue; tension and tenderness of the abdomen; hiccup; suppression of urine; *subsultus tendinum;* intermitting pulse; and delirium.

Treatment.—The treatment of enteritis must be prompt and active, on account of the rapid progress and danger of the disease. *Bloodletting* must be had recourse to largely, and that as early as possible in the disease. The quantity of blood to be taken, must not be judged of merely by the pulse, which is always contracted; but by the general strength of the patient, as determined by all the circumstances taken together. The weakness in this case is more apparent than real; it is a temporary depression of strength, not absolute weakness; and in such cases, the pulse in general rises after bleeding; it becomes fuller and slower.

The warm bath or fomentations may be useful. After general bleedings to the proper extent, we may apply leeches and blisters to the abdomen.

The immediate cessation, in general, of all bad symptoms, as soon as evacuations by stool have been obtained, is a strong inducement to employ purgatives;

yet they require to be used with caution, especially the more active or drastic ones. Irritating purgatives are generally rejected by vomiting; while, by increasing the peristaltic motion, they tend to irritate the inflamed part, and increase the distension of the parts about it; that is, supposing they don't pass the contracted part. *Castor oil* is one of the best adapted in these cases. Should this fail or be returned, the *sulphate of magnesia* in infusion of senna, may be tried; or *pills of colocynth.* The more active the inflammation is, the greater the caution necessary in regard to purgatives. Too much reliance is placed upon *calomel* in these cases, as if it were the most certain of purgatives; which is quite contrary to its real character. Its effect in this way is extremely uncertain. A grain or two when first administered, will seldom fail to purge; but upon repetition, it ceases to have this effect; nor will any increase of the dose insure its operation. While it may produce other effects that are not wanted, and which might be highly objectionable. You must not forget that calomel is very capable of exciting, and no doubt, therefore, of aggravating, inflammation in the intestines. In children, I believe, it has often this effect, used as largely and indiscriminately as it is in modern practice. The frequent administration of glysters should be insisted upon, as being free from the objection that applies to purgatives given by the mouth.

Purgatives will be sometimes retained on the stomach, by combining them with a small quantity of opium. A large dose of opium may also be given on some occasions, to take off the spasmodic contraction, which has at times more to do with the constipation, perhaps, than the inflammation itself.

When these means fail to procure stools, dashing cold water over the abdomen and lower extremities, has succeeded; this, by the shock it produces, takes off the spasmodic contraction that may be present, and so favours evacuation. Lastly, tobacco in infusion, given as a glyster, should be administered, in the dose of half a drachm, or even less, to half a pint.

Inflammation of the *large intestines*, is not attended with symptoms so acute, nor is the progress of the disease so rapid as when the *small* intestines are affected; neither is the constitution so much disturbed. The disease in this case often goes on to suppuration, and the pus is discharged into the intestine; or it may make its way outwardly through the parietes of the abdomen, and, in either case, the patient may recover. The pulse, in these cases, is full and strong. The causes are similar to those which produce inflammation of the *small intestines*; but I may mention particularly, hardened fæces. The treatment, also is essentially the same, though less active; glysters, however, are more to be insisted upon.

As in all other diseases, so in *enteritis*, you are to pay attention to the *cause*, as the cure may depend entirely upon its removal. Thus in *hernia*, no means will in general relieve the inflammation, till the protruded parts are replaced in their natural situation; to do which, may require a surgical operation. In such cases, you should not lose time in ineffectual efforts, to do what after all, perhaps, cannot be accomplished. Could *intussusception* be known with certainty during life, and its precise seat ascertained, an operation might perhaps be warranted for its relief, and as a means of saving life. *Intussusception* may be strongly suspected, where the symptoms take place slowly and proceed with mildness, the constipation having continued for several days before marks of inflammation appear. It is plain that in such cases, we can do but little towards the relief of the patient. Purgatives given by the mouth, by increasing the peristaltic motion above, will be likely to force a greater quantity of the gut into the receiving portion of the intestine. An inverted motion of the bowel seems to be the only means by which it can be disengaged from its confinement. Such an inverted motion could only be produced by violent and long-continued vomiting; but this might be injurious in other respects. No objection exists to the use of glysters in these cases. Your principal aim should be, in all these cases, to keep down inflammation, which is the thing chiefly to be dreaded. This requires occasional bleeding, according to the circumstances.

Stricture, or Scirrhus of the Intestines.—The intestines, like other parts, are liable to a slow-acting, or chronic kind of inflammation, which, by continuance, produces its usual effects, namely, thickening, contraction, and often ulceration of the part affected. To this state, the terms *stricture* and *scirrhus* have been applied, and that for reasons sufficiently obvious. Every part of the alimentary canal is liable to this, but the disease is most frequently observed in the *œsophagus* and the *rectum;* not, perhaps, as of more frequent occurrence in those parts, but from being more readily detected there, by being more open to examination; while the symptoms are also less equivocal. I have already described the disease as it occurs in the *œsophagus*; and almost all that I then said applies to the *rectum.* The disease here is discovered by the pain felt by the patient, and which is after a time constant, though much aggravated during the efforts made to evacuate. The reduced size of the excrement, when of a solid consistency, is another criterion, by which your judgment may be formed. There is often, likewise, a mucous, purulent, or sanious, and even bloody discharge, according to the state of the diseased surface. An examination by either the finger or a bougie, makes the case clear, provided the part affected is within reach.

The treatment of this disorganised state of the intestine is seldom attended with success. Neither local nor general remedies appear to be of much avail, though they are both capable of doing injury, and therefore should be used with reserve and caution. The introduction of instruments for forcibly dilating the part, tends to aggravate the disease, while they are seldom necessary, the contraction being rarely such as to occasion complete obstruction. On some occasions, the parts are so inirritable, as to allow of the use of bougies without mischief. The greatest attention must be paid to the diet of the patient. The food should be altogether liquid, or should consist of such soft and tender solids, as leave but little feculent matter behind. I have seen a patient quickly destroyed by neglecting this precaution, and using the stronger fibrous meats, and large quantities of bread. Milk, in such cases, forms the best kind of aliment, and should be principally relied upon.

Any intermediate portion of the intestinal canal may be the seat of such a disease, as I have now described; and the higher it is situated in the canal, the more equivocal it becomes. The mucous membrane, to a considerable extent above and below the part, being in a state of great irritation, if not inflammation, has its secretion increased, as is also the peristaltic motion. The contents being thus rendered more liquid, and being urged faster onwards, (the contraction not being complete,) the disease assumes the character of common diarrhœa, and is often treated as such, with injury to the patient. It is of importance, therefore, to make the proper distinctions, and which you may generally do with an ordinary share of attention. When diarrhœa or purging is found to recur continually, after having been suppressed for a time by opium, or astringents; when there is constant pain in the abdomen, confined to nearly one spot, and which is increased upon pressure; and when, as is sometimes the case, a degree of hardness or swelling can be felt upon examination; also if the stools should be mixed with purulent or sanious fluid; there is, then, great reason to suppose the intestine to be in a disorganized state.

In the treatment of these cases, you must bear in mind that inflammation is the disease, though in a chronic form, and attended with alteration of structure. The treatment accordingly must be of the antiphlogistic kind; but it does not require to be very active. A small blood-letting may be now and then useful. The purging should be rather encouraged, than put a stop to; but the remedies used for the purpose should be of the mildest description. *Counter-irritation* by blistering, &c. may be useful from time to time, and a cautious trial of mercury made, though the effect of it is always doubtful. *Opiates* may be occasionally resorted to as palliatives, but not for the purpose of suppressing the diarrhœa. The food should be of tender texture, and a large portion of it should consist of milk and farinaceous matters.

FOREIGN DEPARTMENT.

ANATOMY.

*Congenital Malformation of the Coverings of the Heart.** By M. Breschet.

The cases on record of absence of the pericardium are sufficiently numerous, but having been for the most part recorded at a time when the inflammation of the heart's coverings was neither well known nor its effects accurately studied, it has often happened that absence of the pericardium has been mistaken for adhesion of that bag to the heart itself. Nothing is more possible than to conceive this error possible, but to pretend with Haller that in every case this mistake has happened, is to carry one's doubts too far and to err on the opposite side.

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* Repertoire d' Anatomie et de Physiologie Pathologiques. This journal, the first number of which has been recently published at Paris, is conducted by Breschet, and one or two other professional men of eminence in that city.—Ed.

Case.—A young man of twenty-eight years of age, a mason by trade, naturally of a strong constitution, and experiencing no impediment in the respiratory or circulatory functions, was admitted into the Hôtel Dieu, on the 5th of December, 1825, for a severe attack of inflammation of the intestines, from the effects of which he died in three days after his admission. On examining the body, several pathological lesions were observed, such as thickening of the parietes of the intestines, ulcerations of the mucous membranes in several parts, and the following remarkable malformations:—The pericardium did not appear to exist, and the heart was quite free in the cavity of the chest. The heart, when deprived of the external fibro-serous covering, rested on the left lung, and only appeared to be kept in its situation by two bands, about two inches in length. The mediastinum was formed by a simple serous fold belonging to the right pleura. On the left side of this partition, a superficial fibrous capsule was found terminating on the origin of the great vessels, rounded off inferiorly, without being adherent to the diaphragm. This capsule appeared to be a rudiment of the pericardium; indeed its shape and situation left no doubt as to that point. The serous membrane of the heart was wanting altogether, if we consider this membrane as a separate and distinct pouch of the pleura. We could see the serous membrane of the internal part of the left lung, at the point where it was in immediate connexion with the heart, reflect itself on this organ and cover it entirely. This central organ of circulation had no serous sac in-proper, but the diaphanous fold which covered it, was evidently a prolongation of the left pleura. On the superior edge of the left ventricle, the pleura in going from the lung to the heart, formed several folds, which at first sight might have been taken for accidental bands, but which manifestly belonged to the pleura itself.

This pathological specimen was presented to the Philomathic Society, and the faculty of Medicine, where it was examined by MM. Blainville, Cruveilhier, Desormeaux, Dumeril, Laennec, Orfila, and others; and is an incontestable instance of almost a complete absence of the fibrous fold of the pericardium.

Indeed the serous sac proper to the heart itself did not exist as a distinct bag of the pleura, but the heart derived from this membrane the transparent fold which covered it. Between the portion of the right pleura, forming by itself the mediastinum and convex surface of the fibrous fold, which constituted the vestiges of the pericardium to the right, and a little behind was the right phrenic nerve, whilst that of the left side was carried in front along the free and anterior edge of the fibrous fold. The adhesions of the heart, by the two small bands which we have mentioned, to the diaphragm were the only medium which kept the heart in its situation, and regulated its movement.

This fact has appeared to me so much the more curious, since up to the present time we have only had one or two well-authenticated cases of the heart, in the healthy state, being deprived of its coverings, and because several modern pathologists have attributed to adhesion of both layers of the pericardium what most authors have related as complete absence of the pericardium. Portal and Boerrhaave were both of this opinion. The case of the young student, however, mentioned by Reald Columbo,* who died in a fit of fainting, and whose heart was found deprived of the pericardium; that of the dropsical woman related by Bartholinus, † with dilatation of the right auricle, and no pericardium, as well as the case which Tulpius ‡ has given of an adult, who had been unwell from his infancy with intermitting pulse and violent pulsation of the heart, and who also had no pericardium, are too well known and recorded by men who held too high a situation in their profession, not to inspire us with some confidence as to their accuracy. Nevertheless, all the facts mentioned by Ryer, § Lancisi, ‖ Brunner, ¶ Hoyer,** Lieutaud, are, in Haller's†† opinion, instances of adhesion of the pericardium to the heart. The example recorded by Littre, ‡‡ appears to me exactly of the same nature as those which Haller notices. A woman, fifty-four years old, had no pericardium, and the heart was bare in the thorax; this organ was dry, hard, and unequal, and rough on its surface, and possessed no fat. Among those characters do we not recognize a pericarditis, from the effects of which, the covering of the heart had become adherent to it?

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* Reald Columb., Lib. XV. p. 265 de re anatom.

† Barthol. Cent. IV., Hist. 20, tom 2, p. 264, Hist. Anat. rar.

‡ Nicolai Tulpii Observ. Medicæ, Lib. II. caput 25, p. 143.

§ Method. Hist. Anat. cap. 4.

‖ De Motu Cordis et Aneurismat. Lib. I. p. 23.

¶ Edn. Brunner, f. g. Barbeck, Dissert. de Corde Occulto; 1701.

** Act. Nat. Curios., Vol. V., Observ. 68.

†† Element. Physiol., Vol. 1, p. 289.

‡‡ Mem. de l'Acad. Royal des Sciences, 1712, p. 37.

The attentive perusal of all these cases had made me remark more attentively the one which presented itself to my notice. We cannot conceive here an adherence of the heart to the pericardium, since the serous membrane, evidently coming from the pleura, covered this organ, and, from its transparency, its muscular nature would be perceived, and especially because there existed on the right side, resting against the pleura, some vestiges of the pericardium. M. Brescher regards the case related by Baillie,* as a genuine one of the absence of the pericardium, and thinks that there is some analogy between his own case and that of Baillie's.

Anatomical and Physiological Considerations on the connexion of the Placenta with the Uterus. By M. E. A. Lauth, D. M. (*Ibid.*)

The mode of union between the uterus and the placenta, and the reciprocal change of blood between the mother and the fœtus, have, for a long time past, occupied both anatomists and physiologists, and still they are not yet able to give us clear ideas on the structure of these parts, or on the manner in which the functions dependent on these parts are performed. At the time when the circulation of the blood was discovered, there was admitted to exist between the uterus and the placenta, as in all other parts, an intermediate parenchymatous substance between the termination of the arteries, and the commencement of the veins. Microscopic observation, however, and injections having proved the non-existence of the parenchyma in the rest of the body, the immediate continuation of the uterine arteries in the veins of the placenta, and that of the arteries of the placenta into the veins of the womb, were then admitted from analogy. But it was not a long time before it was found impossible to inject the vessels of the fœtus by those of the mother, and *vice versa.* The injection thrown into the arteries always stopped between the placenta and uterus, and produced effusion more or less considerable in the interstitial space of those two organs, if too much force had been used; or it returned by the veins, if the injected matter were sufficiently fine, and if the operation had been directed with care. These experiments several times repeated, and always with the same results, did not relieve the physiologists of one error, but to fall into another. An immediate connexion was no longer admitted between the vessels of the uterus and those of the placenta, but they said that the arteries terminated by open orifices into the cells situated between the two organs, or into the uterine portion of the placenta, and that the veins absorbed the effused blood, those of the placenta, to conduct it to the fœtus, and of those of the uterus to carry it back to the mother.

In the researches which I made on this subject, I felt myself bound first to examine into what was understood by the fœtal, and what by the uterine placenta; portions which, according to modern anatomists, are composed of vessels entirely different, the one being the prolongation of those of the uterus, and the others merely the expansion of the vessels composing the umbilical chord. Notwithstanding the most minute researches, I have not been able to discover these two portions, unless I were to designate by the name of uterine placenta, that portion of the membrana decidua, to which the placenta had become attached, and which, after being more or less completely separated from the uterus, is expelled with the placenta, the external surface of which it covers. The formation of the membrana decidua in the uterus, before the descent of the ovum into that organ, and want of it in cases of extra uterine pregnancy, prove that it is a production of the womb, and that, although the placenta afterwards forms adhesions with it, it ought never to be considered as forming a body with it—as constituting its uterine portion. There is, then, in reality, no uterine placenta, as has been hitherto described. The placenta is only composed of the successive divisions of the umbilical arteries on the chorion—arteries which, having arrived at the extremities of the villous portions which cover it, are reflected back on themselves, to give origin to the veins; the trunk which results from their re-union, is the *umbilical vein.* These vessels of the placenta have no direct communication with those of the deciduous membrane; the one set has never been able to be injected by the other.

On examining with care a placenta still covered by the deciduous membrane, it will be seen that these two parts are united among each other by a multitude of small transparent vessels, which proceed from the one towards the other. These vessels can neither be injected by those of the placenta, nor by those of the membrana decidua; but a very fine tube introduced into either, allows at one time the vessels of this membrane, at another those of the placenta, to be injected From this it follows, 1st. That the vessels are of two orders, the one belonging to the decidua, and consequently to the uterus, and the other to the placenta; 2d. That these are not blood vessels; and, 3d. That these terminate, the one in the blood-vessels of the membrana decidua, and the other in those of the placenta, by orifices provided with valves, which impede their being injected from behind The vessels of which we have been speaking, are evidently nothing more than minute lymphatics, the character of which they completely possess. As to the cells which have been described by some as between the uterus and the placenta, I have never been able to discover the slightest trace of them. As it is now proved that there does not exist any direct communication between the uterine vessels, and those of the placenta, and as the existence of cells in which the blood may be effused cannot be discovered; the only communication which we can therefore admit between the mother and the fœtus, is that by the lymphatic vessels, which we have described above, and of which part ends in the vessels of the placenta, and the other in those of the deciduous membrane, which are themselves only prolongations of the uterine vessels. These lymphatics, which terminate in the bloodvessels of one of these organs, appear to be connected at their origin with those of the other; and in this way, those which arise on the uterine vessels, and terminate in the vessels of the placenta, extract from the blood of the mother the materials susceptible of entering into the composition of the blood of the fœtus. This blood is eliminated and accommodated to the necessities of the fœtus in traversing the liver, where it appears to take on the arterial character; on the other hand, the minute lymphatic terminations connected with the vessels of the placenta end in the uterine vessels, and serve to secrete from the blood of the fœtus the materials which can no longer be of use, or which might become injurious to it, in order to pour them into the venous system of the mother.*

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* Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge, Vol. I. p. 91, c. 6.

Therapeutics.

*Antiphlogistic and Revulsive Treatment in Erysipelas of the Face, adopted at the Hôpital de la Pitié.**

In this article several cases are mentioned of erysipelas of the face, in which the antiphlogistic treatment was successfully adopted. In these cases the opening of the saphæna produced a remarkable effect, which supports the opinion advanced some time past, that bleedings from the inferior extremities act more directly on the cerebral organs. Local bleedings ought to be employed at the same time in the generality of cases; they should be employed alone if the patient presented a small irregular pulse, and one below the natural standard. In all the patients, with one exception only, who were attacked with a true gastritis, leeches had been applied in the course of the jugular vein. But is this the most proper place? Our results appear to answer in the affirmative, nevertheless it is not admitted in principle by all authors. In the journal of M. Broussais for March 1825, there is a paper in which the application of leeches to the neck is styled a vicious practice, which constantly produces bad consequences. In erysipelas of the face Chaussier advised the leeches to be applied to the nostrils, because the abundant epistaxis which they occasion produces an immediate dislodgment of blood, and this appears extremely natural.

Purgative Oil.—M. Bally has made some clinical researches on the action of the oil of the *euphorbia latyris*, extracted by means of alcohol or expression. The oil obtained by the last mode appears to have the most power. Given to fifteen persons of different ages, it did not produce vastly different effects, nor cause a great number of evacuations. The purgative action is, indeed, inferior to that of the croton oil; indeed the dose requires to be doubled. It has sometimes the fault of exciting sickness, and consequently of being rejected; it has not, however, the disadvantage of producing salivation, as croton oil frequently does. M. Bally considers this medicine as an useful purgative, and convenient for children, particularly if the oil be fresh. *Gaz. de San.*

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* Recent microscopic experiments have shown, that the globules of the blood of the mother do not resemble those of the blood of the fœtus; in the former they are spherical, and in the latter elliptical. For this observation we are indebted to M. Prevost of Geneva.—*Vid Bulletin de la Societe Philomatique*, 1825.—Ed.

* Archives Generales, April.

Resurrection.—M. Antoine Pitarro, Doctor in Medicine of the faculties of Paris, Naples, and Salernum, relates the following fact: An officer who had taken part in the Neapolitan revolution, was arrested by the orders of the celebrated Admiral Nelson, and having been transported to the island of Ischia, was there sentenced to be hung, and, after the execution, his body was deposited in a magazine. The victim was left unheeded in this place during twenty-four hours, when a young Neapolitan surgeon, well skilled in the physical sciences, passed by, and observed that there were certain signs such as to encourage a trial to bring him to life. He resolved to make it in submitting him to the action of the galvanic pile. After making the necessary preparations he galvanized the body, and had the inexpressible joy of producing organic movement and kindling the vital flame. But, alas ! the admiral was informed of this extraordinary fact, which had been regarded by the inhabitants of the island as a miracle—the officer was again executed, together with *the surgeon who had thus endeavoured to rescue a miserable victim ! !*—(*Ibid*, 15*th May*.)

DR. HOPE AND HIS LECTURE

TO THE

LADIES OF EDINBURGH

The fifteenth day of February of the present year will be long considered a remarkable era in the history of the modern Athens. For the first time, we believe, that any thing of the kind has been attempted in Europe, the splendid portals of the University of Edinburgh were thrown open to the fair sex, and they were permitted to approach the pure fountain of science, and sip a little of its refreshing streams. On that memorable day Dr. Hope, the Professor of Chemistry, commenced a popular course on that fascinating subject. That learned lecturer has been long celebrated for his oral instruction, but still more famous for his showy experiments exhibited to the grown-up children of the male sex, whose admiration and wonder have been often excited by his Breslaw or Boaz-like dexterity.

Last year his excellent friend and able colleague, Mr. Leslie, condescended to withdraw his attention for a little from his profound speculations on radiant heat, or from the study of the Hebrew language, in which he is so deeply skilled, and astonished the ladies with the wonderful powers of the magic lanthorn and the solar microscope, and while they were glowing with admiration, he cooled their ardour by producing, in a moment, a mountain of ice. Pondering on this extraordinary feat, the learned Professor of Chemistry determined to enter the list of honourable rivalship ; and having consulted his honourable patrons, the Lord Provost and Magistrates, on the propriety of this plan, received their unqualified approbation, and announced his intention to the citizens at large. By the way, is not this a direct acknowledgment of the right of the Magistrates of Edinburgh, as patrons of the University, to regulate its affairs, a subject in course of litigation, we understand, in the courts of law, and to which we shall probably soon direct our attention.

The news of the proposed lectures flew on the wings of the wind ; and the ladies were delighted to find that they were on the eve of emancipation, and were to be entirely relieved from the antiquated shackles, almost indeed corroded with rust, with which they had been long fettered. Dresses, parties, and balls were no longer heard of; the tongue of scandal was silent ; chemistry, chemistry and *Hope*, was in every one's mouth, and to be admitted within the walls of the famed University was quite ravishing! The long expected day at last arrived : coaches and chaises, gigs and curricles, were all in requisition. Prince's street, the fashionable winter promenade of the beaux and belles of the modern Athens, was deserted ; the shops of the milliner and silk mercer were abandoned; the voice of the auctioneer was addressed to empty benches, and the strokes of his hammer resounded from the walls of a vacant room. Attracted by the novelty of the exhibition, a dense current of vehicles was seen flowing from North to South before the hour of two o'clock ; and as they drew up before the noble portico of the College, and attempted to enter it, what was their surprise and astonishment to find that admission, by the usual approach, was refused ; and being ordered to move round to the South side of the edifice, their surprise was not diminished when it was perceived that they must enter the seat of learning by a *window*. Stare not, gentle reader, the world of gaiety and fashion entered by a window to hear Dr. Hope's first lecture, to which the fair sex was admitted. "Gracious me!" said a Miss, who had read her Bible, "the students of divinity will positively style us thieves and robbers, for we enter not by the gate." "The poets," says another, "will write *epitaphs* upon us." "Epigrams, you mean," says her brother, a young advocate. "O yes, I do, Jack, but they are both the same." "La, mamma," says a third Miss, "what are all these men with great sticks for?"—"They are constables and police officers stationed there to keep order." "O dear me! I am so frightened; is there to be a riot?"

The access to the notable window was over a thick layer of rubbish of stones. But who could complain of so slight an inconvenience, when a similar fate awaited his Majesty, when he was expected to grace with his presence the half-raised walls of the buildings of the College, during his visit to the northern metropolis—an honour which our gracious Monarch, to the disappointment of the favoured few, chose to decline. The first step from the said rubbish was to the stone parapet, from which three or four wooden steps led to the famous window sill, on which was stationed the college porter, in his full-dress paraphernalia of blue and red, with his gigantic, gold-laced, cocked hat, and huge caduceus of authority. This dignified personage was supported by a strong detachment of class and college servants, and a *corps de reserve* of police officers; and through this train the company, to the number of 500 or 600 at least, made their way to the scene of exhibition.

We need not tell our readers, that so imposing an assemblage of beauty, rank, and fashion was surveyed with a most complacent smile by the learned Professor, and his inward satisfaction appeared in the expressive language of one of his most graceful bows. The lecture commenced in the usual style, showing the paramount importance of chemistry, and proving to demonstration, that it is impossible to pass through life without a knowledge of that science. So strongly was a lady, a friend of ours, convinced of this, that she has never since ceased to wonder how she existed so long in such deplorable ignorance, as not to be able to account for the boiling of her tea-kettle on Dr. Black's principles, or why a polished silver tea-pot retains the heat longer than one of china or stone-ware, according to Mr. Leslie's discovery of the radiation of heat; and yet many a comfortable, though unchemical, breakfast have we enjoyed in her snug parlour, improved, no doubt, by her varied knowledge and enlivened by the charms of her conversation. But let it not be supposed, that in detailing such remarks, we intend to disparage chemical science—a science of universal application in the exposition of the phenomena of nature and art. To expect any solid advantage from the study of chemistry, we must explore its depths, and not satisfy ourselves with fluttering a little on the surface. The shallows and sandbanks of the ocean are useless or destructive to the mariner; through its depths only commercial intercourse is promoted, and there too is the pearl of great price found.

The experiments in the first lecture, and indeed throughout the course, obviously selected with great care, *ad captandum vulgus*, could not fail to astonish, as much as any striking procession, the operation of nature or art, of the steps of which we are ignorant, is calculated to produce. We have often observed, that lecturers on chemistry, and we include the learned professor among the rest, seem much disposed to throw an air of mystery, we had almost said quackery, over their experimental exhibitions. Two cold liquids, for example, are mixed together, and a violent inflammation is the result; the one is called A and the other B. Nitrous acid and spirits of turpentine would not have required much more time to pronounce, and these names would have communicated some information. Two other liquids, of which A and B are the mysterious representatives, are mixed together, and the product is a solid white substance, while an acrid gas escapes; but muriate of lime and sulphuric acid are not once heard of. A and B are again the magical names of chlorine and ammoniacal gas, which are brought into contact, and with the extraction of a brilliant flame, muriate of ammonia, a white salt is deposited. The Doctor, as well as some other lecturers we could name, has been long distinguished by this mystical exhibition, although we might venture to assure him, that a little more plainness would be equally agreeable, even to the uninitiated student. To the more advanced it would be far more instructive. We may just add, that the same fashionable and crowded audience that graced the first lecture, continued their attendance to the conclusion of the course, about the beginning of April.

Of the expediency, utility, and dignity of lectures of this description, within the walls of a seat of learning of such reputation and stability as the University of Edinburgh, various and discordant opinions have been agitated and discussed. While some approve of the scheme as liberal and generous in diffusing knowledge to all ranks and sexes who can pay for it, others are no less strenuous in aserting that it degrades science to dole it out in paltry morsels, without the chance of communicating any benefit to those who choose to swallow them. The object to which the profits of the course are destined, has been also a subject of critical remark, and *within the precincts of the modern Athens*, it is held out that a fund is to be established for the purpose of providing premiums for Essays on Chemistry. Some have even ventured to hint that the Doctor's splendid income, annually exceeding 2000 guineas of clear gain, might afford a couple of prizes of twenty guineas each for a similar purpose without any great encroachment on his private treasury. We have just learned that the sum of 700*l*., the amount of the profits of twenty-four lectures, is placed at the disposal of the Senatus Academicus, for the purpose just stated.

But we would consider this subject in a a more important point of view; and ask, is it not reasonable to expect more substantial benefits to flow from a seat of learning, which lays claim to such high reputation, and looks down with sovereign contempt on every kind of information, however extensive or profound that is extra-academical—a seat of learning which has been accommodated with a magnificent edifice, at an enormous amount of public money, not always expended, it is alleged, with the greatest prudence or the strictest economy—a seat of learning which enables the teachers to replenish their pockets annually, for a course of lectures of five or six months' duration, with the splendid incomes of one thousand guineas, and from that sum to two thousand guineas and upwards? Is it not reasonable to expect that those who enjoy such magnificent endowments, and for whom the nation has provided such ample and elegant accommodation, should dive a little into the depths of science, and take some share in the drudgery of research? Or are we to understand that laborious investigations and experimental inquiries are unbecoming the dignity of an academical chair, and are to be totally abandoned to the voluntary adventurers in the field of fame, unsupported by any other means than genius and industry? The individual who now fills the chemical chair in the University of Edinburgh stands precisely in this predicament. What has Dr. Hope, the immediate successor of Dr. Irwin at Glasgow, and of Dr. Black at Edinburgh, names of such imposing influence, as might have raised emulation in the dullest and least ambitious spirit, to catch a portion of their fame? What has Dr. Hope done to promote the science he has been engaged in teaching for nearly forty years, and from the profits of which he has most assuredly accumulated a very handsome fortune? We believe we are quite correct in asserting that he has never printed, for the use of his students, even the slightest syllabus of his lectures, that they might have before them the progress of his course and might know the particular subject to be treated each succeeding day. To the literature of chemistry Dr. Hope has contributed nothing. But is it not a most unaccountable circumstance that no elementary work on chemistry, not even of the shortest description, has yet emanated from any University of the United Kingdom. Dr. Thomson, of Glasgow, may seem an exception; but let it be recollected, that the system of chemistry of that author had passed through many editions while he was a private lecturer at Edinburgh, and long before he was admitted within the walls of the University. It is not a little amusing to hear Dr. Hope in what may be called his recommendatory lecture, announcing the works of Davy, Thomson, Henry, Murray, Millar, Brande, and even the patch-work productions (and sad patch-work they are) of a manufacturer, of our own metropolis, but not the slightest hint of a textbook of his own, or, as we have already said, a tabular arrangement of the subjects of his course. As far as we can recollect, the whole extent of Dr. Hope's literary labours in chemistry is limited to a memoir on the properties of strontian earth, the discovery of which, we understand, he and his friends claim as an honour due to himself; but we know that the honour of that discovery must be shared with Kirwan and Klaproth, who were engaged at the same time in conducting the analysis of the same mineral, and yet, strictly speaking, the real discoverer of strontian is the late Dr. Crawford, who pronounced the mineral which contains it to be distinct from carbonate of barytes with which it had been confounded, sent a specimen for examination to Mr. Kirwan; a memoir on the curious subject of the maximum density of glass, not very satisfactory or conclusive; and a slight examination of the water of the Crawley spring, in which he is wrong, as any manufacturer in Edinburgh who uses the water, where any chemical process is concerned, can tell him.

To what then is to be ascribed this seemingly lukewarmness in the cause of a science of such deep interest. and of such varied application? Can it be owing to, frigid indifference, to nerveless indolence? or to any marked defect of literary talent? In all these cases has not the public, afte contributing so largely as a nation, and not unhandsomely in the form of fees as individuals, much cause to complain that so little has been done within the walls of the University of Edinburgh for the last 30 years, to advance the science in whose splendid march many a sturdy pioneer, perhaps himself unaided and unsupported, and having submitted to the laborious drudgery of clearing the path and smoothing the ruggedness of the road, along which the less enterprising traveller moves at his ease, beholds his titled rival crowned with laurels, and loaded with the more solid benefit of an annual income of 2500*l.*?

Beside the usual courses of lectures delivered at Edinburgh during the first three months of summer, Dr. Graham has announced a popular course on botany, and Mr. Leslie another of a similar description on natural philosophy. In a future Number, we may perhaps offer some remarks on both courses.

Conversion extraordinary of the Royal College of Physicians at Edinburgh into a Soho-square Bazaar.

The splendid hall of the Royal College of Physicians in George-street, was opened a few weeks ago, under the auspices of that learned body, as a Bazaar, in which was exhibited an extensive and varied collection of children's frocks, work-baskets, fire screens, caps for dress and undress, child's dolls, pincushions, confectionary, and numerous other articles suited to the taste or agreeable to the palate of an immense crowd of every rank, sex, and age, which the novelty of the scene had attracted to the spot. A brisk sale continued for some hours, and we understand that the whole stock was bought up.

It ought to be mentioned that the productions of this Bazaar were the fruits of the ingenuity and industry of some benevolent ladies, who assigned not only the profits, but the whole value of the articles to some charitable purpose. Some of our readers on this side of the Tweed, and especially the metropolitan elder brother of his northern relative, may perhaps be surprised at this singular exhibition, and consider it as an undignified and unbecoming condescension of the Æsculapian corporation of the modern Athens, nay, even regard it as an absolute profanation of the temple of Apollo. But they know not that the same hall is occasionally converted into a green-house, and presents a grand display of heaths and roses, the same table groans under a load of apples and pears and grapes, which the horticultural society beg from their members to grace their dessert; or is covered with implements of husbandry and specimens of early potatoes. A friend of ours who attended the Bazaar declares that when he retired to a corner in a fit of moody contemplation, he beheld the memorable shades of Hippocrates and Galen burst from their huge folios and with marked displeasure look down from the gallery on the motley crowd below, engaged in rites so little suited to the solemnity of the place; while another assures us that the busts of Monro and Rutherford seemed to express strong disapprobation, and that of the supra-octogenarian Duncan appeared to twist the features into a doubtful grin.

MEETING OF THE TRUSTEES OF THE HUNTERIAN MUSEUM.

His Grace the Duke of Somerset, in the Chair. *Trustees* present, Lord Colchester, Gilbert Davies, Esq., Dr. Ramadge, Dr. Elliotson, Dr. Ager.

Dr. Ramadge opened the proceedings of the meeting, by observing, that he was more particularly induced to intreat the trustees to exert all their influence in causing the Museum to be more frequently open for inspection, at the present period, as he was convinced that anatomical, and consequently every other department of medical science was likely to decline rapidly in this country, since the promulgation of the new bye-laws of the Court of Examiners, concerning teachers of anatomy, whereby that branch of knowledge was for the future to be confined to the families of the teachers of anatomy at present in the Court of Examiners, and to a few Hospital Surgeons, who, it was well known, generally obtained their situations by interest, and not by merit. This circumstance alone proved the necessity of throwing open the museum to the profession, and the absurdity of the restrictive regulations which the Court of Examiners would induce us to believe were solely formed to promote what they, in their wisdom. called *sound chirurgical knowledge*. But when it was remembered that these regulations were framed by the four teachers at present in court, we may fairly suspect that *weightier* reasons than pure love of sound chirurgical knowledge dictated laws which confined the honourable and profitable office of teaching to their own relatives and apprentices. When the present private teachers of anatomy, many of whom were men of acknowledged talent, ceased to exist, their successors, however competent to the task, were not to be acknowledged by the court, and the instruction of the hordes of medical pupils which annually flocked to London, was to be confined to about five Hospital Surgeons, who in consequence of the reputation, and consequent practice, acquired by their offices and their other numerous avocations, could not give the time necessary to the instruction of a numerous class of pupils. Whereas private teachers devoted all their attention to this branch. The number of students in London annually increased, was it therefore consistent with common sense to suppose, that in proportion to this increase, the number of teachers should be diminished, by which means it would result that, in the crowded class-room, only the few who were near the lecturer could benefit, or see the dissected parts ? Was it consistent with common sense to suppose that these few Hospital Surgeons always possessed the qualifications necessary in a lecturer ? or if they did possess them, where they had no competitors to fear, but men like themselves, the necessary consequence of this want of competition would be carelessness and indifference on the part of the lecturers, except as far as their pockets were concerned. For my own part, said Dr. Ramadge, I do not believe, for a moment that the promotion of sound chirurgical knowledge ever entered the minds of these law-givers of the surgical profession, and I have never met an individual, medical or non-medical, who did not consider with me that the said regulations were dictated by the most sordid avarice and illiberality. It had always been a matter of surprize to Dr. R. that although the members of the College and several Hospital Surgeons had strenuously opposed the new laws, yet no effectual means had been taken to cause their abrogation.

The Duke of Somerset and Lord Colchester entered warmly into the views of Dr. Ramadge, respecting the Museum, but, as mere trustees, they could not interfere with the other regulations of the Court of Examiners, however convinced they might be of their tendency to retard the progress of medical science. They were reminded by Sir Everard Home, that a bond existed between Government and the College, which specified, that the Museum should be open for four hours two days in the week. Therefore, the trustees possessed no power of throwing it open oftener than was expressed by the board. He wished the trustees to leave the management of the Museum to the curators, who best understood in what way it might be rendered most serviceable to the profession, and proposed to call in the curators who were in attendance in an adjoining room, and consult with them on the subject. Dr. Elliotson particularly objected to this proposal, alleging that as the curators had not complied with the terms of the bond, their presence and advice were quite unnecessary until some final resolution was entered into, respecting the future better management of the Museum by the trustees. He had lately visited a considerable number of the most celebrated medical schools of France and Germany, and mentioned particularly the liberal manner in which the Museum at Berlin was conducted, which he contrasted with the narrow-minded and interested policy of the curators of the London College, and that not less distinguished and scientific body, the Court of Examiners. He had not the slightest doubt but that a most useful catalogue might be formed in the course of one year, and that if Mr. Clift's time was so precious, he did not think his elucidations so necessary to members who, possessing a diploma, were supposed to be sufficiently acquainted with the subject. The funds of the College were ample enough to employ the requisite number of assistants to form the catalogue.

Dr. Ager made some observations on the general wish expressed by all classes of the profession, to avail themselves of the munificent donation of Parliament, and on the conduct of a few self-elected individuals who sacrificed every scientific consideration to their own emolument.

Lord Colchester having expressed his astonishment that the terms of the bond had not been fulfilled by the curators, proposed the following resolutions :—That the Museum be opened for four hours two days in the week throughout the year, in strict compliance with the terms of the bond, and that if the members of the Colleges of Physicians and Surgeons expressed to the trustees their desire of a more frequent admission, they would then do all in their power to meet the wishes of those two bodies of the profession This was immediately agreed to.

The Duke of Somerset, and Gilbert

Davies, Esq., alluded to the hitherto passive conduct of the trustees, and declared that they had been deceived in the most shameful manner, by the promises of the curators, whom they now found were men not at all to be relied on, and proposed that they should be called in to receive the instructions of the Meeting.

The curators, Sir Astley Cooper, Sir Anthony Carlisle, Mr. Cline, Hr. Norris, Mr. Abernethy, and Sir William Blizard, were severally introduced by name to the trustees, and being informed that they might sit down, Sir W. Blizard, as chairman of the curators, addressed the Meeting—Most noble-minded and *permanent* trustees, on behalf of myself and fellow curators, I beg to assure you that all our endeavours have for many years been directed towards the advancement of the science of surgery, and the profession has gratefully acknowledged the result of our labours. A few, I say a few, discontented and interested persons have dared to question the purity of our motives, and the success of our labours. But it is for you, noble-minded and permanent trustees, after having considered the time we have devoted to the Museum, and the great expense we have been at to bring it to its present high state of perfection, to judge how far we have merited the reproaches which have been cast upon us. You will all agree that we, who have so long and so carefully preserved the Museum, are best calculated to judge of the manner in which it ought to be exhibited. When you consider the dust that is raised, and consequent injury to the preparations at each admission of the members, I have no doubt you will think with me, that the Museum is already too easy of access.*

Notwithstanding all we have already done for the profession, we contemplate doing still more for their benefit, and it is our intention to continue in the course we have adopted for so many years, and which, on many accounts, we have found to succeed so well. The worthy Knight was here interrupted, and informed by one of the trustees, that for the future, they would save the Board of curators part of their trouble, and that they had already entered into resolutions to that effect. Mr. Abernethy next addressed the trustees.—He informed them that after the comprehensive and enlightened view which had been taken of the subject, by his indefatigable and scientific colleague, Sir W. Blizard, very little was left for him to say. He had himself assisted Mr. Clift in preparing the catalogue, and arranging the preparations, and could bear testimony to the unwearied exertions of that gentleman. He was a highly-gifted man, but at the same time most whimsical and must be allowed to take his own way and time. As to the reproaches which had been cast on the legally-constituted authorities of the College, it was useless for him to say they were unfounded, as would be apparent to every unprejudiced mind, by a perusal of the "refutation" lately published by the Council. Lord Colchester here observed, that as to the discontent displayed by the members of the College; he thought that the fact of a separate entrance for the Members and the Council was derogatory to the character of men of a scientific profession. The resolution which had been agreed to by the trustees was now read to the curators, and they were requested to put it into execution. Sir W. Blizard, previous to the departure of the curators, expressed his astonishment at seeing proceedings which had taken place within the walls of the Royal College, reported in *that infamous work* "THE LANCET."

After the departure of the curators, a trustee regretted that Mr. Clift had spent his time in writing, in a copperplate hand, extracts from Mr. Hunter's notes, and feared that very little reliance could be placed on the curators, whose want of sincerity was now placed beyond a doubt, and therefore proposed, that at their quarterly meetings, the report of the progress made in the catalogue, should be read before them, and that the curators should be required to state what length of time they supposed would be requisite to complete it. Agreed to. Sir E. Home retired on the introduction of the curators *at an opposite door.*

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* However ludicrous these words may appear, they are precisely those which issued from the Ductus Communis Choledochus of the irritated Knight. *Permanent* trustees, in contradistinction to trustees ex officio. This was evidently as a mark of disrespect to the censors of the College of Physicians who have so nobly exerted themselves in the cause of the members of the College.

LONDON OPHTHALMIC INFIRMARY, MOORFIELDS.

Dr. Farre, the physician to this Institution, having announced his intention of delivering a lecture on Morbid Anatomy, prior to the celebration of the Anniversary, (the introductory lecture of a course which he is going to give on the same subject,) several professional men of the highest eminence, as well as students attending the practice of the institution, assembled at Moorfields, on the 31st ult., at four p. m., for the purpose of being edified by the doctor's discourse. Morbid anatomy, however, formed a very small part of the lecturer's subject, merely the commencement and termination, the intermediate part being occupied with an attack on materialists and an account of his own affairs. The doctor began by speaking on the pathology of absorption, and the necessity of sustaining the balance between the absorbent and aortic systems in extreme cases of disease, but soon left these topics to diverge into the most extraordinary strain we ever heard. He told us that hydrocele was common in hot countries! Mr. Spry, of Charterhouse-square, had saved his life! he had once the honour of being a surgeon! that Linnæus had termed the palma maxima the prince of the vegetable kingdom! and life was more than structure! At the mention of the word life, the doctor paused for an instant, but soon recommenced with increased pathos: "Mr. Travers," said he, "has lately published an excellent book; he has presented you with a work worthy of himself; but Mr. T., in his definition of life, has been obliged to go back to J. Hunter's definition, and Hunter was compelled to go back to Moses, where he says, (Levit. ch. xvii. v. 14,) 'For it is the life of all flesh, the blood of it is for the life thereof'." Then followed quotations from Luther's Discourses, the Bible, Sydenham, and Spurzheim's lectures, all jumbled together, and only showing in what a ridiculous manner the most sacred subjects can be treated by ridiculous persons. The doctor styled the German school a cursed one, and Edinburgh the worst (in reference we suppose to materialism) to which a man could go. We then had portions of Spurzheim's Lectures on Conscientiousness, taken by the doctor some years ago, when he exclaimed, "Gentlemen, I have merely written in my diary opposite to this, the word—Materialism!! A gaze of astonishment being excited in the whole assembly, the doctor rose from the seat which he had been occupying, and exclaimed, with a loud voice, "This is no new thing for me, I have been engaged in the battle against these materialists for more than twenty years, and whilst at Edinburgh, twenty-two years ago, I rescued from the brand of materialism a young man (Dr. Jones) whom I am proud to have made a physician. He had been corrupted by the philosophy of Reid, which was then exerting its pernicious influence." At another part he said, "I call these philosophers 'acephali,' not because they have no heads, but because they would deprive the world of the fountain of all good, they would, as it were, decapitate nature. The prophet Elijah * knew the difference between the works of the Almighty and the Almighty himself, when he said, "a great and strong wind rent the mountains and brake in pieces the rocks before the Lord, but the Lord was not in the wind; and after the wind an earthquake, but the Lord was not in the earthquake; and after the earthquake a fire, but the Lord was not in the fire; and after the fire, a still small voice."

After topics of this nature, the doctor informed us, that he could never bear a ring on his finger! that people at the age of fifty are obliged to wear spectacles! and that Mr. Longman had declined publishing any more of his plates if the next fasciculus was not likely to be more productive than the last! At first the company, although astonished at the doctor's observations, treated them with an air of ridicule, but as the doctor proceeded, there was not an individual present who did not blush to see a man, holding a certain rank in the profession, disgracing himself, and consequently the profession to which he belonged.

The Doctor informed us, that he had, a few years ago, delivered a course of lectures on the gastric system as applicable to ophthalmic medicine, but he conceived, that to cultivate medicine successfully as a science, we must do like Harvey and Hunter, begin from the cardiac system, and work out those materials on which they had only touched. "Some people think," continued Dr. F., "that by telling patients to take so many ounces of food, and lie down after dinner, by ordering a blue pill every other night, and an aperient draught the following morning, looking at the tongue and the stools, that every thing is done; such persons would render the practice of medicine extremely easy, and if this were really all, where would be the

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* 1 Kings, ch. xix. v. 11.

use (turning to the students) of putting your friends to such vast expence, and coming to London to learn that which any tyro in the profession can learn in a day. No, it is from the cardiac system, we must commence a system resting on the absorbent, supported by the cerebral, and modified by the sexual systems, which must form the ground work of our labours. It is from this Baillie (opening his plates) began, and here I cannot avoid mentioning, how much it is to be regretted that, instead of a small part of the profession contributing to the erection of a monument to this illustrious individual, the whole did not come forward at a guinea each, or a still smaller sum. I do hope, however, that the College will take a hint that has been given to it, and let the world have a cheap edition of his plates. Although Baillie contributed much to the advancement of pathological anatomy, I have in the portfolio on the table (and I mention it only to show that I have not been inactive during my life) more drawings of parts worked out by my own labour, than Baillie has given us from his own collection, and those of the two Hunters. On the other side, it is my wish, Gentlemen, to be enabled to give them to the profession in as cheap a form as possible; but this plate (showing it) which I had intended for the next in my work, cost me thirty-six guineas, a price which renders it impossible to publish them so cheap as I could wish. I shall publish weekly a journal on morbid anatomy, and have spoken to proper persons for editing it, it being only in my power generally to superintend it. It is my intention with this journal to publish a fasciculus of lithographic plates on morbid anatomy, together with the letter-press, containing the descriptions, and in so cheap a form, as to render it within the means of every person in the profession to procure them. There has been erected, at my recommendation, a small theatre at the back of this institution, for the purpose of carrying on minute anatomical dissections, particularly the anatomy of structure, and to which those only would be admitted, who were already in some degree anatomists. As in the temple of the old philosopher, over which it was written, No one could enter here who did not know geometry, so he should have for inscription in this theatre, No one could enter here who did not know anatomy." After a curious comparison between the situation of the two buildings, and some observations on the impropriety of treating the remains of the human body with indecency, the Doctor exhibited some plates of disease of the heart, viz. of contraction at the ostium arteriosum, and dilatations of the aorta, and informed us, that in the first number of his new journal, the time would be stated when the lectures would be resumed.

It is, perhaps, but justice to Dr. Farre to state, that he confessed he had spoken unprepared, and without his notes, which, in our opinion, were the worst of all excuses for his extreme folly.

The *Anniversary* of this Institution was held at the *Albion Tavern*, Aldersgate-street, on Wednesday, the 31st ultimo. William Mellish, Esq. in the Chair, supported on his right by Mr. Byng, and on his left by Mr. Whitbread, the members for the county. It was announced that dinner was to be on the table at half past five o'clock, but it did not make its appearance till a quarter to seven. Upwards of a hundred of the most respectable medical men and merchants sat down to dinner, which was well provided. Amongst those present, we noticed Drs. Babington, Farre, and Gooch; Messrs. Guthrie, Lawrence, Stanley, Travers, Tyrrell, &c. After dinner, several songs were sung by vocalists engaged for the evening, and but for the affairs of the Institution, very little of any interest took place.

Dr. Farre, in another precious speech, addressed the Chair. He first directed attention to the sum contributed and accumulated for the benefit of the Institution in the course of the last 20 years, which was 21,824*l.*, by which 60,255 out-patients had been enabled to have medical aid, out of whom 50,592 were estimated to have been cured, as well as 525 in-patients cured of cataract, or closed pupil, including 104 born blind. The Institution was only in debt to the amount of 100*l.* payable in the present year; that sum had been advanced by Dr. F.'s own father-in-law, and he, Dr. F., had paid the sum, and to him it now remained due; but of such infinite importance, fraught with so rich blessings to society at large, and particularly to the poorer class, did he consider the London Ophthalmic Infirmary that from that moment it was to be considered entirely out of debt, as, in addition to what he had done before, he presented the Institution with that 100*l.* There was an honour belonging to St. Thomas's Hospital, which none of our other Medical Institutions could boast of. History, sacred or profane, did not furnish an instance of a person born blind having been cured, since the working of the miracle by Christ, until it was done by Mr. Cheselden, surgeon to St. Thomas's

Hospital, who restored a youth to sight at the age of 14, who had been born blind, and it is a curious fact, that he could never see his benefactor without shedding tears. Mr. Saunders, too, did what Mr. Cheselden did not, he founded the school for the cure of the blind; he did more, because he extended the cure to infants born blind, at the age of two months; he likewise taught the science to all the profession so perfectly, that a pupil might be taught in three months how to perform the operation successfully on a child who had been born blind. It was contrary to all correct and philosophic notions to suppose, that any thing happened by chance; and extraordinary it was, that in the self-same year in which the Society for distributing the Scriptures throughout the world was instituted, by a different class of persons, without any communication between the parties, the London Ophthalmic Infirmary was formed! And by communications from Mr. Richardson, the superintendant of the Eye Infirmary at Madras, it appeared that the benefits of the London Institution had been extended to above sixty millions of people, and were likewise spreading throughout South America, and various other parts! Dr. F. then lamented the distresses of the times, not only as affecting the highest merchants in the kingdom, but the whole of mankind at large. He depicted with much energy, the lamentable plight of the Spitalfields weavers, and expressed his perfect confidence that, unless some great exertion was made to relieve them in the course of the summer, as the winter approached, their distresses, afflictions, and diseases, proceeding from want of proper food, clothing, and domestic comforts, would be unprecedented and inconceivable, and therefore he urged the absolute necessity of diligence in their aid. Their distresses he had been an attentive eye-witness to, in the course of his walks. There was one thing more the Meeting ought to be apprized of. It had been agitated some time ago, that a bust and monument should be erected to the memory of Mr. Saunders. *Mr. Chantrey* had commenced the making of the bust, which he had said ought to cost 200 guineas, but as Dr. F. had mentioned it to him some years ago, and as it could then have been made at 120 guineas, Mr. C. had promised to furnish it now for that amount, and which he Dr. F. himself would pay. (*Hear, hear.*) There was, however, the monument on which that bust was to be placed, and for the erection of which, any gentleman, so disposed, might subscribe. Dr. F. concluded by exhorting to a strenuous and continued exertion in aid of the London Ophthalmic Infirmary.

Mr. **Travers** could with truth say, there was no charitable institution in this metropolis, in his opinion, of the intrinsic value of the London Ophthalmic Infirmary. His friend Dr. F. had placed them in some dilemma, which was to be attributed only to the ardor and zeal with which that gentleman entered into any thing and every thing that had charity for its object: (*Hear, hear.*) He had brought before the meeting the disappointments of the mercantile world,—he had described the sufferings of the Spitalfields weavers, and then, (with what consistency Mr. T. did not know,) he called upon the meeting to alleviate the woes of the latter. Whatever weight such an appeal ought to have on the feelings of every gentleman elsewhere, yet it was of vital importance to recollect that the immediate objects of every charity should be kept apart, and that the exclusive objects of the present meeting were those connected with the London Ophthalmic Infirmary.

Dr. **Babington** was also a firm friend to this Institution, and felt perfectly convinced, that persons better qualified to discharge the duties attached to this Infirmary could not be found in the world than the medical officers appointed to attend to it.

Mr. **Tyrrell**—One of the medical officers expatiated on the utility of the Institution. A few years ago, they were obliged only to admit into the house such as would submit to operations; subsequently an extended power had been put into the hands of the officers, by which they had been enabled to admit what patients they pleased, and to retain them as long as they saw a necessity for doing so. The officers were not only happy to see any gentlemen who felt disposed to become pupils, but any gentlemen whose time would not admit of their becoming pupils, to visit the Infirmary, and to have all the information imparted to them that it was in the power of the medical attendants to give.—(*Hear, hear.*)

Mr. **Bland**, Mr. **Byng**, Mr. **Whitbread**, and several other gentlemen, expressed their attachment to the Institution, their high satisfaction of the results of it, and their determination to go on doing the utmost they could in aid of a charity so much calculated to relieve the sufferings and add to the happiness of their fellow-creatures.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

PANTON SQUARE.

Hydrocele.

This case, and the following, were considered by Mr. Wardrop as examples of arthritic inflammation of the testicle; the inflammation in such cases appearing to affect the serous envelope of that gland, and being usually connected with gout in other parts of the body. They exhibit the good effects of the colchicum in arthritic cases.

William H., ætat. 45, a butler, was admitted into the Hospital with a pyramidal swelling about the size of an orange, on the left side of the scrotum; it was soft and elastic to the touch, and evidently contained a fluid. On placing a lighted candle behind the swelling, it appeared quite transparent, and the testicle could be distinctly felt at the posterior part. It was not painful on pressure, but gave much inconvenience from its size.

During an attack of hepatitis, two years before, the swelling came on very gradually, at the same time that the liver and testicle became affected; he complained of pain in his ancle joints. Was of a peculiar sallow complexion, and had all the characteristics of the leucophlegmatic temperament. The swelling had been punctured four times before his admission, and a transparent fluid discharged; an injection of two parts of port wine and one of water had also been once employed, but although it created considerable inflammation, the fluid again collected.

His bowels having been kept rather more open than natural for some days, a trocar was introduced into the vaginal coat, and several ounces of a yellow coloured serum drawn off. A solution of the sulphate of zinc was injected, the testicle having been previously ascertained to be sound. The injection was retained for four minutes, and created great uneasiness, both in the testicle, and along the chord. In the evening the whole scrotum, particularly the left side, was swollen enormously, as also the penis; the integuments were of a bright rose colour; the swelling seemed to arise chiefly from a watery effusion into the cellular membrane. He suffered most acute pain. Pulse frequent, and feeble. Took two grains of opium, and a draught, with ʒiij. of the sulphate of magnesia, and gtts. xx. of the vinum colchici. Cloths wet with the liquor ammoniæ acetatis were applied to the scrotum.

Next day he felt much better; had passed a good night, and the swelling was considerably diminished. Had the 2 grs. of opium and the colchicum draught repeated at night.

On the third night after the operation, he was restless and uneasy from a *bunion* on the right great toe, being affected with arthritic inflammation; the skin was of a bright rose colour, and tender to the touch. The colchicum draught was continued. Two days afterwards, the inflammation of the toe had almost subsided, and the swelling of the scrotum very much diminished. The testicle could now be distinctly felt. Continued to take the colchicum draught for eight days more, under which the scrotum continued to diminish, and his general health to improve. The draught operated on his bowels two or three times daily. He now left the hospital with directions to take the colchicum draught twice a-week.

Arthritic Inflammation of the Tes .

James S———, æt. 60, a butler, March 26th.

The left testicle is swollen to the size of a turkey's egg, is harder than natural, but not very sensible to the touch. The form of the gland is considerably altered, being more flattened than natural, and somewhat of a triangular shape, with its base turned upwards. Immediately above the testicle, and in the course of the spermatic chord, there is a distinct tumour, of a pyramidal shape, soft and elastic to the touch, with an evident sense of fluctuation. This swelling is about the size of an orange, and extends from the top of the testicle two or three inches up the course of the spermatic chord. On both legs there are a number of purple blotches, which around the ancles run into each other, and give the skin a mottled appearance. There is also considerable œdema of the integuments. There are also a few similar spots on both arms. The integuments of the left hand, principally over the carpal bones and back of the hand, are much swollen, of a livid colour, and very tender to the touch. Is of a sallow complexion and has a foul tongue; bowels costive; pulse feeble.

States that about eight years ago he had a regular attack of gout in his feet, and a slight one in the wrist of his right hand three months ago, to which he paid little attention. This left him a fortnight afterwards, when the testicle suddenly became affected with swelling and great pain, shooting up towards the groin. The swelling increased for ten days, when he applied to a surgeon, who punctured it and drew off about four ounces of a thin yellow serum. No injection was used. The fluid again began to collect, and at the end of a month the scrotum had attained its former size; it was again tapped and about the same quantity of fluid drawn off mixed with blood. The last operation gave much more pain, and he thinks the testicle was injured. The fluid has since gradually accumulated, but is confined to the upper part of the tunica vaginalis.

A fortnight ago he complained of great heat and pain of the legs during night, and in the morning was surprised to find them covered with purple blotches. The upperextremities became affected after the legs. Suffers considerable inconvenience from the œdema, which is increased on the least exercise.

Has always lived fully, and when a young man was in the habit of fishing a good deal, and having his legs wet with cold water. To remain in bed.

℞ *Subm. hydr.*
Pulv. antimon.
Ext. Rhei, *āā* gr. ij. *Ft. pil.*
to be taken at bed time.

27. The medicine has not operated; feels much the same.

Reptr. pil. as before.

28. The medicine has operated powerfully, and to-day he feels much better. The swelling and œdema of the extremities are very much subsided, and the skin is not of so bright a purple.

29. The purple appearance of the legs continues to diminish, but the swelling of the scrotum is much in the same state; bowels not open; tongue white; pulse languid.

℞ *Ext. acet. colchici*, gr. i.
Hyosciam, gr. iii. *Ft. pil.*
to be taken at night.

30. The pill which he took last night griped him very much, and prevented his sleep. Bowels very open; tongue still white.

Intermit the pill, and

℞ *Pil opii*, gr. i.
Subm. hydr. gr. ij.
to be taken immediately.

31. Feels better, and passed a very good night.

April 2. His bowels were freely opened yesterday by castor oil, and he feels quite comfortable to-day. The purple blotches on the legs have almost completely subsided; there is also a considerable diminution of the swelling of the scrotum, and of the integuments on the back of the hand; tongue much cleaner.

Repr. pil. c. ext. acet. colchici.
to be taken at bed time.

9. He has taken the colchicum pill every night since last report, and it agrees well with him. The legs are now almost of their natural appearance; the swelling and pain of the back of the hand have complely disappeared, and the scrotum is nearly of its natural size.

Fungus of the Testicle.

Stephen S——, æt. 27, a postilion. There is a fungous growth of the size of half a pigeon's egg, situated on the upper part of the left side of the scrotum. The scrotum itself is little swollen, but the testicle to which the fungus is attached is considerably enlarged, and hard and irregular to the feel. The spermatic chord is also somewhat hard and thickened. There is a discharge of a yellow puriform fluid from the surface of the fungus. He suffers little or no pain, and when the scrotum is suspended, he can walk about without inconvenience. General health good. Five months ago, after riding on horseback without a saddle, he observed the left side of the scrotum begin to swell and become hard, without giving much pain, this continued for three months without any perceptible change, during which period he continued to ride as postilion. Ten days ago a small scab made its appearance on the upper part of the swelling, which he picked off, and there was discharged a thin watery fluid. The fungus now began to shoot, and has since gradually increased to its present size. Has had the venereal complaint frequently, both in the form of gonorrhœa and chancre, and has used a considerable quantity of mercury. Leeches have been applied once to the scrotum, but without benefit.

March 13. A poultice to be applied, and

℞ *Subm. hydr.*
Pulv. antimon.
Ext. rhei, *āā* gr. ij. *Ft. pil.*
to be taken at bed time.

14. The poultice to be continued and to take five grains of the blue pill every night.

18. Has taken the pill for four nights, and begins to feel his mouth affected. The testicle and spermatic chord are considerably less swollen and much softer. The fungus also appears diminished; bowels regular; tongue clean; pulse natural. Discontinue the pill.

22. To-day the fungus was removed with the knife; the bleeding from the surface was trifling, a pledget of lint was applied, and two grains of opium were given. In the evening he was quite free from fever, and felt little pain in the part. Pulse quick, but soft.

28. There is now a free discharge of matter from the wound, in the centre of which a small soft fungus is springing up. Is quite free from pain. The wound is to be sprinkled over with the *alumen ustum.*

April 2. The new fungus has increased, although it has been daily covered with the burnt alumn. Health continues quite good. The sulphate of copper to be used night and morning, instead of the alumn.

On the 11th the fungus had diminished to the size of a pea, and the parts around were cicatrising rapidly. For the last two or three days the nitrate of silver had been used, instead of the sulphate of copper. The testicle was then much softer, and almost reduced to its natural size.

On examining the fungus removed, the exterior portion appeared to be a granular mass of a light red colour, whilst the central part had the appearance of a portion of healthy testis.

When it was much the custom to extirpate testicles, it was very common for surgeons to resort to that severe operation in cases of the above description. The true pathology of this affection was not understood, until Mr. Lawrence gave an account of it,* and pointed out the treatment which was adopted in the foregoing case.

Tumour of the Pericranium.

Arthur B., a seaman, ætat. 27. On the right side of the forehead, about an inch and a half above the external angle of the eye, there was a small tumour about the size of half a walnut; the integuments covering it were of their natural appearance, soft and elastic to the touch, with an evident sense of fluctuation. Around its base there was a feeling of hardness and irregularity of the subjacent pericranium. This small tumour was attended with excruciating pain, extending over the whole head increased on the slightest pressure, and always most painful towards night. His strength was much exhausted, with great anxiety of countenance. Bowels open; tongue clean; pulse quiet and full.

Stated, that about six months ago, without any apparent cause, he was seized with violent pain over the whole head, and he became quite insensible. He was then bled copiously. From this state he was gradually recovering, when the pain returned, and he was immediately put under a course of mercury, which produced strong salivation. At the end of six weeks the mercury was stopped, and he found himself much better. About this time he went into the open air, and caught a very severe cold, and the symptoms recurred. During eleven weeks he took sarsaparilla, and other medicines. In the nineteenth week he was considered cured. Said that a fortnight before this, he perceived the present tumour, but took no notice of it. It began in the form of a small hard swelling under the skin, and not attended by the least pain on pressure; the pain in the head has been very severe, and almost constant during the last two weeks. He has had the venereal disease frequently, but not for the last seven years.

About twelve months ago, he experienced great pain in the bones of his legs, which increased towards the evening, and about this time he had a small tumour on the left side of his head, similar to the one he has at present; it was laid open, and very soon got well.

On coming into the Hospital, he was ordered, at bed time, to take a calomel pill, and two grains of opium.

He passed a better night than he had done for many weeks, but felt the pain in his head much the same. Pulse full, rather hard. He was bled at the arm to ℥x. and the calomel pill, and two grains of opium repeated at night.

Had another good night, and his pulse much softer since the bleeding. The blood presented a good deal of the inflammatory crust. His hair was cut short, and a bladder with ice applied to the head, from which he felt temporary relief. He complained of most excruciating pain in the head, with hot skin, and a hard and full pulse; he had also had a fit of cold shivering, which lasted about half an hour. Two grains of opium, and six of calomel were given at night. Felt much more composed soon after taking the pill, and passed a tolerably good night. The tumour on the forehead now seemed to become larger, and it was determined to lay it open. A free incision was made through the integuments, along the whole extent of the tumour, and about a tea-spoonful of pus escaped; a large portion of the subjacent bone was found perfectly bare, but smooth. A small branch of the anterior temporal artery was divided by the incision, which bled freely from both extremities; no attempt was made to arrest the hæmorrhage, and it ceased after discharging about 8 oz. of blood: a piece of lint was laid on the surface of the wound.

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* Edinburgh Medical and Surgical Journal.

In the evening a great amelioration had taken place of the pain in the head; the skin had become cool and moist, and the pulse calm and soft. The opium was repeated, and an opening draught taken in the morning. Next day felt very much relieved, and had passed a very quiet night. Bowels not moved since the operation; ordered a calomel pill.

From this time he continued gradually to improve in his general health, and the wound to discharge freely. He merely took opening medicine to regulate his bowels, and the wound was dressed with the unguentum ceræ.

In about a month he left the Hospital in perfect health. The wound of the scalp had almost united, and there remained but a slight discharge from the denuded bone.

This case offers an example of the peculiar effects of mercury in producing inflammation and suppuration of the periosteum, and points out the immediate and permanent relief obtained by making a large opening into such swellings.

Wound of the Scalp.

John S., ætat. 43, a groom, was brought to the Hospital at ten o'clock in the morning, with a lacerated wound of the scalp, of an inch in length, and situated two inches above the external angle of the left eye. The edges of the wound were separated from each other, and on introducing a probe, a small portion of the bone was found denuded. There were also slight marks of violence on the temple of the same side, and a small bruise on the top of the left shoulder. Complained of giddiness of head, and sickness. Pulse slow, and labouring; eyes not affected; breathing natural.

About half an hour before he was brought to the Hospital, he received a kick from a horse, which knocked him down, and rendered him insensible. In this state he was taken up by another groom, and almost immediately recovered his senses. He was bled in the arm to ℥xvi., and given a pill containing calomel, the pulv. antimonialis, and the extract of rhubarb, of each two grains, and a senna mixture, of which a wine-glassful was to be taken every three or four hours.

One o'clock, (same day.) Complained of slight pain in his head, with sickness; breathing more hurried than natural; pulse quick and vibrating; bowels not moved. The bleeding was again repeated to ℥xvj., when he became very faint. On visiting him at night, found that his bowels had been freely opened, and he was quite free from pain. Pulse softer; skin moist; next morning he complained of great pain of the shoulder and back part of his neck, otherwise felt better; pulse 84, and full; tongue white; skin very hot; complains of thirst. Was cupped on the back of the neck to ℥xvj., and took some more opening medicine. On the following night he slept well, and was free from pain. The patient left the Hospital at the end of the week, free from all bad symptoms, and in five or six days more the wound of the scalp had quite healed.

The good effects of prompt and copious depletion are well illustrated in the above case.

Wound of the Finger.

The two subsequent cases illustrate several important practical points in the treatment of injuries. They show how very slight wounds may excite great constitutional disturbance, they also point out the advantage of general and copious bleeding under such circumstances, and the irritating effect of even the most simple local treatment, until all febrile symptoms are mitigated.

John B., a dyer, ætat. 35. On the ring finger of the left hand there is a small wound with a growth of unhealthy granulations springing up at the ulnar side of the nail, which is exceedingly painful on being touched, and has produced considerable constitutional irritation. The whole hand and arm, as far up as the shoulder, are swollen; complains of thirst, pain of the head, &c. Pulse full and hard; bowels not open. About a fortnight ago he cut his finger slightly with an old knife, which bled very profusely, but he paid no attention to it further than to apply a piece of linen rag. Two days after, a thread was accidentally drawn violently across the wound, which brought back the bleeding, and next day the wound began to fester; a piece of sticking plaster was now applied, which produced great irritation, but he allowed it to remain four days. He then applied a linseed-poultice, which failed in giving relief.

Sixteen ounces of blood were now taken from the arm, and he was ordered a calomel pill and a senna draught. He felt very much relieved immediately after the bleeding, the pill operated powerfully, and the following morning the constitutional irritation was much abated, the swelling of the hand and arm was quite gone, and the sore looked better. To be dressed with the unguentum ceræ.

Two days after, he had headach, accompanied with pain in the finger extending up the arm, with acceleration of pulse; complained also of thirst and feverishness. He was bled to ℥xij. and ordered to take the colocynth pill with calomel at night. The febrile symptoms now subsided, the pulse became natural, and the pain and redness were diminished. Leeches were applied to the finger, at a small distance from the wound, which bled profusely, and the local inflammation continued to subside. Notwithstanding having remained in bed and lived on the most simple food, febrile symptoms returned to a slight degree; he was therefore immediately bled to ℥xij. and the bowels purged. This last bleeding produced permanent relief, and the wound of the finger was completely healed in a few days. No local application gave relief, except the immersion of the finger and hand in warm water, which was frequently had recourse to.

Wound of the Finger.

Richard W., a footman, æt. 23, came to the Hospital with a severe cut of his left hand, at the radial and distal extremity of the metacarpal bone of the fore-finger. The wound was inflicted by a bread knife, two days ago, and the divided portion was rather larger than a shilling piece, which adhered only by a narrow slip of skin. Had applied nothing to the hand since the accident. The divided portion was brought in apposition by adhesive straps, but it soon produced so much irritation that a poultice was substituted. Tongue furred and bowels costive, &c. Took gr. x. of the compound extract of colocynth.

On the third day the wound discharged a healthy matter and adhesion was commencing, but the hand was somewhat swollen, with occasional pains shooting up towards the axilla, also complained of headach. Pulse hard; tongue furred; urine very high coloured; much thirst.

In the afternoon he was bled at the arm to sixteen ounces, and a poultice applied over the wound. In the evening he felt considerably easier, but he was still feverish, and the pulse not readily compressible, he was again bled to ℥x. and ordered to take two grains of opium with one of calomel. On the sixth day, two days after the bleeding, all bad symptoms had left him, and the wound began to unite kindly. The pulse was soft and natural; tongue clean, and appetite returned. On the twentieth day he left the Hospital, the wound having completely healed. A piece of lint spread with the unguentum ceræ was the only dressing used.

Division of the ExtensorTndone of the Finger.

A shoemaker presented himself at the Hospital, having six days before received a cut across the distal extremity of the metacarpal bone, which supports the ring finger of the right hand. The wound had completely healed, but the power of extending the finger was perfectly destroyed. To use his own expression, the leader of the finger was cut through with the knife. The finger was placed on a splint, and an attempt is making to unite the divided extremities of the tendon.

Cancer of the Lip.

Edward S——, a countryman, 80 years of age, has a tumour of a firm unyielding consistence in the middle of the lower lip, about the size of a common nut. Its upper surface is covered with an ulcer of a circular form, elevated above the level of the sound lip, and of a pale red colour, discharging a thin sanies. No swollen glands can be detected in the adjacent parts. His general health appears good. About six years ago, he received a wound in the lower lip with a fork, upon which a black scab was formed, and as soon as removed, re-appeared. A year afterwards, the parts surrounding the scab became very hard, unaccompanied, however, with pain. It is only about a year since the lip has given any uneasiness, but since that period the pain has been nearly constant, and frequently very acute. Two months ago the scab fell off, and the sore has since continued in an open state.

Operation.—A piece of pasteboard was put within the lip, in order that the whole thickness of the lip might be divided by one incision. An incision was made on each side of the tumour, so as to form a V, particular attention being paid to include the whole of the diseased portion. The coronary arteries at first bled profusely, but soon stopped. The edges of the wound were then accurately brought together, and a pin was introduced at its upper extremity, about a quarter of an inch from its edge. In order to preserve the line of the lip, the pin was passed where the skin and mucous membrane unite, and brought out at the same place on the opposite side, being carried through the centre of the lip. A ligature was twisted round the pin in the usual manner, which brought the edges of the wound in accurate contact. No dressings were applied, but a quantity of coagulated blood allowed to remain on the surface of the wound. The tumour presented the scirrhous character. On the fourth day, the coagulated blood around the point of the pin was removed, by previously moistening it, in order that the pin might be easily withdrawn, and cause no irritation to the wound; complete adhesion has taken place.

Several important practical points were well illustrated in the operation on this patient.

1st. The advantage of having a piece of pasteboard or other solid substance placed behind the lip.

2d. The advantage of allowing the coronary arteries to bleed freely, and of not applying ligatures.

3d. The advantage of one pin, in the place of two or more pins or ligatures.

4th. The importance of being guided in introducing the pin by the natural red line of the lip, and in passing it through the middle of its substance, in place of introducing it either too near the skin, or too near the inside of the lip.

5th. The propriety of not washing the wound, and of allowing the contiguous parts to be covered with coagulated blood.

All these different circumstances are well worthy of attention in executing this simple operation.

The use of a solid substance placed behind the lip, enables the operator to make the incision with great accuracy and decision, and to cut through the whole substance of the lip by one stroke of the knife. It is unnecessary to tie the coronary artery, as the pressure of the pin-suture never fails to prevent the bleeding, and it is always a consideration, when it is desirable that a wound shall heal by adhesion, to avoid taking up vessels, as the presence and irritation of a ligature cannot fail to excite more or less inflammation. The importance of using only such a number of pins or ligatures as shall keep the lips of the wound in perfect adaptation, is also to be attended to in this operation. In the above case a single pin was sufficient to keep the whole extent of the edges of the incision in close contact, and more will seldom be found necessary. Sometimes the addition of a very small ligature or piece of adhesive plaster may be requisite to keep the edges of the lower part of the wound together. Whatever number of pins or ligatures be employed, it is of great importance to introduce the upper one first, and in doing this to be guided by the red line of the lip, by which means its edge will not be rendered irregular and unseemly, and any disparity in the length of the two sides of the wound will be apparent only at its lower extremity. Pins Mr. Wardrop much prefers to ligatures in this operation, as the twisted suture keeps the sides of the wound more accurately together, and also acts on a larger portion of it than the common ligature.

It is also necessary to attend to the place of the lip into which the pins are introduced. If they are entered too near the edges of the wound, the subsequent inflammation may cause them to cut through the skin, and so become useless in retaining together the divided edges. If they are introduced too deep, that is, too near the mucous membrane of the lip, then the wound will gape externally, and the edges of the skin will not be easily brought into accurate contact. On the other hand, if they be too near the skin, then when the external edges are brought into close contact by the application of the thread, the internal wound will gape, and adhesion will be prevented.

As the adhesion or reunion of divided parts, is chiefly produced by the agglutinating qualities of the blood, it is a good rule, never to wash or cleanse in any manner a recent wound. If a quantity of blood coagulates, and agglutinates the skin and parts around a wound, it serves all the purposes of adhesive plaster and bandages, and then all the irritation from such applications is avoided.

Cancer of the Mamma.

Three cases of cancer of the mamma have presented themselves at this hospital, but in all of them the glands were found swelled; in one there were glands in the neck, in another a gland in the axilla, and in the third, an enlarged gland could be distinctly felt underneath the edge of the pectoralis major muscle. The circumstance of the contamination of the glands, is deemed by Mr. Wardrop as an insurmountable objection to the performance of an operation.

Case in which Acupuncturation was successfully employed.

Thomas B———, ætat. 45, a man of robust habit, who, with the exception of an occasional attack of ague, had enjoyed good health, was seized about a year ago, with acute pain in the muscles on the anterior part of the thigh, which, after a time, was followed by lameness in walking: the pain was most severe at night, or after using the limb, when he felt a peculiar jerk as if it would break under him. Various remedies had been tried, as aperients, colchicum, bark, plasters, bandages, &c., but with little or no alteration for the better.

Two acupuncture needles were inserted into the middle and anterior part of the thigh, to the depth of an inch or an inch and an half, and retained for about a quarter of an hour. This operation was repeated 4 or 5 times at intervals of a few days, with decided advantage, so much so, that the patient said, "I never received so much relief from any remedy, and I would rather sit down to have the needles inserted than to the finest dinner that could be set before me." The pain was entirely removed, and there remained but a slight halt in walking.

Amputation of the Hand.

This operation was performed by Mr. Wardrop on Tuesday morning, on a patient with diseased wrist, the bones of which were carious, and the cause of great pain and constitutional disturbance.

The operation was performed by making two semilunar flaps.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Chronic Abscess of the Chest.

John Hall, aged 23, a man greatly addicted to liquor, was admitted on the 3rd of February, into Henry the Eighth's Ward, under the care of Mr. Lawrence, having a tumour situated just over the cartilages of the seventh and eighth ribs. The tumour was about the size of a moderate orange, and the man stated that it had been coming on for the last twelve months. On pressing it, a distinctly pulsatile sensation was imparted to the hand at each action of the heart, so that some doubt existed as to the nature of the swelling. Mr. Lawrence opened it, however, the next day, when 5 ounces of well-formed pus escaped, and the orifice of the abscess was then instantly closed. A degree of doubt was entertained by Mr. Lawrence as to whether the sac communicated with the cavity of the chest; but the impression generally was, that it did not. The constitution appears to be considerably disordered; the tongue is very much loaded, and the countenance is pallid and wan. A dose of calomel and jalap was ordered to be given, and the patient to be placed upon milk diet.

5. The tongue is much cleaner, and his bowels have been relieved.

8. Fluctuation is again perceptible in the tumour, but not to such an extent as before. It was again punctured, and about 4oz. of purulent matter escaped. Mr. Lawrence expressed a doubt as to the correctness of his former opinion of the abscess having no communication with the cavity of the chest, and he mentioned further, that not long since, he met with a similar case with a lady's maid, who had an abscess of this kind, which was situated in the parietes of the chest, and required every now and then to be opened; his opinion in that case was, that the abscess did communicate with the thoracic cavity.

17. Since the 8th, the man has gone on tolerably well, with the exception of being hot and feverish on the 15th, when he was bled to 16oz., and ordered to take the saline mixture with ½ a drachm of the solution of tartarised antimony every four hours.

18. Rather better. The pulse is small and frequent; bowels open; tongue loaded. Let 10 drops of the tincture of digitalis be added to the mixture, and be taken every six hours.

19. Pulse less frequent, and has passed a comfortable night. Bowels open. Complains of uneasiness in his chest with a slight difficulty of breathing. Let a blister be applied to the chest, and to take 1½oz. of mint-julep, three times a day.

23. Not quite so well; complains of want of sleep at night; pulse very small. Continue as before.

24. Has passed a quiet night, having taken last evening 20 drops of laudanum. A thin ichorous matter issues from the orifice of the abscess, of a very offensive odour. Great pallidness still pervades the countenance; the features are shrunk, and anxiety is depicted in every look. The pulse is small and wiry; complains of pain on making a full inspiration. Bowels open, and tongue loaded. Appetite prostrate. Let him take the saline mixture, with half a drachm of the tincture of hyoscyamus every four hours, and repeat the laudanum at bed-time, if necessary.

27. Better; took another dose of laudanum last night, and has had some refreshing sleep. An ichorous matter still continues to be discharged from the abscess; but it has lost its offensive smell. The man's appearance is also much improved. Bowels open; tongue moist and clean. Continue as before.

31. Gradually improving. The wound has ceased to discharge, and the appetite is returning.

After remaining in the Hospital a few days longer, he had recovered sufficient strength to enable him to walk in the Hospital square for a short time each day, and at his own request he was discharged, in order that he might go into the country for change of air.

Case of Chronic Dysentery, with spasmodic contraction of the internal Sphincter Ani.

G. Beaumont, a shoemaker, aged 40, was admitted on the 16th of February into John's Ward, under the care of Dr. Latham. On inquiring of the man the particulars of his case, he stated that, about six months ago, he was seized with a severe purging and pain in his bowels. The stools for the first few weeks were of their natural colour; but after a time they became slimy, and were tinged with blood. He further stated, that he had occasionally sought medical aid, and although he has thus been more or less relieved, still his complaints have never entirely left him. The calls to go to stool are at this time very frequent; the evacuations are generally very scanty, and passed with considerable pain. The man also stated, that when the stools were passed in a solid state, they were never of the ordinary size, and always appeared flattened. His complaints at present are less severe than they were. He has been subject to a bowel complaint for the last few years. Pulse 80; tongue moist. He appears greatly emaciated, but his appetite continues tolerably good. Let him take the compound blue pill with chalk, every four hours, with two ounces of lime water every six hours. Milk diet.

20. The purging has ceased, and he has now but one stool in the course of 24 hours. The stools are of a small size, of a dark red colour, quite flat, and in some degree twisted. After passing them, he has a sense of pain and irritation about the anus. Let a dose of castor oil be taken immediately, and repeat the pills every six hours.

22. Yesterday passed a stool nearly of a natural size. Dr. Latham observed, that this case appeared analogous to those alluded to by Dr. Baillie in a paper read by him at the College of Physicians, and published in the fifth volume of their Transactions*. Continue the medicines.

28. Mouth sore; fæces solid, and does not complain of so much irritation and uneasiness about the sphincter ani. Discontinue the pills, but not the lime water. Let him take two drachms of castor oil every morning.

March 5. For the last few days the patient has been convalescent. The bowels are relieved two or three times each day, and without any tormina or tenesmus. He continued in the Hospital about a fortnight longer, and was then discharged.

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* The following is an extract from Dr. Baillie's paper on this subject:—" An examination of the rectum was occasionally made *per anum*, and the rectum was always found to be so much contracted, as to admit with difficulty the fore-finger. The contraction extended to the upper limit of the internal sphincter of the anus, above which the cavity of the bowel was of its natural size. This case is very different in its nature from the usual stricture of the rectum, and it is of considerable importance, that it should be distinguished from it in practice. In the one case, the prognosis would be favourable, and in the other case it would be generally very much the contrary. Upon a slight degree of attention, the two cases might be confounded, but when accurately examined, they may at all times be clearly distinguished from each other. In both cases, the fæces will be found to be flattened in their shape, small in their size, and in some degree serpentine or twisted; but the other symptoms will be found to be very different. In the common stricture of the rectum, the situation of the stricture is generally two or three inches above the outer sphincter, and there is a sound capacious portion of the bowel between the stricture and the sphincter. At the seat of the stricture, the coats of the rectum are felt to be more or less thickened, and not uncommonly, in the cavity of the stricture, there is a hard irregular ulcer. Although this disease has in its early stages little influence upon the constitution, yet, when it has made a further progress, the powers of the constitution become very much weakened; great emaciation generally takes place, and the patient is destroyed.

In the other species of stricture produced by a contraction of the anus, the contraction is found on examination to be at the anus, or the very lower extremity of the rectum, the mucous membrane of the rectum is discovered to be sound, and the general health is not impaired.

As this kind of stricture occurs very rarely, and is not very generally known, I have thought it not unimportant to communicate an account of it through the medium of the Transactions of the College."

THE LANCET.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXIX.

Of Inflammation of the Mucous Membrane of the Intestines.

Gentlemen,

INFLAMMATION of the mucous membrane of the intestines is attended, after a time, with increased secretion and consequent discharge; and the affection is termed *diarrhœa,* or *purging.* Now it is necessary that you should know how purging is effected; for some of the terms in general use convey a very false idea of the thing. Purging is frequently said to be owing to *relaxation,* or *weakness* of the bowels; implying, that they are passive on the occasion; which is quite contrary to the truth, and leads to improper treatment. The immediate cause of the discharge of the contents of the intestines is the muscular action of the canal, exerted in an undulatory or worm-like manner, and called accordingly the *vermicular,* or *peristaltic* motion. This action is greater or less at different times, and the evacuation is in proportion. All purging, therefore, implies greater action on the part of the intestines; and consequently the terms *relaxation* and *weakness* are improper. The system in such cases may be altogether weak, but the intestines themselves are always in a state of increased action in diarrhœa. The discharge, again, is facilitated by the contents being rendered more liquid; and this effect is produced by a more copious secretion taking place from the mucous membrane. To understand the nature of *diarrhœa,* therefore, you must take into account the two circumstances now mentioned, viz. the increased *peristaltic motion,* and the *increased secretion* from the mucous membrane, both of which take place when this membrane is in a state of inflammation.

Diarrhœa, or purging, however, may take place without any inflammation of the mucous membrane, and, in fact, without any actual disease of the intestines themselves. Their natural action may be simply increased from a variety of causes, in which they themselves have no direct concern. Thus purgative medicines, as well as various other drugs, have this effect; but in this case, in general, the purging continues no longer than till the irritating substance is discharged. So, if the functions of the stomach are imperfectly performed, there may be *acid* or *putrescent* matter generated there; and this passing into the intestines may irritate them, and produce increased evacuations. Again, a larger quantity of bile may be secreted by the liver, or bile of a more acrid quality; or the bile may be pent up for a time by gall-stones, and then suddenly poured out: either of these may produce temporary diarrhœa. An abscess of the liver, or of any other part within the abdomen, bursting into the intestine, may produce the same effect. All these may take place without any disease of the intestines themselves; and the effect will be greater or less, according to the states of irritability of the canal.

But often the mucous membrane becomes actually *inflamed* from these or other causes; and, as in other parts of similar structure, increased secretion follows; the muscular fibres of the intestine become at the same time more irritable and active, and thus increased discharges, or *purging,* takes place. This inflammation may be excited by any of the causes above enumerated, when applied with more than the usual intensity; and then the purging will continue although the cause has been removed, or ceases to act, *Cold*, likewise, may produce it, especially if applied to the extremities, and in some persons more than in others, owing to predisposition. This predisposition may be constitutional; for in some the intestines are at all times so irritable, that the slightest irregularity will produce purging. This irritability of the intestines is, in general, greater in the morning than at the latter part of the day. A predisposition to such diseases exists remarkably in hot climates; but in what way the effect is produced it is difficult to understand. A similar predisposition to such affections is observed also towards the end of summer in temperate climates, and has been ascribed to eating fruit; but though excess in this may excite immediate purging, the moderate use of fruit rather tends to lessen the predisposition, by lessening the irritability of the system altogether.

Now the inflammation of the mucous membrane may be in different degrees, and more or less extensive; and the disease has received different names accordingly. When, for example, the whole tract of the alimentary canal is thus affected, (stomach as well as intestines) the disease has been called *cholera morbus*; when it affects pretty generally the *small intestines*, we call it *diarrhœa*; and when the *large intestines* principally, it is termed *dysentery*. These three are therefore essentially the same, and differ chiefly in extent, and the particular seat which they occupy. As, however, there is some difference in regard to the treatment, it will be necessary to speak of them separately.

1. *Cholera Morbus.*

Definition.—"Vomiting and purging of bilious matters, tormina, with cramps of the legs."

History.—The *symptoms* of this disease are, violent pain in the stomach and bowels, quickly followed by enormous vomiting and purging of bilious matters, whence the name *cholera*, bile or *choler* being supposed to be the actual cause of the disease. There is great depression of strength; the pulse is small, frequent, and often very irregular. Other symptoms often present are, hiccup, cramps of the legs, and coldness of the extremities.

Cholera is often accompanied with *idiopathic fever*, which may continue after the *cholera* has subsided. There is then headache, brown tongue, prostration of the muscular strength, with the other symptoms of ordinary fever, and which may continue and go through the usual course.

This disease has sometimes proved fatal in twelve hours; but when about to terminate favourably, warm sweats come on, and the pain and other symptoms cease.

Causes.—*Cholera morbus* rarely appears except towards the end of summer, and it is observed to confine itself chiefly to the month of August; it prevails with greater frequency and violence the longer and hotter the summer proves; this, therefore, may be considered as the *predisposing* cause. The immediate, or *exciting* causes are exposure to cold, indigestible matter of any kind taken into the stomach, but especially putrescent substances. Crabs and other shell fish readily produce it in certain individuals. Inhaling putrid vapours will likewise occasionally produce it. *Arsenic* (and probably other mineral poisons) give rise to symptoms that are not distinguishable from *cholera* produced by other causes.

Theory of Cholera Morbus.—There is great reason to believe that this disease consists in an inflammation of the mucous membrane of the whole tract of the alimentary canal (including the stomach) the increased secretion of bile being only secondary, and the result of irritation, as in other cases of violent vomiting and purging. The pain that precedes as well as accompanies the disorder, and which often remains, with heat and tenderness to the touch, after the evacuations have ceased; the furred tongue, and other febrile symptoms that succeed the coldness, are all signs of abdominal inflammation. Besides that the disease is brought on by many causes that act immediately on the mucous membrane, and which can have no direct influence on the liver, the supposed seat of the disease. This view of the nature of *cholera*, you will find useful in practice; for the disease is most successfully treated by means that are adapted to the cure of inflammation o the mucous membrane in general.

The *treatment* of *cholera* is very simple, and has not been materially improved since the time of Sydenham. In most cases, it may be said to cure itself; the vomiting and purging ceasing spontaneously, after a short time. It is best at first to encourage the discharges, by giving warm water freely, or, if you choose, mucilaginous drinks, though these are of no moment. By proceeding in this way, two ends are answered—every thing that may be present of an irritating quality is got rid of; while the increased secretion from the mucous membrane, tends to ake off the inflammation, as in the case of ordinary catarrh. You may then give *opium*, combined with *stimulants* of any kind, such as *spirits*, the *essential oils*, *camphor*, &c. The opium may be either given in a full dose at once, or in small and repeated doses; it is difficult to say which is the better mode. *Warm fomentations* should be applied to the abdomen and the lower extremities; and if practicable, the *warm bath*. *Anodyne clysters* may also be exhibited with advantage.

If, when the vomiting and purging have ceased, there remains pain of a continued kind in the abdomen, with tenderness to the touch, a blister should be applied; and even bloodletting practised, if the pulse or general strength will allow of it. After an interval of 24 hours or little more, a mild purgative should be given, in order to guard against accumulation of matters in the intestines, which might reproduce the disease.

When *cholera* prevails epidemically, it is observed to occur in various degrees; sometimes there is vomiting only, during which bile is thrown up (called then *bilious vomiting*); sometimes there is purging, without vomiting; and sometimes pain, without either vomiting or purging (called *bilious cholic*). These are all of the same general nature, and require the same general treatment to be applied to them; always taking care that sufficient evacuations are procured before *opiates* are had recourse to.

2. *Diarrhœa.*

Definition.—"Frequent evacuation of liquid fæces."

History.—This disease is characterized by a frequent discharge of thin fæculent matters, the stools becoming gradually more watery and less copious, and at length slimy, and sometimes bloody; attended more or less with griping pains, the effect of spasmodic contraction. There is generally also soreness of the abdomen, and often *pyrexia*, with deficient appetite. The taking of food generally produces a stool. Sometimes the food passes unchanged, and the disease is then termed *lientery*, from an unfounded notion that the spleen (*lien*) was concerned. At other times, the stools are whitish, which was supposed to be owing to the presence of chyle, and the affection was then called the *cœliac passion:* probably, however, this appearance arises from an alteration in the secretion from the mucous membrane.

Causes.—*Diarrhœa* is most frequently produced by *cold*, especially by wetting the feet. Irritating matters of all kinds, introduced into the stomach, or generated there, are to be ranked among the occasional causes of the disease.

You must bear in mind what I said, when treating of chronic inflammation of the intestinal canal, namely, that *diarrhœa*, or *purging*, is not always *primarily* an affection of the mucous membrane, but may be a symptom of a disorganized state of the intestine. It is also frequently the consequence of disease in the mesenteric glands, rendering the intestinal canal more irritable than usual.

Treatment.—With respect to the treatment of *diarrhœa*, it is sufficiently simple, attention always being paid to the probable cause. In most cases, the disease is better left to itself, when, after a short time, as a day or two, it generally ceases spontaneously; whereas the hasty suppression of it by *opiates* and *astringents*, is often followed by a relapse, or even a conversion of it into *enteritis*, the inflammation extending itself to the general substance of the intestine.

If the disease appear to arise from indigested food in the stomach, a gentle emetic of ipecacuanha, will be proper. It is curious to observe how long matters will remain undigested in the stomach, whilst the digested part of the food passes on. An emetic, therefore, is almost always useful: it may do good, also, upon the principle of counter-irritation. If the disease arise from fermentation in the stomach and consequent *acidity*, you may give *antacids*, such as the prepared chalk, or magnesia. Acidity is a common cause of diarrhœa in children, and the disease is in general readily cured by the means stated.

When diarrhœa arises from *cold*, inducing inflammation of the mucous membrane, similar to catarrh, (which is the most common case) we are not to attempt to check it in the first instance, because the evacuation tends to carry off the inflammation; it is, in fact, the natural cure. If it continue longer, so as to distress the patient considerably, then remedies are to be employed.

Now, if the patient is strong, and there is much pain or soreness of the abdomen, and the febrile symptoms run high, even bleeding is proper to a moderate extent, and will greatly facilitate the cure. At all events, mild purgatives should be employed. The natural purging does not entirely evacuate the intestines; for a purgative will often bring away feculent matter, after the diarrhœa has existed for many days. All purgatives, however, are not equally proper. Rhubarb is one of the best (though it does not operate as an *astringent*, as has often been supposed.) When the action of the rhubarb is over, the purging generally ceases: if not, *opium* in small quantities will be found useful; such as a quarter or half of a grain, administered three or four times in twenty-four hours. In slight cases, it will be sufficient to administer it at night only. Opium lessens the irritability of the canal, diminishes the peristaltic motion, and also the secretion: so that it does good in various ways, and is by far the most powerful remedy we can employ; but it should not be given too early in the disease, for the reasons stated.

As the disease is attended with a determination of blood towards the intestines, the circulation should be directed to the surface, by *diaphoretics*; and for this purpose *stimulants* may be combined with the opium; as camphor, or sometimes even ammonia.

Astringents are seldom proper at first; as, by stopping the secretion, the inflammation is apt to increase, and even to affect the substance of the intestine, producing acute inflammation, which has sometimes proved fatal. After a time, *astringents*, as well as *opiates*, may be properly employed; and the vegetable ones are generally to be preferred, such as red rose leaves, catechu, kino, logwood, or others. These are commonly more effectual, when given in combination with stimulants and opiates, and likewise with chalk. If the purging, after being suppressed by these means for a time, continues to recur, and that repeatedly, there is then reason to suspect the existence of organic lesion, which must be treated in the manner already explained. Attention should be paid to the diet of the patient. Food should be taken sparingly, because the stomach in general has its action impaired in these cases. There is, however, a great deal of unnecessary refinement practised in these cases, in regard both to food and drinks. The appetite may in general be safely trusted to, provided there is a limitation in regard to quantity. The impregnating the substances taken as drinks with viscid and mucilaginous substances, does not at all answer the purpose of *sheathing the bowels*, which is an absurd and mechanical notion. Warm water lone is far preferable.

3. *Dysentery.*

Definition.—" Frequent mucous or bloody stools, the fæces being at the same time retained, or passed at intervals only, and then in an indurated state; with tormina, and tenesmus."

Symptoms.—The evacuations in this form of disease, are frequent, but small in quantity; they are, at the same time, slimy, and often frothy, and consist chiefly of the mucus of the colon and rectum.. When the inflammation is violent, coagulable lymph, instead of mucus, is thrown out; sometimes collected in lumps, and sometimes in flat masses, like the lining membrane of the intestine peeled off, which they have been supposed to be, but improperly. Sometimes the discharge is purulent, and sometimes streaked with blood, or blood may be copiously discharged; whence the term *bloody flux*, often applied to it.

Bile is seldom found in the evacuations. The disease is generally attended with *pyrexia*, or febrile symptoms.

Theory.—Dysentery is an inflammation of the mucous membrane of the *large* intestines, as *diarrhœa* is of the *small.* It is properly enough placed by Dr. Cullen in the same *order* of diseases as *catarrh*; but not for the reason stated, namely, as being attended with an increased discharge merely, but as being an affection of the same structure, the mucous membrane. Upon this ground, *diarrhœa* ought to be classed with the others, and not among the order of *spasms*, with which it has no real affinity; for the occurrence of *spasm*, whether in *diarrhœa* or in *dysentery*, is altogether accidental.

Dysentery often succeeds both to cholera and diarrhœa, the inflammation leaving the upper part of the canal, passes gradually downwards, and concentrates itself on the *colon* and *rectum.* The lower part of the *ilium* has been found also to partake of the disease. It often ends in ulceration, with thickening and contraction of the gut. From the extremity of the rectum being inflamed, *tenesmus and prolapsus ani* are apt to take place, and occasion great distress to the patient. The neck of the bladder likewise often suffers, and strangury is the consequence.

At the same time that the action of the colon and rectum is violent, the peristaltic motion of the parts above is diminished; as is the secretion both from the mucous membrane and the liver; whence it is, that the fæces are retained, often for two or three days, and become indurated in consequence; and thus hard masses of feculent matter (called *scybala*) are discharged from time to time, and give rise to severe griping pains (*tormina*): so that in reality one might say, there was both costiveness and purging at the same time.

Progress and duration.—In violent cases, dysentery may terminate fatally in two or three weeks, but sometimes is proracted to as many years, and often ends in dropsy. It may terminate in ulceration, or contraction of the gut; but rarely in gangrane.

Causes.—Exposure to cold and moisture, and probably *marsh miasmata*, appear to be the most common causes of dysentery. The disease prevails most in hot climates, and in autumn, and in marshy situations. Now when fever arises in these places, there being a predisposition to dysentery, this becomes combined with the fever, and so the disease altogether has been supposed infectious; but it is probably the fever, rather, that is so; for, it is not at all certain that simple dysentery is infectious. The combination of fever in these cases is known by the usual symptoms, namely, the affection of the head, brown tongue, and prostration of strength. At times the fever is epidemic, and occasionally assumes an *intermitting* form. The disease at such times often ends fatally in a few days, and carries off great numbers in camps and armies, who are all equally exposed to the causes of the disease. Sometimes it becomes chronic, and lasts for months, or even years. Should the intermittent continue with the dysentery, it commonly assumes the quartan form as usual. Dysentery differs a good deal in temperate climates, in autumn and in spring; hence two varieties of it have been laid down, the *autumnal* and the *vernal*. The *vernal* is more inflammatory, the pulse being strong and full, as well as hard; the tongue white; and the heat of the body greater.

Treatment.—In *vernal* dysentery or whenever the inflammatory symptoms before mentioned are present, *bloodletting* to a moderate extent is generally proper at first. The stomach should be cleared by an *emetic*; which is best given in the evening, because sweating often follows, which is very serviceable. *Purgatives* are always necessary in dysentery, in all its forms, because the fæces by being retained, become dry and hard, and thus irritate the intestines, so as to keep up the disease. Some have given calomel in preference; but this is not a good purgative for the purpose, as it is very uncertain in this respect; in addition to which it is itself capable of inducing dysentery. In old cases, however, calomel may be serviceable, as in some other chronic inflammations, by inducing mercurial action in the system. Some prefer the *saline purgatives*; but these often produce increased secretion, without discharging the more solid contents of the intestines. The object is, to keep up the peristaltic motion, and thus prevent accumulation of fæces in the bowels; and for this purpose, rhubarb is one of the best. It should be given daily, in doses of from five to fifteen grains. If there be much pain and restlessness, a small dose of opium may be given at night. *Castor oil* is also a good medicine, and relieves the *tormina*, or gripings, as all purgatives do. Frequent glysters to relieve the tendesmus, are necessary. They should be mucilaginous, and exhibited in small quantities only, as from four to six ounces; starch or thick gruel, with opium, is usually preferred.

When the disease is obstinate, diaphoretics must be assiduously used. Small doses of ipecacuanha and opium, or the Dover's powder, are well adapted to the purpose. Keeping the patient in bed for a few days, is of great advantage. Fomenting the bowels will also be useful, and if there is much soreness, a blister may be usefully applied. A combination of calomel, antimony, and opium, given so as to affect the mouth, is sometimes advantageous. *Astringents* are never useful while the *tormina* continue violent; for they may increase the inflammation. But after a time they may be given, in the intervals of employing purgatives.

The treatment of dysentery, when simple, may be summed up in a few words. You are to remember that it is inflammation you are treating, which requires the common antiphlogistic means, accommodated to the strength and other circumstances of the patient. The chief peculiarity is, the absolute necessity there is for the frequent use of purgatives of a mild description.

When dysentery is combined with intermitting fever, the management of the case is difficult. The *cinchona* will hardly influence the *intermittent* in such a state of the bowels, while it is rather calculated to increase the dysenteric symptoms. It is better, in these cases, to endeavour to relieve the dysentery in the usual way; for this will have no bad effect upon the fever, which, on the contrary, will often subside under the treatment. The removal of the patient to a pure air, and an elevated situation, is a point of the greatest moment.

Colic.

Definition.—"Violent fluctuating pain in the abdomen; with constipation and sometimes vomiting, without the signs of inflammation."

History.—Besides inflammation and its consequences, as already described, the intestinal canal is liable to *spasm*, which in this part is called *colic*.

The *symptoms* are, very acute pain, chiefly about the navel; the patient bends the body forward for ease; there is constipation, and sometimes vomiting; the pulse is not, in general, much, if at all disturbed; the muscular strength is temporarily impaired. It is of great importance to distinguish between *colic* or mere spasm of the intestines, and actual inflammation. Now in inflammation the pulse is quick, the tongue is dry and foul, and there is great soreness of the abdomen, with heat, and the pain is constant; whereas in spasm, the pain fluctuates, and is relieved by pressure.

The causes of *colic* are, *cold*, indigestible food, acid or other irritating matters in the intestines; accumulation of fæces. There is a variety of *colic*, which is of a specific nature, I mean, that produced by the application of the poison of lead, either internally or externally. This, besides constipation, is attended with pains about the shoulders and arms, and is followed at length by paralysis, chiefly of the muscles on the fore-arms. There are often cramps of the legs, and sometimes epilepsy.

Treatment.—The object of treatment is to take off the *spasm*, upon which both the *pain* and the *constipation* depend. For this purpose heat may be applied, in the way of fomentation or otherwise, to the abdomen, or, what is still better, by the hot bath. Internally, stimulants of all kinds are useful, especially alchohol, æther, ammonia, and the essential oils, and, as still more powerful, opium. Or these may be variously combined. An *emetic* will often, upon the principle of counter-irritation, take off the spasm; this is more especially proper, where the disease is occasioned by improper things taken into the stomach. *Purgatives* also are doubly proper; first, by removing all irritating matters from the intestines; and next, by exciting the other parts of the canal, they tend to put a stop to the spasmodic contraction of the part itself; as our principal object in the *treatment* of this affection is to produce stools by relaxing the spasm of the intestine. Castor oil, sulphate of magnesia, and extract of colocynth are the best for this purpose; as, however, they are often rejected by vomiting, the intestines should be stimulated from below, by injections. Other means failing, the *tobacco* injection should be made trial of; half a drachm, or at most a drachm to a pint.

Spasm is sometimes followed by *inflammation;* which you must be watchful of. When the abdomen becomes hot and tender to the touch, and febrile symptoms arise, you may be sure inflammation is taking place. In this case, *bloodletting* becomes necessary. Indeed it should be often employed in these cases, to prevent the coming on of inflammation, whenever the disease does not readily give way. *Bleeding* has the further advantage, of being itself a most powerful *antispasmodic*; for if faintness should ensue from it, all spasmodic contraction will cease, at least for the time.

The *colic* produced by the poison of lead, (the *colica pictonum*) is to be treated in the same way. The recurrence of this species of colic may be sometimes prevented by the use of mercury, employed so as to affect the general system. This remedy appears in some degree to counteract the poison of lead; for I have observed it in many cases relieve, to all appearance, the *colic* and the *paralysis.*

Flatulency of Bowels.

Air in large quantities is often collected in the large intestines; but it does not produce pain until spasmodic contraction takes place. So that the pain in this case is not simply from the distension, but from the re-action, or effort to contract. Sometimes the intestine contracting upon the air, forces it through the spasmodically-contracted part, into the adjoining portion; and this back again; and so successively for a long time, accompanied with a rumbling noise, termed *borborygmi.* This state returns at intervals, daily or oftener, and is a very painful and distressing disease. It arises from indigestion, which is the remote cause; and it occurs principally in females; being often in them a hysterical symptom.

Treatment.—This affection is often difficult of removal. The food should be of a stimulant quality, and chiefly animal. *Stimulants* of all kinds give relief. *Purgatives* are generally required; but they ought to be of a stimulant kind, and not of violent operation. The turpentines are probably among the best. *Tonics* are also useful, combined with purgatives; as rhubarb with infusion of gentian.

Hæmorrhoidal affections.

Definition.—The best, perhaps, that can be given, is this: "Pain at the extremity of the rectum; one or more livid tubercles at the verge of the anus, from which there is frequently a discharge of blood from time to time."

Sometimes the tumours are situated within the anus, and are forced down on every attempt to evacuate, with much suffering to the patient. This state may be ascertained by examination with the finger. Sometimes the blood flows in considerable quantity without pain, and then generally proceeds from a greater distance above the anus, and without tumours. Other signs of *hæmorrhoids* have been mentioned, such as pain and weight in the head, and pain in the loins, but these are not constant.

Theory or explanation of the symptoms. —The extremity of the rectum, from its depending position, from its being subjected to frequent pressure, and other causes, is prone both to inflammation and hæmorrhage. These affections take the name of *hæmorrhoids*, from the tendency to bleed, and that of *piles*, from the swellings or protuberances that take place; and sometimes the compound term, *bleeding-piles*, is used.

The immediate cause is, impeded circulation, which is brought about in different ways. The depending posture of the part, and still more the frequent pressure to which the part is exposed almost habitually, as already mentioned, may be considered as the more remote causes. Enlargement of any of the abdominal viscera, especially of the liver, will have the same effect in interrupting the return of venous blood from the neighbourhood of the anus; as will also an accumulation of hardened fæces in the rectum. The arteries of the part are thus prevented from emptying themselves with freedom into the veins, and are thereby irritated into increased and inflammatory action, so as to produce the states mentioned, with tumefaction and hæmorrhage. The too frequent use of purgatives, especially aloetic purgatives, tend also strongly to produce these affections.

Hæmorrhoidal affections often become periodical; and when attended with a considerable loss of blood at tolerably regular periods, acquire importance, inasmuch as they cannot always be interrupted or suppressed without inconvenience, or even without danger to the general health.

In the *treatment* of hæmorrhoidal affections, we are to consider, therefore, how far they may have become habitual, and thereby necessary in some degree to the general health. When there seems reason to believe such to be the case, they should not be too hastily suppressed; while, in endeavouring to relieve them, attention should be paid to the habit of living, for the purpose chiefly of inculcating temperance, where a want of this is observed; and substituting other discharges of blood from time to time.

The remote cause should be carefully inquired into, in order, if possible, to its removal. Thus, unnecessary pressure should be avoided, and especially that produced by the lodgement of accumulated fæces in the rectum. Visceral diseases should be relieved, as far as can be done. If the general health appears to have suffered, or is in danger of doing so, by the ceasing of the accustomed hæmorrhage, endeavours should be made to reproduce this, by sitting over the steam of hot water, by the application of leeches from time to time, and by the frequent use of aloetic purgatives, which stimulate the rectum in a specific way. The further treatment of these disorders is chiefly local, and falls within the province of surgery.

Worms in the Intestines.

Worms in the intestines are far from an uncommon occurrence. There are several kinds of them met with in the human body; as the *tænia*, or tape-worm; the *cucurbitina*, resembling the seeds of the gourd; the *lumbricus teres*, or common round worm; and the *ascaris*, or thread worm; besides others of rarer occurrence.

A variety of symptoms are pointed out as indicating the presence of worms in the alimentary canal; as irregular and often voracious appetite; grinding of the teeth during sleep; picking of the nostrils; dilated pupils; griping pains about the navel; itching of the anus, and slimy stools. Epilepsy, or other convulsive affections, are supposed to be produced by the presence of the tape-worm more particularly. All of these signs, however, are equivocal; there is not one of them that may not arise independent of worms, so as to take place in other diseases. Many of them are common signs of brain-affection, which is the case with voracious appetite, grinding of the teeth, dilated pupils, and convulsive disorders, all of which very frequently arise from this source, and where no worms exist. It is true that worms are sometimes discharged, where such symptoms are present; but they are more probably the effect than the cause of the disease; they are expelled in consequence of the greater heat of the body, which is usually present in these cases; and accordingly a febrile state of the body, from whatever cause, is frequently followed by the discharge of worms. What renders it still more probable that worms are not the cause of such symptoms as have been described, is, that they are very often observed to be present, and the tape worm, as well as the others, without being attended with disorder of any kind. Admitting, however, that they do really at times give rise to the symptoms mentioned, we ought at least to have ocular demonstration of their presence, before we have recourse to active means for their expulsion; because many of the remedies resorted to on such occasions, are in themselves highly objectionable, and capable of doing much mischief, especially in infants; such are the more drastic purgatives, and calomel among the rest.

If worms are actually discharged, and we have sufficient evidence to believe that they are the occasion of the disorder present, it may be proper to attempt their removal. This is accomplished in two ways; first, by administering medicines which, as is supposed, will destroy the worms, and which are called *anthelmintics;* secondly, by forcibly dislodging them, by exciting a violent action of the intestinal canal by purgatives.

The efficacy of many or most of the *anthelmintics* that have been proposed, is very questionable. This is shown by the fact, that none of them retain long their reputation; which they might be expected to do, if they were really as efficacious as alleged. I may mention the powder of tin, the fern-root, the *anthelmia*, or Indian pink root. and the cow-itch: these, with many others, are liable to the observation I have just made. Purgatives, and those of the most active kind, are in reality the only unequivocal means we possess for removing worms from the intestines. The *oil of turpentine* deserves to be distinguished here, for its superior efficacy; and it is particularly serviceable in removing the tape-worm, which it commonly does entire, while other purgatives bring the worm away piece-meal. It requires to be exhibited in a large dose, as an ounce, or an ounce and a half; in which quantity it operates much more mildly than could have been expected. It commonly purges very quickly and actively, but still without violence. Sometimes it occasions vomiting, and a kind of intoxication, which lasts a few hours, but is of no importance. It is remarkable, that although in small doses the *oil of turpentine* is apt to irritate considerably the urinary organs, it seldom has this effect when largely administered, probably, because its quick operation as a purgative, leaves no time for its being absorbed by the lacteals.

Where *ascarides* are lodged in great numbers in the rectum, as is often the case, they may be removed by an injection of the oil of turpentine.

It is not to be forgotten, that worms are rarely found, where the natural functions of the stomach and bowels are well performed. Hence it is an object of the first importance to restore the healthy action of these parts by *bitters* and other *tonics*, and by attention to the patient's diet. Now it is evident, that the frequent employment of drastic purgatives would counteract this object.

REVIEW.

A Practical Dissertation on the means of obviating and treating the varieties of Costiveness, which occur at different periods of life, and in cases of predispositions to various Constitutional Maladies, in peculiar temperaments of body, in disorders of the lungs, stomach, liver, rectum, &c., and during Pregnancy, by Medicine, Diet, &c. By RICHARD REECE, M. D. Member of the Royal College of Surgeons. 8vo. pp. 351. Longman and Co. 1826.

Dr. Reece is pretty generally known to the public as the author of "The Medical Guide for the use of the heads of Families, the Clergy, &c.," and as Editor of a periodical work, called "The Gazette of Health," both of them devoted to what may be called popular or domestic medicine. We look upon the present volume as a continuation of the series, but are by no means prepared to assert that, as well as its predecessors, it does not contain many things to interest the profession. Costiveness, one of the most common "ills that flesh is heir to," the fertile, and probably the most ancient,* parent of disease, has perhaps added more than any thing else to the vocabulary of medicine. Barely to enumerate the various orders of cathartics which have swelled the materia medicas of every age and country, would be no easy task; nor is it less difficult to explain all the causes of costiveness, or why it assumes such a variety of forms. Cullen has noticed three species of costiveness,—1. Obstipatio *debilium*; in persons of a lax, weak, and, in general, dyspeptic habit. 2. Obstipatio *rigidorum*; in persons of a rigid, often hypochondriac temperament, but these, as Dr. Young observes, are scarcely varieties; and his third species, obstipatio *obstructorum*, is a symptom of colic. Good makes only two species, *constipation* and *obstipation*; the first, "in persons of a compact and robust habit, with hearty appetite and strong digestive powers," arising, he thinks, from the "intestinal absorbents occasionally evincing an excess of action, the fæces, while they become hardened in consequence of such action, assuming, from their copiousness, the figure of the rectum." The second species, *obstipation*, is the consequence of debility, or diminution of the irritability of the muscular fibres of the intestines, occurring generally in elderly subjects, or persons of infirm or delicate health. In old people, it is often necessary to remove the fæces impacted in the rectum by a marrow spoon, a practice first recommended by the late Dr. Warren. On the second species we need not dwell at present. Whether the first arises from an excessive activity of the absorbents we are uncertain, but we have often met with it in persons of great gastric capacity, and of the temperament he describes. It is probable that the peristaltic motion of the intestines is in the inverse ratio to the contents, and that this may have some effect in producing costiveness. To hasten the descent of the fæces, he recommends the milder eccropotics, such as the expressed oils of the olive and almond; oily farina of the cocoa nut, in the form of chocolate; pulp of cassia, either alone or in the form of lenitive electuary, &c. Dr. Arbuthnot advised the use of butter, marrow, and fat, apparently on the authority of Celsus. Cullen tells us that he found four ounces of fresh butter, taken in the morning, produce a stool or two more than usual in the day. We shall merely add horse-radish, mustard seed, cloves of garlic, salads, and undressed vegetables of all kinds, to the list; and conclude this part of the subject, not deeming it necessary to proceed from the dietatical to what especially belongs to the medical treatment of costiveness, upon which probably we should throw no new light. After making some useful remarks on diet, Dr. Reece recommends the patient "to attempt to exercise his mind on the bowels," and observes, that the—

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* The Ibis is said to have taught the Egyptians to obviate costiveness by the use of clysters; and according to Herodotus and Pausanias, Melampus learned the use of hellebore by observing that his goats were purged after browsing upon it.

> "Influence of the stimulating and depressing passions of the mind on the stomach and intestines, and also on some of the viscera of the abdomen and pelvis, is well known; the sudden action of stimulating ones, as anger and joy, soon after a meal, interrupting digestion, and sometimes exciting vomiting; and the sudden action of grief occasioning violent purging. By frequently directing the mind to the intestinal canal, and making an effort to bring it into action, by exciting the diaphragm, and the abdominal muscles, we think a person might, by perseverance, bring the muscular coat of the intestines, in some degree, under the influence of the mind, the peristaltic motion being evidently easily retarded or increased through its medium. Dr. Hunter has noticed a case of a prolapsed uterus, which the female had, by frequent efforts, brought so far under the action of the mind, as to move the protruding part backwards and forwards; and we have no doubt, those who have established regular bowels, by making frequently, for some time, a kind of mental effort, have brought the muscular coat of the lower intestines, in some degree, under the influence of the mind. We know a medical gentleman who cannot remain ten minutes in the shop of a bookseller in Fleet-street, without experiencing an urgent necessity of visiting his water-closet, and that too after having had his regular daily evacuation. This effect he attributes to the doleful countenance of the bookseller. The fact shows how easily the bowels are disturbed through the medium of the mind."

If the "doleful countenance of a bookseller" has such a magical influence on the sphincter ani, we are sure there will be no need of purgatives in the Row for the next twelve months at least, for certainly the place is filled with doleful faces, *luctus ubique et pavor*; but we trust that the sun of misfortune has set, and that a brighter and more prosperous morrow is at hand. Grief and fear are said to occasion sudden and violent purging; we do not, therefore, deny the practicability of "exercising the mind on the bowels;" on the contrary, we regret that our author has given no precise directions for attempting it. We ourselves know an apothecary who cannot mix, what our friend Johnson calls, "a black draught," without feeling a disposition to evacuate, but in his case there is an obvious association of ideas, as in Themison's, who, as Cœlius tells us, relapsed into hydrophobia whenever he attempted to write upon it;* but we do not see that a bookseller of "a doleful countenance" is more likely to send his customers to the temple of Cloacina than another, who is ever jocund and ever gay.

To proceed: the purgative which the author has found most useful in cases of constitutional costiveness, is an alcaline extract of jalap, which is made by gently evaporating (*balneo aquæ*) an infusion of the root in proof spirit, a small quantity of subcarbonate of potash being added "to prevent a separation of the resin," upon the evaporation of the menstruum. From three to ten grains of this extract, made into pills, with a few drops of ol. carui, may be taken every other night. The author makes a few observations on the colon and kidneys as "depurators of the blood," and concludes his chapter on "constitutional costiveness," by quoting two cases by Dr. Borthwick, which are related in the Ed. Med. Journal for Jan. 1825, and noticed in **The Lancet**, vol. v. p. 209.

In his next chapter (costiveness of the sedentary and studious) the doctor makes the following, as we think, judicious observations:—

"On the dinner meal of merchants who lead sedentary lives, and of clerks who are much confined to the counting-house, Dr. Paris, in a late publication, makes the following remarks:—

'In *all* cases of feeble or imperfect digestion, the valetudinarian ought never to take his *principal* meal in a state of fatigue, and yet, (says the doctor,) let me ask, whether there is a habit more generally pursued, or more tenaciously defended? Aye, (proceeds the observant Doctor,) and defended too upon *principle!* The invalid merchant, the banker, the attorney, the government clerk, (says he,) are *all* impressed with the same belief, that after the *sedentary* occupations of the day, to walk *several* miles to their villas, or to *fatigue* themselves with exercise *before* their dinner, or rather early supper, will sharpen their tardy stomachs and invigorate their feeble organs of digestion. The consequence is obvious,—instead of curing, such a practice is calculated to perpetuate, and even aggravate the malady under which they suffer, by calling upon the powers of digestion at a period when the body is in a state of exhaustion from fatigue. Often have I, in the course of my practice in this town, cured the dyspeptic invalid, by merely inducing him to abandon so mischievous a habit.'

If a merchant, or a clerk, either of a banker, attorney, or of a government office, were capable of walking *several* miles before dinner, we should suppose he could not be much of an *invalid*. If an invalid were so imprudent as to walk *several* miles before dinner, i.e. we presume ten or fifteen miles, he must expect to experience all the bad consequences of fatigue. The villas of those gentlemen are generally within the distance of four miles, and such a walk after confinement to a counting-house for five or six hours, must not only relieve the fatigued mind, but even invigorate the stomach, by exercising the muscles which had been in a state of indolence during the "sedentary occupation," and greatly tend to promote the peristaltic motion of the intestinal canal. The whole body, by a "*sedentary* occupation," is unquestionably enfeebled; and walking, by amusing the mind, exercising the muscular system, and

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* *De morbis acutis.* Lib. iii. cap. xvi.

> promoting the circulation in the extremities, will bring the stomach into action; and as to the *refreshing* effects of a dinner and a little wine, we presume "invalid merchants, &c." are as competent to form as accurate an opinion of them *from experience*, as Dr. Paris is from theory. Certain it is, if they were not to take such exercise, their systems would become plethoric; and if some organic disease should not take place either in the lungs, liver, or some internal viscus, apoplexy would probably terminate their lives. If invalids who are accustomed to exercise their minds in a sedentary state for five or six hours every day, or for six days out of seven, were not to take a walk before dinner, they would not only eat without an appetite, but that which they had forced into their stomachs would produce a sense of oppression, and probably require three or four hours longer to pass through the process of digestion, than if the invalid had previously relaxed his mind, and exercised his muscular system even by a fatiguing walk; for the sense of fatigue from a long walk is speedily removed by a good meal, with a small proportion of wine."

In like manner, and under upwards of twenty distinct heads, the author treats of the costiveness "of elderly people," of females at the age of puberty; of scrofulous, hysterical, gouty, rheumatic, epileptic, ruptured, and plethoric subjects; of "costiveness attendant on palsy," jaundice, diseased liver, and Devonshire colic, (costiveness *attendant on* the colic, a pleonasm, at least;) of the costiveness of infants, and of the various temperaments, leucophlegmatic, nervous, melancholic, and *erysipelatous*; of retention of fæces from mechanical causes, &c. &c. &c. Several formulas for clysters, with remarks on that class of remedies, conclude the work. Without stopping to inquire if this arrangement be philosophical and just, or overstretched, too ramified, tedious, and after all, insufficient, we shall merely observe, that it precludes us from giving any thing like a general analysis of the work, and pass on to the author's 16th chapter "on the costiveness of invalids subject to constitutional or winter cough," where he notices an affection of the larynx (sometimes called phthisis laryngea,) which has not always been judiciously treated. He says,

> "There is a variety of cough attendant on thickening of the part at the top of the windpipe, termed the larynx, with chronic inflammation of the internal membrane of the windpipe. This is a very common disease in this country, especially among elderly men who have freely indulged in the cheering glass, and in singing, spouting, or preaching. Being attended with wheezing, short cough, paroxysms of difficulty of breathing, expectoration, &c., it is often mistaken for asthma, constitutional cough, and consumption, by inexperienced practitioners. The disease may be easily ascertained by external examination, the enlargement of the larynx being evident to the touch. It is also painful when compressed or moved. The irritative inflammation extends to the fauces, and there is generally an acute pain on swallowing: indeed, the inflammation sometimes extends two or three inches down the gullet, when the patient is very much troubled by an accumulation of phlegm in the pharynx, and sometimes such a quantity gravitates into the stomach, as to interrupt digestion and produce nausea."

To illustrate this affection, and the method of treating it (salivation,) the Doctor quotes the case of Sarah Parfett from Vol. IX., page 303, of THE LANCET, and another of an elderly gentleman, who expectorated a good deal, and had thickening of the larynx, *inflammation of the fauces,* distressing cough, and severe paroxysms of dyspnœa during the night. The Doctor ordered *hirud.* x. *et postea emp. canth. ad pomum adami,* and a medicine of which the basis or efficient ingredient was the blue pill. In a fortnight the patient was nearly salivated, and afterwards rapidly recovered. The sequel of the case is as follows:

> "The patient afterwards enjoyed health for five years. During a residence a few miles from London, he experienced a return of the thickening, with all the irritative attendants. He applied to a medical gentleman in his neighbourhood, who pronounced his complaint "pulmonary consumption." Prussic acid in the almond

emulsion, the oxymel of squills, Iceland moss, and the common routine practice in pulmonary consumption, had a fair trial; but failing to make any good impression on the disease, and a very *bad* one on his general health, the assistance of a high-bred Cambridge physician, with whom the apothecary was connected, was requested. The Doctor, looking most wisely, examined the pulse with his gold watch, splendid *chain* and *seals*, and after making a few inquiries, coincided with the apothecary. The patient's strength continuing to decline, and his distress from difficulty of breathing, cough, &c. increasing, he requested our advice. We found him in a most emaciated and debilitated state. The larynx was much enlarged, and the fauces inflamed and ulcerated. The time had evidently passed, when an alterative medicine would have cured him. The case being hopeless, his countenance, wandering state of his mind, small quick pulse, coldness of extremities, &c. indicating approaching dissolution, we merely ordered a medicine to diminish his sufferings. The following day he discharged his debt to nature."—pp. 206, 207.

Dr. Reece likes a hit at his brother practitioners, and we have here, at least, allowed him to have his fling in the pages of The Lancet. Nor shall we not bestow on Dr. Reece all the praises that are due to him as a writer on popular medicine, but we do utterly disapprove of such treatises being made the vehicles of casting obloquy and slander on a body of men who are, perhaps, as useful in their sphere, as he can be in his. He moves in an atmosphere purely his own, and scatters his missiles where there is no one to pick them up. He sometimes tells us, that such things did occur, and then shews by his narrative, that they did not.

Upon Sarah Parfett's case, which the Doctor has taken without acknowledgment from The Lancet, we may remark that we have cured many worse ones, in 48 hours, by scruple doses of calomel guarded by a grain or two of opium. Of the other case which the Doctor quotes we do not think much. Occurring as he tells us it did "ten years ago," we should certainly have heard of it if he had any idea how or upon what principle the cure was effected. Until now, however, although he has a mighty organ to propagate his discoveries, he has been perfectly silent; and when we look at his formula, we are inclined to believe that his success was accidental, and that he could not have relied much upon the blue pill, holding as it did so insignificant a relation to the drugs which were mixed with it.* We do no not like any man to make overt acts his own.

We shall quote the author's 18th chapter, (on costiveness attendant on the Devonshire colic,) since it is short, and will serve as a specimen of the general conduct of the work.

"On the first attack of the Devonshire colic, the bowels are generally most obstinately constipated. Some practitioners of eminence recommend opium to be administered, by the mouth and clysterwise, with the view of allaying spasms and morbid irritation of the intestines, previously to the employment of an aperient medicine; whilst others contend that, when the opium is intimately mixed with a purgative medicine, the latter does not excite nausea or vomiting, and operates more easily and expeditiously, in consequence of the opium removing the spasmodic construction of the muscular coat of the intestines; and this latter practice under the direction of the late Mr. Cam, of Hereford, and Dr. Blount, at the Hereford Infirmary, (a county in which this disease prevails,) we have known to prove most beneficial.

The following is the composition of these eminent practitioners:

Take of opium powder, two grains; cathartic extract, twelve grains; prepared calomel, three grains.

A cathartic clyster of infusion of senna, Epsom salt, and tincture of opium, was also administered, and the bowels wel. fomented, till an evacuation was produced.

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* The formula was as follows:

℞ *Pil. hydarg.* ʒss. *Pulv. ipecac.* gr. x. *Ammoniac, gu.* ℈ij. *Ext. gratiolæ* (*hedge hyssop*) ʒss. *syr. simp. quantùm satis sit. Fiat pil.* xxx. We ask any one if these pills could have been prescribed for the purpose of bringing the system under the influence of mercury?

A stimulating purgative is necessary in this species of constipation, although the tension and tenderness of the bowels, on pressure, and the state of the blood-vessels, may render bleeding and blistering necessary; for when the disease has been removed by it, the paralytic affection of the upper extremities is always much less than when a solution of the Epsom salt, in an infusion of senna, was exhibited under the direction of another physician of the same institution. Although the constipation is not occasioned by a mechanical obstruction, as in the disease termed *introsusception*, when it proves obstinate, it will require the same decisive treatment to remove it as recommended for introsusception. In one obstinate case, the following composition, taken at once, produced the desired effect:

Take of croton oil, two drops; Castile soap, four grains; extract of henbane, five grains; colocynth powder, four grains; oil of cloves, two drops. To be mixed and divided into middle-sized pills.

In another case, the croton oil excited vomiting. It appears by an account of the croton oil, by an Indian practitioner, that when rubbed round the navel, it has succeeded in producing alvine evacuations, in cases when the stomach was in too irritable a state to admit of the exhibition of any aperient medicine. We have known this active article excite purging in a case of apoplexy, when rubbed over the tongue; an effect which we are disposed to attribute to a peculiar continuous action, and not to sympathy, absorption, or to its getting into the stomach."—pp. 211—213.

The heading of this chapter (on costiveness *attendant* on Devonshire colic) lets the secret out, that the author under the title of "a dissertation on costiveness," meant to survey and describe and give general directions for treating every affection that he has mentioned in his book, which is therefore not so much "a treatise on costiveness," as on the nature and treatment of a great number of diseases incident to the human frame. In this light we look upon the work as an appendix to the "Medical Guide," and do not hesitate to say that it is a valuable addition to popular medicine. We have stated our opinions freely on some parts, but we are not on that account to overlook the excellence of others. As we have already observed, Dr. Reece is too fond of criticism, and often wastes his ingenuity upon a very trifling point, for instance he blames poor Dr. Good for calling *carbonate* of soda an alcali!—Vanity of vanities!—of this we bid him beware.

Practical Observations on the Convulsions of Infants.—By JOHN NORTH, Surgeon-accoucheur, Member of the Royal College of Surgeons, 8vo. pp. 282, London, 1826. Burgess and Hill.

HAVING had "several opportunities of witnessing the *injurious* effects of the *injudicious* application of the doctrine promulgated by the late Dr. J. Clarke, (viz. that in every case of convulsion the brain is *organically* affected, either directly or indirectly,") Mr. North has been induced to direct a goodly-sized octavo against the abuse of calomel and the lancet. Clarke's language certainly is not so explicit as it might have been, but we think the right meaning can hardly be mistaken. The adverb printed in italics appears to have been thrown in more for the sake of euphony, than to give precision to the sentence, or refers rather to *functional* derangement than to disease of the brain, for it would be idle to suppose that a person of his experience could seriously have maintained the manifest absurdity conveyed by the literal reading. Convulsion, like every other symptom, is an effect, and generally ceases with its cause, although it is sometimes continued for a while by debility or the force of habit. Almost any irritant will disturb the nervous system of a child, and working insidiously, non vi sed sæpe cadendo, ultimately accomplish disease of the brain. This we apprehend is Clarke's meaning, and we think he is right. "The original cause of convulsions," says Underwood, "may be a rash improperly repelled; but the source of fits is much oftener seated in the gums, in the time of teething; or in the first passages, where some undigested matter, or merely pent up wind, irritates the coats of the intestines, and produces irregular motions throughout the whole nervous system." To these may be added as predisposing causes, foul air, want of cleanliness in the dress and other accommodations of infants, &c., as noticed in the *Dublin* Lying-in-hospital, and published by Dr. Clarke in the transactions of the Royal *Irish* Academy for the year 1789. Though not inclined to advocate the opinion of Rousseau, who considered reading to be the scourge of infancy, Mr. North thinks the moderns are apt "to stimulate the infant intellect to premature and therefore prejudicial exertion;" that "the practitioner cannot too forcibly reprobate the *pernicious* enforcement of precocious studies," "and says that the *injurious* effects arising from the *folly* and *false* vanity of parents, who are ambitious of holding forth their children as specimens of extraordinary talent," are ever before him. Further, a robust child "may become by the negligence or want of judgment of those to whose care he is entrusted, sickly, (we thought we should never have come to the word) and prone to various derangements of health and more especially to convulsive affections." He next tells us that "a child delicate by nature" *may* do well "with *proper* management," and that it is not "ridiculous to deprecate the too early employment of the infant mind." Moreover "children are sometimes born in a state of *asphyxia*, and the spasmodic colic is at all times to be regarded with *apprehension*." Finally, "too little care is taken to avoid those sudden *moral* emotions, which although not immediately productive of bad effects, may, and often do, very frequently act upon their irritable and sensitive powers in a very injurious manner," thus, "Tissot relates the case of a child who was attacked with epilepsy, from the repetition of which disease he was reduced to a state of idiotism, from the sudden firing of a pistol close to his ear," &c. He seems to think (pp. 98, 173, 175,) that children who are suckled by irrascible nurses are very obnoxious to convulsions. Boerrhaave, Baumes, and others, have affected to observe some such instances, but probably they overlooked some other more ostensible cause. Disease of a nurse may certainly alter the constituents of her milk, but we much doubt whether mental emotions can. We have often thought that the breasts of the woman who suckled Sir Wm. Blizard secretly nothing short of bile, thus instilling those elements of fretfulness, which like yeast have at length levened the whole lump, and rendered him now that he is in the "yellow leaf" the sport of nature and of men, that we see him, and damned him to eternal fame.

Mr. North's work is divided into six chapters, 1st and 2d, on the causes, symptoms, prognosis, and treatment of convulsions; 3d and 4th, on infantile epilepsy; 5th and 6th, on a spasmodic affection of the chest and larynx in young children, accompanied by general or partial convulsions, and on its treatment.

After the extracts we have made from the first and second chapters, we need not dwell much longer on the subject of the convulsions of infants. We have shown that Mr. North sets out by objecting to a passage in Clarke, which as far as we have seen, has not been mistaken, and then substitutes "irritation" for "*organic* affection" of the brain in some cases, without denying the existence of the latter pathological condition in others. Convulsions, he says, may be induced and continued by the irritation of teething, and shall subside on lancing the gums, therefore the brain cannot in these cases be organically affected. So of the irritations of crudites in the primæ viæ—of watchfulness, and many others,—a doctrine which has influenced practice in all ages. Again, Clarke's doctrine has caused "free and repeated bleedings, frequent purgation, and large doses of calomel," to be prescribed "in the slightest convulsive affections of children," a statement which our experience does not enable us to confirm. He tells us that no Englishman has written "particularly upon the convulsive *diseases* of children," and it would have been as well perhaps, if he had not essayed to do it. Underwood and others have written *sufficiently* and *well* upon the subject, and that is enough.

We pass over our author's treatment, (merely remarking, that it appears to be judicious,) as also the chapters on the epilepsy of infants, and conclude by describing as briefly as we can, an affection which he has denominated "chronic croup," or "spasmodic affection of the chest and larynx in young children," with general or partial convulsion. It somewhat resembles the "acute asthma" of Millar and Chalmers, but differs both in its mode of attack in its symptoms and termination.

"The premonitory symptoms occur at an uncertain period; generally between the third and seventh month. At first they may not be sufficiently striking to attract the particular attention of the friends, although the practitioner, who has met with similar cases, may with much confidence predict from them the series of symptoms which is subsequently to be developed. When the child wakes from its sleep, the breathing is for some moments unusually accelerated, and is accompanied by that kind of noise which an increased secretion of mucus in the air passages would produce."*

"If the little patient has previously enjoyed a good state of health, the characteristic rotundity of feature observable in infants quickly undergoes a remarkable change; the countenance becomes anxious; the sides of the nose are drawn in; the face is pallid and emaciated; the child frowns almost constantly; when put to the breast, it sucks greedily for a moment, but suddenly ceases to do so, throwing back the head with violence. Whatever may have been the previous condition of the bowels, they now become constipated. A considerable time may elapse before any remarkable change takes place in these symptoms. A convulsive affection of the hand is usually the next morbid sign which excites attention. The child's thumb will be found constantly and firmly pressed upon the palm of the hand; the wrist and ancle joints are bent rigidly inwards; the head is almost constantly thrown backwards, by which the anterior muscles of the neck are kept painfully upon the stretch. The inconvenience at the moment of waking is not now a mere acceleration of the breathing. This symptom still continues in an aggravated degree, but the noise accompanying the respiration, has gradually assumed a very different character from that which at first marked it. Each inspiration is now attended by a loud crouping noise, which may be heard in an adjoining apartment; the chest and larynx appear to be painfully constricted; the heart palpitates violently; the child sobs, but never cries in its natural manner during the paroxysms of suffering. So great is the difficulty of breathing, that it sometimes appears to be almost totally suspended for a few seconds. The countenance is then unusually pale as in a state of syncope. Sometimes, but more rarely, it is dark, and the vessels of the face turgid, as in apoplexy. The child has frequent attacks of convulsions, during which the features are much distorted The whole body is sometimes, but more rarely, implicated in the convulsive movements. The paroxysms vary in duration and violence."—pp. 254—257.

The affection is not usually accompanied by fever or cerebral disturbance, but Mr. North has lately seen two cases in which these, and an evident determination of blood to the brain were present. The symptoms usually subside with the appearance of the teeth, and rarely before. According to Mr. North, some practitioners contend that "if a child makes this crouping noise in breathing," hydrocephalus will ensue unless large doses of calomel, and frequent bleedings are employed. This brings us back to what has been said of Clarke's doctrines, and of convulsions; and as we need not dwell upon the treatment, we take our leave.

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* On examining the body of a child which had died from this or some other cause, the author and his friend Mr. Stone found "the vascular system of the brain" highly turgid, a small quantity of blood under the dura mater, and in the ventricles "a *small* quantity of fluid." A few spots were found on the liver. Strange to say, they did *not examine the thorax!*

A Catechism of Anatomy, with Plates. 18vo. pp. 72. Whittaker: London.

In no country in Europe has the mode of publishing in the form of dialogue, and of question and answer, been carried to such an extent as in England, and no works of this description have become so popular as those known under the name of "Pinnock's Catechisms." The most abstruse subjects have been illustrated in an easy and familiar manner. The only recommendation of this, as well as many other works of the same kind, is the extreme cheapness at which they are published. To persons in the profession, the catechism before us can scarcely be of any use; and those out of the profession, who are desirous of becoming acquainted with the elements of anatomical knowledge, will not find it capable of affording them much instruction.

The Surgeon-Dentist's Anatomical and Physiological Manual. By G. Waite, Esq., M. R. C. S. 12mo. pp. 214. Callow and Wilson. 1826.

This book is a compilation from various anatomical works, and contains a condensed account of what is known on the anatomy and physiology of the teeth. The most interesting part of the work, and perhaps that but least known, is what relates to the teeth in the different classes of animals; and the following Tables, showing the number of teeth in several of the mammalia, are worthy of a perusal:—

TABLE I.

Names.	Upper Incisors	Lower Incisors	Upper Canines on one side only.	Lower Canines on one side only.	Upper Molares on one side only.	Lower Molares on one side only.	Total.	
Bears....	6	6	1	1	5	5	36	The first Molaris is very small, separated from the others, and near the Canine Tooth.
Badger ..	6	6	1	1	4	5	36	
Glutton..	6	6	1	1	5	6	34	
Coati....	6	6	1	1	6	6	40	
Dog, Wolf, Fox, ..	6	6	1	1	6	7	42	
Hyæna ..	6	6	1	1	5	4	34	
Cat......	6	6	1	1	3 or 4	3	28 or 30	

Number of Teeth in several of the Mammalia.

TABLE II.

Names.	Upper Incisors.	Lower Incisors.	Upper Canines, on one side only.	Lower Canines, on one side only.	Upper Molares, on one side only.	Lower Molares.	Total.
Porcupine......	2	2	0	0	4	4	20
Hare	2	2	0	0	5	5	24
Beaver	2	2	0	0	4	4	20
Squirrel........	2	2	0	0	5	4	22
Marmot........	2	2	0	0	5	4	22
Water Rat......	2	0	0	2	3	3	16
Common Rat.....	2	2	0	0	3	3	16
Agouti	2	2	0	0	4	4	20

TABLE III.

Names.	Upper Incisors	Lower Incisors	Upper Canine Teeth on one side only.	Lower Canine Teeth on each side.	Upper Molares on one side only.	Lower Molares, on one side only.	Total.	
Jerboa ..	2	2	0	0	4 In that of the Cape.	4	20	
Dormouse	2	2	0	0	4	4	20	
Ornithorrynchus *	0	0	0	0	2	2	8	
Sloth	0	0	1	1	4	3	18	
Elephant	2	0	0	0	1 or 2	1 or 2	0	
Dama....	2	4	0	0	7	7	34	
Hippopotamus ..	4	4	1	1	6	6	0	Sometimes we find four Molares, sometimes seven.

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* The teeth of the *Cape Ant Eater* are composed of small tubes closed at the triturating surfaces, and when cut transversely appear like the section of a cane. The teeth of the Ornithorrynchus are formed in a similar manner.

Number of Teeth in several of the Mammalia.

TABLE IV.

Names.	Upper Incisors.	Lower Incisors.	Upper Canine Teeth, on one side only.	Lower Canine Teeth, on one side only.	Upper Molares, on one side only.	Lower Molares, on one side only.	Total.
Tapir..........	6	6	1	1	7	7	44
Pig............	6	6	1	1	7	7	44
Camel..........	2	6	1 or 2	1 or 2	5	5	34 or 36
Musk, Common Stags, Rein Deer }	0	8	1	0	6	6	34
Other Stags, Giraffe .... }	0	8	0	0	6	6	32
Solipedes	6	6	1	0	6	6	38
Seal	6	4	1	1	5 or 6	4 or 5	0
Morse	2	0	1	0	3	3	14

The work contains nothing new; but we have no doubt that there are many of those Surgeon-Dentists for whom it is principally intended who stand in need of the information which it contains. There is one point of bad taste in the composition—which, however, is not peculiar to the author, but frequently occurs in medical writings—that deserves to be noticed; we mean the notes with which the book abounds. We dislike notes in scientific or didactic writings, except for reference to authorities. Notes break the chain of a discourse, and consequently prevent the reader from following continuously the train of reasoning or narrative of facts through which it is the writer's business to lead him. If the information contained in the note be not material to the subject it should be omitted; if it be material, the writer should take pains to give it a place where it can produce the best effect, and not leave it dangling at the bottom of a page. Notes give occasion to irrelevancy, bad arrangement, repetition, and feebleness.

FOREIGN DEPARTMENT.

ANATOMY.

Lymphatics and Veins.

One of the most valuable discoveries with which anatomical science has been enriched in modern times, is the discovery of the communication between the lymphatics and veins. Several physiologists observed, that substances found their way from the intestines into the system, in cases where the thoracic duct had been either tied or destroyed by disease; and the question naturally arose, in what way was this effected? Sir Everard Home, as early as 1807, (vid. Phil. Transactions, 1807,) from experiments made on asses, concluded, that rhubarb was taken into the system in some other way than by the thoracic duct, and at the same time assumed that the spleen was the medium through which the passage was effected, since the colouring matter was found earlier in the veins of the spleen, than those of the liver, and always there in larger quantities than in any of the other vessels. In a paper read before the Royal Society in 1811, Sir E. H. relinquished this last opinion, but confirmed by fresh experiments on dogs and rabbits, performed in the presence of Brodie, Brande, Clift, and Gatcombe, his former one; as by these he demonstrated the presence of rhubarb in the secreted fluids, without any trace of it to be found in the thoracic duct, which had been previously tied. Jaeckel (*Dissert. Inaug. de Absorptione Venosâ. Vratislaw*, 1819) pursued this subject still further; he destroyed the lymphatic vessels leading from a portion of intestine, then tied the part, and injected into it a solution of prussiate of potash; from a quarter to half an hour, he found this substance in the blood. For the greatest number of experiments on the mode in which substances get into the blood from the stomach and intestines, we are indebted to Gmelin and Tiedemann*; they found in the veins of the intestines, camphor, musk, indigo, rhubarb, prussiate and sulphate of potash, lead, and iron, and besides these, they found in the veins of the spleen, spirits of wine, quicksilver, and barytes, and in the vena porta in addition to these dippelsoil-substances, of which only very few could be found in the thoracic duct. Several physiologists have since come forward in support of the opinion that the veins of the intestines possess the power of absorption, and from the observation of the facts above mentioned and similar ones, the old theory of venous absorption generally, has been revived. Among the advocates of this last opinion, Magendie may be considered the principal. In 1820, however, a new light was thrown on the subject by Vincent Fohmann, of Heidelberg †; this young anatomist succeeded, after repeated trials, in throwing quicksilver from the lymphatic vessels into the veins of the intestines, and into the vena porta, both in animals and in the human subject. This was done in Tiedemann's and Gmelin's presence on two dogs, a horse, a cow, and three men. The injection was made with great care, and without any external force being used. In 1821, Fohmann published his investigations in detail, and added to these others, which he had since made; and we have been informed by a gentleman who recently saw Fohmann's preparations at Heidelberg, that he intends publishing a cheap work* in four parts, with plates, shewing the connexion between the two sets of vessels in the four classes of vertebrated animals. The first part is to treat of the absorbents of fishes, and has most probably by this time appeared. In 1824, the subject was investigated in Italy, and the Antologia of Firenza announced, that Dr. Regolo Lippi† had discovered that several lymphatic trunks opened directly into the veins. Since that time Dr. Rossi made the same observations, an account of which we now lay before our readers. The establishment of such an important fact as a direct communication between the lymphatics and veins, is of the highest importance, and we may safely anticipate from it new light on the pathology and treatment of several diseases.

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* Tiedemann und Gmelin Versuche uber die Wege, auf welchen Substanzen aus dem Magen und Darmkanal ins Blut gelangen, &c. Heidelberg, 8vo. 1820.

† Salzburger Med. Chirurg. Zeitung, for 1820, Vol. II. p. 319; Vol. III. p. 175.

On the communication of the Lymphatic Vessels with the Veins. By Dr. Rossi.‡

In a young man twenty-two years of age, who had died of phthisis pulmonalis, and whose abdominal viscera, comprising the conglobate glands, were in a healthy state, I injected, according to Walther's method, the vasa efferentia of the left inguinal glands, having previously tied the thoracic duct about four inches above the diaphragm. Taking care that there was sufficient mercury, and seeing the thoracic duct below the ligature in the chest becoming full, I suspended the operation. After a careful examination, I could not discover any injected mesenteric lymphatics, and I consequently did not see any trunk entering itself into the principal branch of the vena porta. I then raised the intestines, and the internal layer of peritoneum covering the lumbar vertebra, and by this means exposed to view the aorta, vena cava, and the lumbar lymphatic plexus, which was remarkably injected. The vasa efferentia of the inguinal glands, into which I had introduced the tube, after traversing the external and common iliac glands, proceeded in the usual course to the inferior lumbar glands, forming there a plexus, and then finally to the superior one. From these glands the lymphatics proceed, which unite into a few trunks, and go to form the receptaculum chyli. From the glands themselves, I saw three vessels taking their origin; these were not very fine, nor quite filled with mercury, and instead of going to the thoracic duct by a straight course, they evidently went to empty themselves, one into the vena cava, just at its exit from the fossa of the liver, another at the beginning of the left emulgent vein, and the third also into the vena cava, close to the termination of the right spermatic vein. In the three points at which these vessels opened themselves, I passed a knot, and then introduced a tube into the vasa inferentia of the lumbar glands, and shortly after saw the three vessels become distended with the quicksilver. I then detached the lumbar and common iliac glands, and found that from the lateral and posterior part of these glands, some branches containing globules of mercury proceeded, some going direct into the vena cava, others into the common iliac veins, and one into the last left lumbar vein, which traversed the vertebral column in passing beneath the aorta.

Second Observation.—In the body of a youth about eighteen years of age, and much emaciated, I injected in the same way the lymphatics of the mesentery. These vessels directed their course to the mesenteric glands, from which they distributed themselves, and after visiting other glands, united in a few trunks, which, passing close to the superior mesenteric artery, emptied themselves in the receptaculum chyli. From these glands, and in particular from the largest in conjunction with the true lymphatics, proceeded some vessels of a short course, containing some mercury, and which terminated in the larger branches of the vena porta, and especially in the splenic vein. It was not possible to observe any in this case empty themselves into the emulgent vein, as Dr. Lippi observed.

Experiment 3d.—In a good female subject, I injected the iliac lymphatics, as I had done in the first experiment, and not those of the mesentery as well. This injection gave me an opportunity of seeing a larger number of trunks, which emptied themselves in the vena cava, and the larger branches of the vena porta.

Experiments 4 and 5.—In two other attenuated subjects, I injected the iliac and mesenteric lymphatics. This injection shewed me the same vessels, and procured the same success. In one of the subjects, I commenced the injection above the right knee: the inguinal glands were injected, and I saw that some delicate vessels which proceeded from these, and emptied themselves directly into the femoral vein, just before it passes under the crural arch, contained with the blood some globules of mercury.

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* Anatomische Untersuchungen uber die Verbindung der Saugadern mit den Venen. 12mo. Heidelberg, 1821.

† Omodei's Annali di Medicina, Vol. XXXII. p. 75.

‡ Annali di Medicina, Jan. 1826.

Experiments 6, 7, *and* 8.—I injected the iliac and mesenteric lymphatic in three persons, who had died of consumption, and I found the usual trunks injected, viz. those which had their termination in veins.

From these observations, the following conclusions may be drawn:

1. That mercury injected into the lymphatic veins, after traversing the glands, passes to the veins by means of some vascular trunks, which carry on a communication between the large veins and the glands themselves.

2. That these trunks ought to be considered as veins rather than lymphatic vessels, which they at first sight resemble, and the principal object of which is to carry the superfluous blood to the nutrition of the lymphatic glands.

My views of these vascular trunks, which go from the glands to the veins, accord perfectly with the ideas of Meckel and Fohmann, who contend that the veins of the glands transport to the larger veins the matter injected into the lymphatic vessels; and they also correspond in some degree with the anatomical results of the immortal Mascagni, who observed that in many injections of the lymphatic system, the small veins of the gland became filled in a manner so as to assume the appearance of lymphatic vessels with which several authors before him had been deceived.

Granted that the trunks which I observed in my experiments are veins rather than lymphatics, it will be clear that the communication of the vessels from one system to another, is not affected by trunks; but most probably in the extreme subdivisions of the vessels in the parenchyma of the glands. I say this is probable, because the amastomoses in the interior of the glands has not been seen, and the supposition rests merely on the passage of the mercury into the venous ramifications. In reference to this it may not be useless to observe, that from the lymphatics being provided with several bloodvessels, it might easily happen that the liquid injected into the lymphatics opened a passage into the veins; of this we might probably with some truth entertain a doubt, as we see that the vasa efferentia cf the glands are destined to receive what has been transmitted by the vasa inferentio. I think it proper to detail a case here which may have some reference to this point. In a lady who had died of an affection of the chest I found the inferior extremity œdematous, and increased to a very considerable size. I did not like to inject here, as I expected to be able to see all the iliac and lumbar lymphatics; indeed, my expectations were not disappointed. I found these lymphatics full of lymph and considerably distended; the glands from which they came were inspisated with lymph, and from some of them branches proceeded to open themselves into veins. They were full of colouring matter, as all the small veins are. If there existed a direct and natural communication, it appears to me that lymph would have been found in plenty in these venous trunks, but by an accurate examination I could not succeed in diluting it.

Extra-uterine Pregnancy.—All the world knows, or at least ought to know, that M. Breschet has of late years observed a case of pregnancy in the substance of the uterus (*graviditas in substantiâ uteri*,) for we mentioned the fact in The Lancet as early as February 1824; an account of it has been read before four or five learned societies, also published in the last number of the Medico-chirurgical Transactions, and lastly, to prevent the recollection of it escaping the memory altogether, M. B. has re-published in the first volume of his new journal, (Repertorie d'anatomie et physiologie) the case which fell under his own observation, together with some others of the same nature, amounting to six in number. We wish the fact to be as generally known as possible, and see no objection to its being noticed every week or month, if there were any persons who thought it worth their while to do it; but it always looks bad when an author shows such extreme anxiety to make known any of his writings or discoveries,—it looks as if he wished by the noise they created to found a reputation to which he feels he has no right—philanthropy may sometimes dictate this course, but it is more frequently pursued by men who in seeking a reputation are conscious they have no just pretension to one.

Dissection of an Ourang Outang.

In the *Boston Journal of Philosophy*, (vol. II.) there is an account of the dissection of this animal. The skin was attached very closely to the body at all parts, particularly on the face, hands, elbows, and soles of the feet. He had no cutaneous muscles except the platysma myoides. This muscle was not connected on its inner surface, but formed a large pouch extending from the chin to the sternum, and continuing round to the sides of the neck. It was supposed, by those who saw him, to be a receptacle for food; this was not, however, its purpose, for it communicated with the larynx and not the pharynx. The abdomen presented a view very similar to that of the human subject. There was some slight difference only in the situation of a few of the parts. The lungs did not present quite so much difference on both sides as in man; that of the left being nearly of the same size with the right, carrying the heart more towards the centre of the thorax; they were also not so distinctly divided into lobes. The heart was conical, like man's, and in every respect resembled the human. The arch of the aorta, and the descending aorta, were small in proportion to the size of the heart. The right subclavian, right and left carotid arteries, all arose from the arteria innominata; the left subclavian rose separately, near the base of this. The pericardium was connected extensively to the diaphragm, which was very large and strong. The chest was divided by the mediastinum, and the thymus gland laid between its sides.

The mouth and fauces resembled the human, except in dimensions, being much longer from front to rear. The velum palati was without the uvula, but broader and more lax. The body, which answered the purpose of the uvula, was situated on the posterior surface of the velum; and, when this was forced backwards, exactly closed the posterior entrance of the nose. The glottis and epiglottis resembled the human. The os hyoides and cartilages of the larynx were much as in man. Between the os hyoides and the thyroid cartilage, there were on each side two openings, about a quarter of an inch in diameter, leading into the larynx, and coming out at the base of this cartilage. A valve played at the inferior opening, preventing the passage of an instrument downward; but it passed easily upwards into the pouch on the neck, which has been mentioned; this pouch the animal could inflate at pleasure.

The brain weighed nine ounces and three-quarters. The nerves arose from this in the same manner as the human, and took their exit from the cranium in a similar way. The position of the brain differed by the anterior lobes being more raised, in consequence of the projecting plates of the orbits internally, and by the posterior lobes and cerebellum lying lower than the human, according to the form of the base of the cranium. *This organ was not dissected!!*

Important Anatomical Fact.—Injection of the Nerves.

We are indebted to M. Bogros, whose premature death science has to deplore, for the knowledge of a fact which may cast a new light on the functions of the nerves. This expert anatomist, by means of an injection as simple as it was ingenious succeeded in showing that in every nerve there is a canal which extends from the origin of the nerve to its extreme termination, and in rendering clear how these nerves anastomose, whether on the skin or the nervous membranes. He employed for these purposes mercury, the gravity of which constituted the only propelling power employed to make it penetrate into the most minute nervous ramifications, nearly in the same way as in the lymphatics.

Irregular formation of the Uterus.

MM. Moreau and Gardien lately met with the following peculiarity in an otherwise well formed uterus: there was a passage from the right Fallopian tube through the thickness of the uterus, opening into the cavity of its neck. This accidental formation may, it is considered, account for instances of the produce of conception being found in the middle of the tissue of the uterus.

PHYSIOLOGY.

Fifth pair—Nerves of Smell.

Notwithstanding the objections which have been raised against M. Magendie, relative to his opinion on the mechanism of smell, as well as to the interpretation which he gave to the experiments of Mr. Charles Bell on the same subject, the French experimenter does not move in the slightest form his former assertion, that the first pair of nerves is not the special seat of smell, but that the fifth pair presides essentially over that function as well as all the senses. To justify this last assertion in respect to taste, M. Magendie divided the lingual nerve in the same way as Mr. Charles Bell, below the tongue, after which no impression was made from the application of the most acrid substances.

M. Magendie has also been conducting fresh experiments to show that the optic nerve and retina are insensible to direct excitations, and that the sense of vision is transmitted to the brain by the influence of the fifth pair.

Experiments on Poisoning.

The following is the result of some experiments made by M. Segalas, and lately communicated to the Academy of Medicine at Paris, in which it has been attempted to prove that poisons rather produce their effects through the medium of the vessels than that of the nerves.

1st. Having cut the spinal marrow of an animal, so as to render it paralytic, and having placed some alcoholic extract of nux vomica in the paralysed parts, he perceived that tetanus came on just as quickly and powerfully as if the nervous system had been entire.

2d. Having, on the contrary, left the spinal marrow untouched, but prevented the blood which returned from the part where the poison had been lodged from being carried to the heart, he observed that the poisoning did not take place.

3. Tetanus appeared to come on equally as quick when he injected the poison into the bronchia, although the eighth pair of nerves was divided.

4th. The nux vomica placed in the thigh of an animal rendered paralytic by the division of the spinal marrow, produced tetanus not only in the trunk and upper extremities, but also in the paralysed parts.

5th. The same result takes place in whatever part the poison has been placed; the contraction only of the paralysed muscles is slower, and seems to occur in proportion as the blood conveys the poisonous matter to the nerves from which they are supplied.

6th. Having injected the poison into the crural artery of a paraplegic animal, its effects were manifested in the like manner: the convulsions commenced in the thighs, and only became general till after sufficient time had elapsed for the conveyance of the poison to the spinal marrow.

M. Segalas concludes, from his experiments, that the voluntary muscles can contract themselves, in certain cases, independently of the action of the spino-cerebral system.

In these experiments, M. Segalas has often designedly made the division of the spinal marrow at different points, but most commonly on a level with the last curvical or first dorsal lumbar vertebræ, and this produced no modification of the phenomena.—*Archives Generales.*

M. Segalas read a paper in the month of last February before the Royal Academy of Sciences (Paris) on the blood considered as the seat of various diseases. A great number of pathologists of the present day deny that the fluids can be the seat of primitive alterations, and that the organic disorders and functional derangements may be only the consequences of such alterations. M. Segalas has endeavoured to prove, that the primitive alteration of the blood may take place and produce the effect just mentioned. He rests this opinion on the following experiments:—

1. Concentrated alcohol produces a chemical action on the blood during life.*

2. Diluted alcohol injected into the veins or bronchia, causes immediate drunkenness, but carried to other parts this takes place more slowly.

3. The effects of alcohol introduced into any other part than the veins are, as to their intensity and quickness, in direct relation with the absorbing power of those parts, and altogether independent of the nerves which they receive, particularly o those of the stomach.

4. That these effects are accelerated and augmented, or retarded and diminished, by the circumstances which favour or impede the passage of the alcohol into the blood.

5. That the drunkenness goes off as the alcohol leaves the blood, and more or less rapidly according as the circumstances are favourable or unfavourable to the exhalation of the blood.

6. That the effects of the alcohol are severe, not in proportion to the quantity placed in contact with these organs, but to the quantity actually introduced into the blood.

7. Lastly, that profound drunkenness, and death from drunkenness, are coincident with a manifest alteration in the blood, and with less marked alteration in the solids. M. Segalas thinks, that by viewing drunkenness as the result of a disorder of the blood, an explanation will be formed of the influence of oil in ammonia in stopping its effects. The oil, he

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* Alcohol exerts a chemical action after death on the blood, but then it is the same which several other chemical agents equally exert in producing coagulation of its albumen.

thinks, may prevent the absorption of the alcohol, and the ammonia, or acetate of ammonia, favour its diminution.

PATHOLOGY.

Memoir on the Kirronosis.[*] By J. F. LOBSTEIN, *Professor to the Faculty of Medicine at Strasbourg. Report d'anatomie et Physiologie, March,* 1826.

I term *kirronosis* a disease of the embryo and of the fœtus, in which the serous or transparent membranes are tinged with a fine yellow colour. It is an internal jaundice, if the term can be used, of the peritoneum, pleura, pericardium and arachnoid, but which differs from jaundice, properly so called, in so far as it lets untouched the parenchymatous cellular tissue of the organs, that which is under the skin as well as the skin itself, the ordinary seat of jaundice, The first time that I discovered this disease, it was in two embryos each five months old, and the peritoneum in both was intensely yellow. The part covering the posterior surface of the abdominal parietes was the most highly coloured. The peritoneum covering the viscera and the intestines was coloured in a less degree. In one the pleura, pericardium, surface of the heart, dura mater and arachnoid membrane also possessed this deep yellow colour. These are the two cases which I have mentioned in the first number of the *Rapports sur les travaux executés a l' ampitheatre d' anatomie de la faculté de medicine de Strasbourg, page* 26, *ed. in 4to.* Since that time I have met with a case of twins in which this disease existed in a high degree.

I was of opinion that the yellowness was confined to the serous membrane alone, till on examining the nervous system in its successive development in some embryos, I was surprised to observe that the spinal marrow, not only in its coverings but also in the substance, had this colour very distinct. In three cases I also found the sympathetic similarly affected.

The yellowness of the serous membranes, and the nervous pulp, is not the effect of colouring from a foreign substance, for it is impossible to deprive them of their appearance by ablution, or by infusion in water or alcohol. In fact, I am unable to mention any cause by which it can be explained.

In an article[*] on putrid and gangrenous fever by M. A. L. J. Bayle, we find some cases and experiments (chiefly old ones) detailed, from which the author draws the following conclusions :—

1. That the blood is susceptible of altering itself primitively, and of containing a certain degree of putridity either spontaneously, or, what appears much more frequent, under the influence of an external miasmatic infection.

2. That this humoral alteration may give rise indistinctly to inflammatory or gangrenous affections of one or more organs, without appearing constantly to attack the same.

3. That gastro-enteritis is not a constant appearance in putrid fever, since in four cases which I have detailed it was not observed once.

Mental alienation.—M. Pinel read a paper before the Royal Academy of Medicine at Paris, in which he expresses his surprise that the researches on this subject have hitherto been confined to the brain, and that the nervous system generally, and particularly the ganglionary system have only been regarded as parts of minor importance.

If the brain exerts a considerable influence on the diseases of other organs, these certainly extend their influence in turn to cerebrum. And the general results of post-mortem researches show that in persons who have laboured under mental alienation, lesions, either of the brain or viscera, always existed. It is to be hoped, therefore, that the state of the nervous system will, in the future examination of such cases, be more attended to.

Antiquity of the Cow-pox; Origin of the Small-pox from the Cow-pox.[*]

The Pope's physician, Dr. Prela, has in a particular work [‡] on this subject, endeavoured to prove, especially by passages from Pliny and Celsus, that the cow-pox was known in the old world, under the name boa, (signification of its origin from the cow,) and has started the curious hypothesis, that from the effect of the boa on the human frame the small-pox gradually developed itself so that the present expulsion of this disease by the cow-pox, is only a return of the latter to its original state.

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[*] Κιῤῥὸς, yellow, and νοσος, disease.

[*] Revue Medicale, April.

[†] *Hufeland's Journal der Pract. Heillunde, Feb.*

[‡] *Il Boa di Plinio congettura Storia della vaccinazione, Milano,* 1825.

SURGERY.

*Extraction of a Needle Case from the Female Bladder**.

Maria Dominica Schiribizzi, native of the village of Saint Domino, near the city of Arezzo, in the habit of working about the land, was put in the year 1814 to look after some goats, when being left a great deal to herself, she contracted the practice of onanism. Finding that the titillation of her hand was not sufficient to satisfy her passion, or procure the voluptuous sensation she desired, she had recourse to hard bodies, and employed, instead of her fingers, a needle-case. In using this instrument, she found a point of resistance at the orifice of the urethra, against which she rubbed every day to increase her sensual gratifications. This abominable practice every day repeated, produced at last such a dilation of the mouth of the urethra, that the needle case escaping one day out of her hand, penetrated into the bladder. Shame, and the dread of her parents knowing it, made her undergo the most dreadful sufferings for near a month, when, being unable to bear them any longer, she confessed her deed, and applied for relief. Various surgeons tried to extract the foreign body, but their attempts were not only useless, but mischievous, because they brought on an intolerant strangury. The dilatation of the urethra produced by her violent masturbations, and augmented by the subsequent attempts of her medical attendant, was not sufficient to allow of any part of the case being laid hold of; and being convinced that any further attempt might be attended with danger, I resolved on performing an operation.

I made two lateral incisions, which comprehended the whole of the urethra, and the neck of the bladder, and these were sufficiently large to allow of a forceps being introduced into the bladder. I then laid hold of the needle case and extracted it. Several physicians and surgeons of this city were present at the operation, there was but little hæmorrhage. The case was made of box wood, of a cylindrical shape, and rounded at its extremities; it was four inches in length, and the diameter of the cylinder so much distended by the wet, was one inch and seven lines, and the whole surface was covered with a calculous incrustation. It was also filled by pins and needles of different sizes. The woman rapidly recovered, without any bad symptoms remaining, and it is only a few months ago that I had occasion to see her, when I found that she had become the mother of several children.

Destruction of the Stone in the Bladder.

M. Meyrieux has lately invented an instrument for laying hold of a stone in the bladder, without any previous dilatation of the urethra, and reducing it to powder. The instrument consists of a steel tube, three lines in diameter, and ten inches in length, and which receives into its interior another tube three inches longer, and divided at one of its extremities into three small tongues, which separate by their own elasticity, and approach each other when pressed on by the outer tube. These support small scoops terminated by hooks bent inwards, so that the beaks which bear on the bladder do not injure that organ. These hooks serve to retain the stone, and the re-union of these scoops forms at the extremity of the first tube a kind of oval cavity. The stone being seized by the teeth of the instrument, M. Meyrieux sets a gimblet in action on it by means of the handle, which, when it has penetrated into the stone about four lines, separates when turned in a particular manner: two files, which terminate it, act on the circumference of the stone, whilst the gimblet bores it through the centre.

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*Chiale's method of destroying the Stone in the Bladder**.

Towards the close of last year, a paper was read before the surgical section of the Academy of Medicine at Paris, by M. Joseph Brousseaud, an army medical officer, on whom M. Civiale had operated six times successfully. The following is an extract of the report on this case, made by M. M. Roux and Jules Cloquet.

Confining ourselves to the fact which has been submitted to the Academy, we must say that it proves indubitably (as indeed had been before proved) the possibility of destroying in the bladder, and extracting by the urethra without any incision, and by means of straight instruments, a calculus of small size; that this operation, although requiring to be repeated a certain number of times, and not without some pain, is nevertheless far from presenting the serious disadvantage of lithotomy; for these reasons we return our thanks to the operated, and encouragement to the operator. Among the questions which we have to examine in this report, that of the priority of the employment of straight instruments particularly deserves our consideration. We have read all that has been written for and against each claimant; we have compared the dates and drawings, and have not yet been able to give a decided opinion. The revival of the employment of straight sounds merits, in our opinion, the warmest encomiums; and in a paper on the dissolution of stones in the bladder, dated 1818, the drawings of the straight instruments are to be found; but this Memoir was not published, and it was in 1822 that one of the claimants inserted in a journal the possibility and ease of using the straight sounds.

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* Annali Universali di Medicina, March, p. 417. Sir Astley Cooper, in his Lecture on Lithotomy, in Vol. II. of THE LANCET, mentions somewhat similar cases. —ED.

* Archives Generales, March.

THERAPEUTICS*.

Animal Magnetism.

Whilst the Academy of Medicine (Paris) was discussing the question, to know if magnetism was a reality or chimera, if it presented advantages or dangers, the magnetisers were pursuing the tenour of their way, and treating every one who put faith in their pretended remedy. That the favoured children of Æsculapius should lose some of their practice, is a misfortune with which they must console themselves; but that society should be deprived of one of its members by the audacious ignorance of Messieurs or Mesdames, the somnambulists, is too serious an affair to be passed by unnoticed and unpunished. It was on this account (the destruction of a patient under her care,) that Madame Fructus was summoned to appear before the tribunal of justice.

Our somnambulist had contrived to gain the confidence of the countess of P——, who conceived that she had been properly treated by her. On the 23d of October last, the daughter, a girl of sixteen, was taken ill; she was seized with continued vomiting, and a severe cutaneous eruption. Madame Fructus was called, who charmed the patient to sleep, and ordered for her ipecacuanha, which, on her awaking, she administered herself. This drug having produced no good effect, some consultation took place. The somnambulist prescribed in succession emollient cataplasms, and the application of a recent lamb's-skin. In short, at the end of thet hree days, convulsions came on, and whilst Madam Fructus was assuring the relation that these motions were the approach of a favourable crisis, the young lady expired.

An action was brought by the friends against this female magnetiser, and on the 27th of April the case was heard. Madam F. was accused—

1. Of having practised medicine without proper authorization.
2. Of having extorted different sums by fradulent means.
3. Of having committed by an act of imprudence an unintentional homicide.

The accused appeared before the court in a neat but elegant dress, she is twenty-eight years, and of a beautiful figure.

Q. You have practised *the healing art?* R. No Sir, (*a laugh.*)

Q. But you prescribe remedies for persons who consulted you? R. I do not recollect in my awake, of what I have said and done in the state of somnambulism.

Q. But when awake you can distinguish if a person is but slightly indisposed, or if his state is a dangerous one? R. I have never made these remarks.

M. the President—You see that I am in good health? R. Yes, in all appearance. (*Laugh.*)

Q. Well, if you saw any one with the skin burning hot and covered with eruption, would you take him to be ill? R. Certainly, Sir.

Q. Nevertheless, you saw Mademoiselle P. in this situation, and you did not advise a physician to be called in? R. On the contrary, I gave this advice, but the young lady would not listen to it.

Q. But at the last moment you pretented that the young lady was experiencing a favourable crisis? R. I don't know what I might have said when asleep.

Q. Can you put yourself to sleep? R. Yes Sir.

Q. Have you need of any preparation for this? Yes, Sir, I make use of a magnetised ring; moreover, Sir, *my husband magnetises me every night, or at least as often as he can.*—(Here the court burst into a fit of laughter, and many a person present, we have no doubt, envied the husband's situation.)

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* Gazette de Santé, May.

Several witnesses were called, some of whom spoke in favour of animal magnetism, and others against it; but the court sentenced her to six months' imprisonment, and fined her in 25*l.* and costs.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Laryngeal Disease.

C. Randle, æt. 30, of dark complexion and spare habit, was admitted into the Hospital on 5th of April, under the care of Mr. Key, on account of an affection of the larynx. The patient is a public singer, and says that he has observed a change or thickness (as he expresses himself) in his voice upwards of twelvemonths. Within the last two months, however, he has become much worse, and his voice now cannot be raised higher than a loud whisper. He attributes his becoming worse of late to the circumstance of an exposure to wet and cold, which exposure was not accidental, but undertaken purposely. Having read in some book that this was an efficient plan of getting rid of a "bad cold," he ventured on the experiment; the result of which proved, as might be expected, very unsatisfactory.

He does not experience much difficulty in deglutition, but solids are swallowed more easily than liquids; the fluid produces a tickling sensation, and excites coughing. Sometimes, after a violent fit of coughing and straining, he brings up a quantity of blood, but usually spits patches of a muco-purulent fluid. Eructation, which is frequent with him, occasions a most distressing pain.

He has had for some time, shooting pains extending from the throat towards the ears. On making pressure upon the sides of the thyroid cartilage, great pain is occasioned. The epiglottis can be felt by passing the finger far back into the mouth, but it does not appear to be thickened.

The patient has had no venereal affection for many years. The mouth has been made sore by mercury a short time before admission, for the disease in the throat; blisters and leeches have also been applied, and upon one occasion, by the direction of Sir Astley Cooper, the uvula was cut.

The patient's countenance has a sallow unhealthy appearance, and is in some degree indicative of distress. Although he has frequent fits of coughing, it does not appear that the disease extends to the bronchiæ. The sound in the chest is healthy, whilst in the throat we have a noise referrible to constriction about the larynx. The patient refers his pain and sense of constriction accurately to the upper part of the larynx. The pulse is not accelerated; he has restless nights, appetite defective, and bowels regular.

On the following day after the patient's admission, Mr. Key directed the application of a blister to the throat. This did not afford much relief, but nothing further was done until the 11th, when the patient was seen by Sir Astley Cooper.

Having accurately inquired into the symptoms of the case, Sir Astley observed, that it was his opinion there was ulceration of the parts about the glottis. These cases, he observed, appeared to be but little under the control of medicine, and in general had a fatal termination. A plan had lately been adopted in the treatment of these cases by Mr. Vance, which he had been assured was highly beneficial; it consisted in the application of a solution of the nitrate of silver to the part affected. On the question being proposed as to the propriety of administering mercury, so as to produce a decided effect, Sir Astley remarked, that he considered the exhibition of mercury in cases of ulceration of the larynx, to be highly injurious, and that in most cases the disease would be rapidly accelerated thereby. There were some cases of thickening of the parts about the larynx, the result of inflammation, in which mercury was a most valuable remedy. The following plan was decided upon in the case under consideration:

Ten grains of Dover's powder, to be taken at bed time;

Five grains of Plummer's pill, at bed time.

A solution of nitrate of silver, prepared by dissolving two grains of the salt in an ounce of water, to be applied to the part daily, by means of a probang.

April 16. The solution has been several times used, but without producing any particular effect. The application does not give pain, nor occasion coughing. The symptoms continue unrelieved; except that the patient has better nights,

26. The solution has been regularly applied since it was first directed, but, as observed in our last report, has produced no effect. Mr. Key to-day directed the strength of the solution to be increased to four grains of the nitrate of silver in an ounce of water. The patient's health appears to decline; the tenderness on pressure continues, and the muco-purulent expectoration occasionally tinged with blood. The pills are continued.

May 4. He is evidently getting worse, looks more emaciated, coughs more frequently, and difficulty of deglutition increased. The application of the solution to be discontinued, and a seton to be inserted by the side of the trachea. An opiate linctus directed for the cough.

10. From the period of our last report, the patient has continued much the same; his general health has evidently suffered much since his admission into the Hospital, and the disease in the throat, it is to be feared, is progressively increasing. Soon after this report, the patient left the Hospital for the purpose of going to the sea-side.

Fungoid disease of the Palate.

M. A. Simpson, ætat. 36, of sallow complexion, and very unhealthy appearance, came into the Hospital on 6th of May, under the care of Mr. Morgan, on account of disease of the palate.

The patient is a poor illiterate woman, and gives but an indistinct account of the origin of her complaint. She says that about two months ago she was attacked with violent lancinating pain in the head, and on the right side of the face; this continued for some time and she had occasional bleedings from the nose. Shortly after the face began to swell, the pain continuing of a most excruciating kind; there was now bleeding from the gum of the right upper jaw. The patient says that she had a violent blow on the face, about twelve months before the commencement of the pain.

These are the only particulars we could elicit from the poor woman, as to the history of her disease. The present appearances of the disease are as follow: there is an irregular fungous growth, extending from the first bicuspid tooth to the end of the jaw, on the right side. The inner edge of the fungous growth is well defined, and extends to the medial roof of the mouth.

In the centre of the fungus is a dark brown slough, and the parts have a very offensive smell. There is a great swelling and deformity of the right side of the face, the right eye is evidently much protruded, occasioned (Mr. Morgan supposes) by the disease extending into the antrum, and thus pushing up the floor of the orbit. There is great tenderness on pressing the cheek, although some of the parts of the face are benumbed. There is a bloody discharge from the nose if blown hard, and the diseased parts in the mouth bleed much if disturbed.

The teeth about the diseased part being quite loose, Mr. Morgan directed them to be removed and the following medicine to be taken.

Powder of sarsaparilla, 1 *drachm*,
Decoction of do: $1\frac{1}{2}$ *ounce;*
to be taken three times a day.

Plummer's pill, 5 *grains*;
to be taken at bed time.

The dilute nitric acid lotion to be used as a gargle to the parts in the mouth.

Mr. Morgan did not appear to be decided as to the malignant nature of the disease, intimating that the fungous growth probably originated from simple irritation.

(These notes were made a few days after the patient's admission.)

30. On visiting the patient to-day, we find that the disease has increased to a most alarming degree, within the last four days. The fungous growth in the mouth has now acquired such a magnitude, that the functions of deglutition and respiration are much impeded. She suffers most excruciating pain, obtaining but little rest. Mr. Morgan directed opium in pills to be given, but she was unable to swallow them. Laudanum was therefore given, which had the effect of producing a temporary alleviation of pain. There has been considerable hæmorrhage from the parts, at different times.

June 3. The patient continues in the same state; the fungus has not materially increased since our last report. It is evident, however, that death will soon put an end to her protracted and irremediable sufferings.

The patients admitted by Mr. Morgan, on the 24th of May, laboured under the following diseases:

Males.—Superficial fungus of the testicle; disease of the knee-joint; lumbago; strumous ophthalmia; cataract; iritis; disease of the heart.

The case of *diseased testicle* does not present any thing remarkable, the fungus is small, although of three months standing, and the greater portion of the testicle is free from disease. Mr. Morgan has directed the application of caustic to the fungus.

The *disease of the knee-joint* occurs in a delicate looking lad, about 17 years of age; it consisted in a swelling and tenderness of the parts about the joints, and has been relieved by leeches and counter-irritants. The disease was of about six weeks' standing, and came on without any evident cause.

The case of *lumbago* (or as Mr. Morgan somewhat fancifully styles it "*chronic inflammation of the lumbar fascia*,") has been relieved by cupping, the application of blisters and purgative medicines.

Strumous Ophthalmia.—This disease occurs in an unhealthy child, six years of age. The vascularity of the eyes was not much increased, but there was that intolerance of light which forms such a striking characteristic of strumous inflammation of the eye. On the right cornea was a small ulcer. The treatment employed, and which has entirely removed the disease, was as follows:

Leeches to the temples, and a large blister at the back of the neck. *Two grains of calomel and three grains of rhubarb*, twice a week.

Solution of oxymuriate of mercury, half a drachm,
Decoction of sarsaparilla, one ounce;
three times a day.

In the case of *cataract*, the patient is about 60 years of age; both eyes are affected. The disease is of eighteen months' standing, the power of vision very slight, and the irides obedient to light.

Mr. Morgan operated for the extraction of the lens of the left eye on Saturday. The cataract proved to be of a firm kind. There was one circumstance attendant on the operation which is worthy of notice, namely, the escape of a large portion of the vitreous humour, which immediately followed the completion of the incision through the cornea.

The case of iritis is not severe. The disease of the heart is a very interesting case, and will probably prove fatal. We shall therefore reserve our report of this case, until some future time.

ST. THOMAS'S HOSPITAL.

Case of Impetigo.—Sparsa.

The following case of impetigo may serve to illustrate or rather to confirm the opinions as to the obstinate and intractable nature of the disease. The treatment employed in this case by Dr. Elliotson differed from that usually adopted; it consisted principally in repeated blood-lettings, and the exhibition of calomel. It will be seen, however, from the report, that only a slight amelioration was produced from this plan of treatment.

J. Lewis, ætat. 15, a painter, and a healthy looking lad, was admitted into King's ward, on Feb. 9th, under the care of Mr. Tyrrell, but was subsequently transferred to Dr. Elliotson.

He has had for twelve months, an eruptive disease on his legs and thighs. On the parts affected there is a deep diffused redness, covered here and there with thin scales of a yellowish colour. The red part uncovered by the scales, (which is new cuticle) is rough, harsh and dry, and feels very hot; there are also fissures with an ichorous exudation. On examining the parts closely, we see a few pustules scattered over the part; they are small, and apparently contain a yellowish fluid. The patient has laboured under the disease about twelve months, he complains much of a smarting itching, and burning heat in the parts. The skin is universally dry, and bowels somewhat constipated.

On the 11th, the patient was seen by Dr. Elliotson, who ordered him to be bled from the arm, to the amount of twelve ounces, and to take three grains of calomel twice a day. Zinc ointment to be applied to the parts affected. Milk diet.

14. *Repeat the venesection.*

21. The patient says, that there is less itching and heat in the parts; there is no apparent amendment. He omitted the pills several days, in consequence of ptyalism being produced, but now continues them.

25. Much the same; mouth again sore. Omit the pills for the present, and *repeat the venesection.*

28. The itching is almost intolerable at night, when warm in bed. The scales have fallen off, but the cuticle is left rough, red and brittle. There is a co-

pious exhudation of a watery fluid from various fissures in the cuticle. The ointment appears to have increased the inflammatory condition of the parts.

Repeat the venesection.

March 1. Since the last report, the ointment has been omitted, and cloths wet with distilled water have been applied to the parts affected. There is less heat and itching, the patient's hands are swollen.

8. The swelling of the hands has abated. The parts are nearly free from scales, and the redness is much lessened. Small pustules continue to form, which burst and discharge an ichorous fluid. He was bled yesterday to eight ounces, and takes the calomel only at bed-time.

16. Very little change in the appearance of the parts. Contin. remedia.

20. Much the same.

28. Eight ounces of blood to be taken from the arm. The heat, smarting and itching continue.

April 5. The parts are nearly free from scales, but the cuticle remains harsh, it cracks, and then an ichorous matter exudes, which becoming dry, forms a scale. The scales then fall off, the discharge again takes place and another scale is formed. In this manner the process is again and again repeated, and the disease as it were perpetuated. The oxyd of zinc in powder has been sprinkled over the parts for the last few days. The mouth is now sore from the mercury which he takes until this effect is produced, and then omits for a short time.

15. Not much improvement in the disease: equal parts of the oxyd of zinc and of starch, to be applied to the eruption.

18. Venesection to the amount of ten ounces. A lotion of the super-acetate of lead to the parts affected.

22. Venesection repeated to twelve ounces. The calomel has not been taken lately. Dr. Elliotson directed 3 grains to be taken at bed-time. The disease somewhat improved, there being less heat and exhudation.

25. The calomel to be taken twice a-day, and distilled water used as a lotion.

28. The mouth somewhat affected by mercury. Half a grain of opium to be taken twice a-day, and the blood-letting to be repeated.

May 2. A lotion of the oxymuriate of mercury to be applied to the parts, and ℥iss. of infusion of cætechu to be taken twice a-day.

9. The yellow lotion, composed of oxymuriate mercury and lime-water, directed as an application. One scruple of quicksilver with chalk, to be taken at bed-time

From the date of this last report, the patient remained in the hospital until the 21st of May, when he was dismissed at his own request. He was considerably relieved when he left the hospital.

Case of Hypopium, with ulceration of the Cornea and Prolapsus Iridis.

S. Cook, ætat. 56, a man of intemperate habits, was admitted into Edward's ward on the 27th of April, under the care of Mr. J. H. Green, on account of disease of the right eye.

The patient states that about three weeks since, some dirt was thrown into his eye. From this time the eye became inflamed, and exceedingly painful, but he continued to live irregularly, and had no profesional advice until about a week before his admission, when Mr. Tyrrell saw him. He was cupped, and took calomel with opium.

On examining the eye, we find such an excessive state of vascularity that what is commonly called the "white of the eye," may not unaptly be compared to a piece of scarlet cloth. There is a distinct elevation of the conjunctiva to be observed around the base of the transparent cornea. And the cornea itself has a deadened ashy appearance. There is a yellowish deposit at the bottom of the anterior chamber, of an irregular form; above this, the iris can only be very faintly distinguished through the cornea, owing to its opacity.

There is burning heat, and pain in the eye, with excessive tenderness on pressure. The power of vision is very slight. The patient is restless and feverish. There is no ulcer on the external surface of the cornea.

(This case noted in Mr. Green's book, *by himself*, "*Inflammation of the Conjunctiva!!*")

The following plan was directed on the day after the patient's admission.

April 28. Cupping on the temples to the amount of twelve ounces. A tepid fomentation of poppies to be applied to the eye.

Calomel, 1 *grain*;
Dover's powder, 5 *grains*;

to be taken at bed-time.

29. There is a bulging forward of the cornea at its lower part. The other symptoms continue; cupping did not afford much relief.

May 1. There is a small opening through the lower part of the cornea, from which portions of coagulable lymph are discharged. The remaining portion of the hypopium appears to be small, and there is no remarkable distension of the eye. The vascularity is somewhat lessened, and there is less pain.

Mr. Green made an incision with a lancet through the lower part of the cornea; the coagulable lymph which escaped, was found to be very firm, and not large in quantity.

Mr. Green bound down the eye-lid with a roller, laying over it a compress of wet linen rags in a similar manner to the closure of an eye after the operation of extracting a cataract.

3. The cornea retains its dull appearance, and a small portion of matter discharges from the opening in the cornea. There is less vascularity of the eye, and the pain is diminished. The bandage and compress were removed to-day. A blister was directed to be applied to the temple, and kept open by means of Savin cerate.

6. There is a bulging forward of the flap of the cornea formed by the incision, and also a slight protrusion of a brownish coloured substance. The power of vision is quite gone; the eye still continues very vascular.

10. The projecting body has increased in size, and it is now apparent that it is a portion of the iris which has fallen down through the opening of the cornea, made by Mr. Green for the purpose of evacuating the matter of the hypopium. The edges of the wound of course not remaining agglutinated. Continue the pills.

14. The projecting portion of the iris is not much larger; there is a good deal of pain and irritation in the eye, with great vascularity. No further remedies have been adopted.

From the date of the last report to the 31st of May, the protrusion went on gradually increasing. There was no other change took place in the appearance of the eye during this time, and the only plan adopted was to touch the part once with lunar caustic.

Mr. Travers' opinion was now requested on the case; the tumour had attained such a size, that it protruded in some degree between the lids. It was of an elongated form, and surrounded or girt at its base by a circle of cornea. Mr. Travers said it was a case of staphyloma of the iris, and recommended its removal by excision.

The patient, however, at the date of this report, June 5, remains in the Hospital, nothing having yet been done for him. Of course the measure proposed is only undertaken with a view of removing a source of irritation, the power of vision being entirely gone.

Mr. Green admitted the following cases into the Hospital on 18th of May:

Males—Porrigo; ulcer of the lip (malignant?); iritis; hydrocele; two cases of ulcer on the leg; chronic inflammation of knee joint; sprained knee; disease of the tarsus (leg amputated, May 25); cancer of the scrotum.

Females—Suppurating bursa of knee joint; suppuration of finger; inflammation of the knee joint; stricture of the rectum.

These cases are for the most uninteresting.

Cancer of the Scrotum.—This is a case of that peculiar and malignant disease, chimney sweeper's cancer. The patient has followed the business of chimney sweeper for many years; he is about 40 years of age, and the present disease is of three years standing. The disease in this case, contrary to its usual course, did not commence at the lower part of the scrotum, but began in the integuments of the scrotum, immediately beneath the penis, and has extended round the lower part of that organ.

The case of *stricture of the rectum* we shall give on a future occasion.

Operation of Lithotomy.

On Friday, June 2d, Mr. Travers operated on a boy about three years old. The calculus was of about the size of a sparrow's egg; it was readily extracted, and the operation was altogether well performed. The time occupied in making the incisions and extracting the stone, was about two minutes and a half. The patient is doing well.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Sloughing Phagedæna.

Mary Martin, the subject of this disease, is 19 years of age, and of a light complexion. She was admitted into Patience Ward, on Thursday the 4th of May, under the care of Mr. Lawrence. She has a deep, dark, and foul excavated sore, with ragged and uneven edges, immediately below the inferior commissure of the vulva. The ulceration is about the size of the palm of the hand, of a somewhat circular form, and emitting a most offensive odour. She comes from the neighbourhood of Featherstone Buildings.* A slight degree of dark-coloured inflammation surrounds the ulcer. The girl states that about a fortnight since a large bleb arose just below the vulva, which soon broke, and then the sore degenerated into its present condition. Poultices have been the only applications hitherto resorted to, although she had been under the care of a medical man in town. She had also a discharge from the vagina, which she had about a week previous to the breaking out of the sore. Twelve months since she had a bubo, but it was unaccompanied by any sores, and in a short time it got well. Her present symptoms are severe; she complains of pain occasioned by the ulcer as excessively acute; she has also head-ache, and a small and frequent pulse. The tongue is clean and moist; bowels open.

She has a flushed cheek, and is prevented having any rest at night from the pain which she constantly endures.

Mr. Lawrence directed that the whole surface of the sore should be freely touched with the concentrated nitric-acid, and *dry* lint to be applied over it: and to take if necessary, 15 or 20 drops of laudanum after the application of the acid.

6. Shortly after the acid was applied, she took 15 drops of laudanum, and in a few hours expressed herself as feeling much easier, and as night advanced she got some sleep. To day she expresses herself as being free from pain, and she is altogether much improved. Dry lint continues to be kept applied to the ulcer.

8. The sloughs occasioned by the nitric-acid have now separated, and the surface presents a florid and healthy aspect. The discharge from the vagina continues profuse. The dry lint is all that is at present employed to the wound. She sleeps well at night, and takes her food with an appetite. Pulse 90. Tongue slightly loaded. Bowels open.

[*To be continued.*]

WESTMINSTER HOSPITAL.

The Case of Femoral Aneurism. (*Continued from page* 96.)

It is unnecessary for us to trouble our readers with a detail of all the particular symptoms that occurred in this case since our former report. It may be sufficient to state, that since the operation, the tumour has been gradually enlarging, the pulsation stronger, and the constitutional disturbance day after day increasing.

On the 21st of April, these symptoms became so urgent as evidently to prognosticate a speedy termination to the patient's sufferings. There was a phlegmonous efflorescence extending from the aneurism towards the back part of the thigh; the patient complained of much pain in the tumour, her pulse was very quick and irritable; but those symptoms which appeared to us so urgent, were reckoned of no very material importance to the wise fraternity, and the result of the "Dowager's" collective wisdom was that they would not make a wound in another part before the other was healed.

In this miserable state, one! two!! three!!! days more were added to the life of Lydia Brown; when, early on the morning of the fourth, about two o clock, the nurse called the house-surgeon in a great hurry, who found his patient a lifeless corpse, deluged in blood.

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* It is a singular fact, that no cases of venereal sloughing phagedena have been admitted into this Hospital for a length of time past, except from one of the vilest sinks of iniquity in this metropolis, Swan Alley in East Smithfield, or its immediate neighbourhood, with the exception, however, of the present case. Why venereal sores breaking out in this district should almost invariably assume such a peculiarly destructive character, is a problem which remains to be solved.

THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XX.

Affections of the Eyelids.—Affections of the Cornea.

Gentlemen,

You will meet with two long Greek names applied to two states of the eyelids. *Ancylo-blepharon* is a preternatural union of the two lids; I believe that they have been found thus united, in some instances, as a congenital malformation; but I have not seen such an occurrence. It is usually the result of ulceration; if the opposed margins are both ulcerated at the same time, they may grow together. In this way you will see partial union produced at the external angle, in old cases of lippitudo, where there has been frequent inflammation and excoriation, considerably shortening the palpebral slit, and inconvenient in the operation of extraction, by preventing a sufficient exposure of the globe. This state cannot be remedied; indeeed I never saw it existing to a degree requiring any remedy. If there were congenital union of the lids, as we sometimes find in the anus and labia pudendi, with no other defect, they ought to be separated by incision, taking the necessary care not to wound the globe.

The term *sym-blepharon* denotes a connexion of the lid to the globe of the eye; and this is generally the consequence of accidents, in which caustic substances, such as lime or mortar, are brought into contact with the conjunctiva of the lid and of the globe; or when, by any cause whatever, ulceration of the two opposed conjunctival surfaces is produced. The granulations which shoot up from the two ulcerated surfaces inosculate, and a permanent adhesion is produced. When the surfaces are extensive, it is impossible to prevent their accretion, even if you see the case from the beginning; at least I failed completely in a case where the lower lid and globe were thus injured by mortar, and where I took every pains to prevent the parts growing together. The accretion varies in extent and firmness; you may have a close and firm union of the entire lid and globe; or there may be merely slender and loose bridles of connexion; or any intermediate degree between these. The slender frœna may be divided and dissected off, if there be any useful purpose to be accomplished; and there would be no difficulty in separating the more extensive and close connexion; but the constant apposition of the raw surfaces reproduces the union, so that the inconvenience may be considered irremediable.

Tumours of the Lids.

The lids are subject to a variety of tumours. You may find *encysted* tumours formed in the lids, immediately under the skin, external to the orbicularis; you may have them under the orbicularis, or they may be fixed and making an impression on the external angular process of the frontal bone. They require to be removed, if they are large enough to be conspicuous, and should be increasing. In operating you should attend to the direction of the incision in the integuments, so as not to run the risk of producing any subsequent deformity. I have seen individuals in whom the tumours have not increased for many years, and I should only advise their removal whe they are found to increase in size. I ha e been generally called on to remove these tumours in females, who have been anxious to get rid of what they considered a blemish.

The lids, and particularly their ciliary margins are subject to the formation of tumours, which may be called half-encysted, containing a white milky matter. They appear first as a small smooth wart, with a flattened surface, and a small pin-hole in its centre; they gradually increase in size to that of a pea, a horsebean, or the end of the finger. Pressure will squeeze out a little soft white matter from the central opening. They sometimes inflame; the aperture enlarges, and the cavity of the cyst is exposed, as an irregular fibrous surface, producing a copious discharge, with surrounding inflammation and excoriation. There is generally more than one, and often they are numerous in both lids; they are also seen in other parts of the face, but less frequently. The easiest mode of removing them is to split them in two with a small sharp knife; you may then with a forceps take hold of the divided halves and pull them gently out; you will find that a very little force is sufficient to separate the loose cellular adhesions of the tumour to the surrounding parts. You will find the unnatural growth lobulated on the surface, soft and whitish, and having a small cavity in its centre. In this mode of proceeding, no skin is removed. Lay a soft rag dipped in cold water over the eye, and keep it damp; the part heals readily, and no mark is left. If it should have begun to ulcerate, it will be sufficient to take a caustic pencil and touch the surface of the imperfectly formed cyst, the tumour then drops out in a day or two; sometimes it is spontaneously detached under the inflammatory action, and the surface heals.

The lids are very liable to the formation of tumours, which seem to grow from, and at least are connected at their basis to the cartilage; they may be called tarsal tumours. They grow from the tarsus, and form small external swellings, sometimes reddish coloured, on the lids. They are covered externally by the integuments and the fibres of the orbicularis palpebrarum. They seldom grow larger than a pea or bean, and do not give much trouble, except producing a sense of heaviness in the lid, and sometimes by projecting inwards, mechanically irritating the globe. If you invert the lid, and particularly the upper, you will see the part of the tarsus from which the tumour rises; the cartilage is rendered thin at that part, and you see distinctly the circular base of the tumour. The contents of such tumours are various; sometimes there is a vascular tissue, there is obvious redness, and the production is inflammatory; sometimes you meet with imperfectly formed pus, and the case may be considered as a small chronic abscess of the lids; sometimes there is a glairy fluid. The general rule given for operating on tumours of this kind is that you should cut down through the skin and fibres of the orbicularis, and dissect them out; this is a painful operation, and cannot be strictly executed, as you cannot insulate the basis from the tarsus; if you were to separate it entire, you must cut through the cartilage, and thus make a button-hole in the lid. However this external incision and dissection are unnecessary, all you have to do is to invert the lid, then, seeing the base of the tumour through the thin portion of the tarsus, puncture it with a sharp-pointed double-edged knife, and the pus, or glairy fluid, or whatever else it may contain, escapes; you need then do nothing more, the cavity contracts, and the place soon heals. But, supposing the tumour not to contain fluid, but to be of a vascular texture, then you should make another incision, at an acute angle to the former, so that you have a little flap produced, which you cut out with the scissors; then break down the soft texture with a probe. In a few days a soft kind of fungus projects, which you cut off with the scissors, and the part heals.

Sometimes there are tumours, which form upon the inner surface of the eyelid just upon its orbital edge, where they are merely covered by the conjunctiva. If you invert the lid, you can remove them very easily, transfixing them with a hook and drawing them out. It is always better to do these little operations on the inside than from the outside, if you can; there is less to be cut through, and less risk of any unpleasant scar, or altered figure of the part.

There is mention made of an indurated tumour occurring upon the edge of the lid, called *chalazion* or grando, words from the learned languages, denoting hail stones, to which the indurated tubercle in question is compared. I believe that it is merely the result of hordeolum, and may be expected gradually to disappear.

You may have small white tumours occurring on the ciliary margin of the lids. Sometimes they are about equal to the head of a large pin, or they may be rather larger. They consist of a very thin but dense membrane, containing a soft substance nearly like boiled rice. These are called milia. They cause no inconvenience, when they remain stationary, and attain only a limited size; they generally occur in elderly persons. If their appearance is disliked, they are easily removed by transfixing them with a hook, and cutting them out with scissors. The same observations are applicable to small watery vesicles of the ciliary margin.

Tumours seated in the Orbit.

The analogy of the subject leads me to mention the occurrence of tumours within the orbit, and they form in the same way in the cellular texture of the orbit, as in other parts of the body. There are sarcomatous and encysted tumours, the latter being more common than the former. The encysted kind may contain watery fluid, various thicker matters, so as to deserve the technical epithet of meliceris or atheroma, and I have seen an instance in which the cyst contained a large collection of hydatids. Tumours forming in the orbit are important, because from the limitted space in which they have to grow, they very much interfere with the other contents, and often seriously injure the globe of the eye. They generally form deep in the cavity, and often produce considerable pain from the beginning. As they increase they cause impaired vision or complete amaurosis, by pressing on the optic nerve or globe, or pushing the latter outwards, and then stretching the former. Then augmenting in size they thrust the globe out of the orbit; producing the state called ex-ophthalmia. When a tumour exists in the orbit you are sometimes hardly aware of its presence, until it begins to produce an amaurotic state of the organ; and finding no other sufficient cause for this condition of the globe, you are led to suppose the existence of a tumour. When from the prominence of the globe and the impaired state of vision, you have been led to suspect the existence of a tumour, you more closely examine the part, and you can perhaps feel it through the palpebra. When you have ascertained that a swelling exists, and have determined that it is a fit case for operation, you must dissect it out with as much care as possible from the surrounding parts. In some instances, when the tumour is large, you will find it necessary to resort to the expedient of slitting up the external canthus of the eye, as in the operation for extirpation of the globe. It is an embarrassing kind of operation; you are impeded in the performance of it by the flow of blood, which fills up the cavity; you are obliged to proceed slowly. After you have succeeded in removing the tumour, the patient must be kept perfectly quiet and avoid all the causes of inflammation. I said that I had seen a cyst containing hydatids formed in the orbit; it was in a patient, who came to the Infirmary, complaining of considerable pain and distention in the orbit with dimness of sight; the globe of the eye was a little projecting, and on examination I thought I could discover the existence of a tumour in the upper part of the orbit. It was represented to him how the case stood, and he was informed that the only effective mode of relief would be the removal of the tumour; but at the same time the operation was not much encouraged from the uncertainty of its consequences. The patient went away, and in twelve months he returned, with a more decided projection of the globe and a visible prominence under the upper lid. I thought I could distinguish a fluctuation in the tumour, and it was proposed to puncture it and see what it contained. I punctured the tumour with a lancet, when about a table spoonful of clear watery fluid escaped, which gave relief to the patient. In about a week afterwards I saw something, when the patient came again to the Infirmary, hanging out of the opening, I took hold of it by the forceps and drew out a hydatid of considerable size. In a few days some more came out, after which I injected some tepid water into the aperture, and thus brought out half a tea cupful of hydatids of various sizes. The cyst inflamed and suppurated, then collapsed and closed. The eye returned into the orbit, but continued amaurotic, and the patient, liberated from great local suffering and severe headache, regained his health and strength, and continued well.

Encanthis.

In speaking of the subject of tumours, I may mention that the *caruncula lachrymalis* is described as being the seat of an enlargement, called encanthis; and two species of it are mentioned, the innocent and malignant. I never saw an enlarged caruncula requiring excision or any other surgical process, and therefore conclude the case must be very rare; and as to the malignant encanthis, I am equally unacquainted with it. If an inflamed or swelled state of the part were treated by the stimuli, which have often been so liberally applied to the eye, an affection, innocent in itself, might assume what are called malignant characters. The remedy for this kind of surgical malignity is obvious.

Granulated state of the Conjunctiva.

I have already mentioned that the granulated state of the conjunctiva occurs as one of the consequences of purulent ophthalmia; we often find the conjunctiva lining the lids, and that portion of it forming the angle of reflexion from the lids to the globe, preternaturally reddened and thickened in its whole texture, and its surface changed from its natural smooth polish, into an irregular granulated state, This is most frequently observed as the result of purulent ophthalmia; but it is not necessarily so, it may take place after severe common inflammation. It is the result of violent inflammation of some kind, in which new matter is effused into the texture of the conjunctiva, which afterwards becomes organized, and the membrane being thus increased in bulk, has its surface thrown into irregular prominences, to which the name of granulations has been given. There are some varieties in the number and figure of these granulations; some are large and soft, and others small and hard; the older they are, the more firm, whilst at first they are so soft that a slight touch produces bleeding. These prominences are found more particularly on the conjunctiva lining the cartilages; and, as the tarsus of the upper is much deeper than that of the lower lid, the granulations are more numerous in the upper than in the lower lid. They are not confined, however, to the surface of the conjunctiva lining the tarsus, but extend more or less to the loose portion forming the angle of reflexion. Frequently the whole membrane is more red, with increased mucous discharge, and other symptoms proportioned to the degree of previous and existing inflammation. A very important effect produced by this state of the lids is vascularity and opacity of the cornea; the mechanical friction of these granulations on the surface of the cornea causes its vessels to be enlarged, so that the texture of the membrane is at the same time loosened and thickened, and hence haziness, a nebulous state, or more dense opacity of the cornea is produced. This opacity must be distinguished from that which is caused by inflammation of the corneal substance; in the present instance, the following is the order of events: 1st, acute inflammation, with interstitial deposition; 2ndly, formation of the granular surface, when the inflammation has subsided; 3rdly, opacity and vascularity of the cornea. Or the results of severe inflammation may be combined with these changes; viz. leucoma, synechia anterior, prolapsus iridis, partial staphyloma. Often too active inflammation of the membrane exists, with considerable puriform discharge; for the eye is weak and irritable, and very subject to relapse of inflammation, even on exposure to slight causes. The vascularity may proceed to the extent of covering the cornea with a complete network of red vessels, and the membrane may be so loosened and thickened as to exhibit the state technically called *pannus*, in which the boundary of the cornea can hardly be seen.

Treatment.—In the treatment of this affection, the first point is to inquire whether there is any existing inflammation. If the eye be at all actively inflamed, we must take blood locally, by cupping on the temple, or by leeches, employ aperient medicines and blisters, and regulate the diet. These means are to be repeated, and continued until the local excitement is removed. When this point is accomplished, a course of alterative and aperient medicines, combined with counter irritation, by issue or seton in the temple, will produce the best effects. The eye should be protected from external excitement, without constantly covering or shading it, and certainly without confining the patient to the house. If you can entirely arrest the inflammatory process, you will find, in many cases, that the conjunctiva will in a great measure recover its natural structure without any direct application to the membrane itself. If these measures are not in themselves sufficient, it will be necessary to have recourse to some means for destroying the granulated surfaces. It has been proposed to cut them off with scissors, or to shave them off with a sharp knife, having first everted the lid the more completely to expose them.

There was once a great controversy whether the knife or scissors should be used for this purpose, which has ended in the abandonment of both, and the substitution of milder treatment in place of this excision. After having employed the means for reducing inflammation locally and generally, we make use of astringent or escharotic remedies. You may apply to the granulated surface some astringent solution, as that of alum, or nitrate of silver, or the undiluted liquor plumbi subacetatis. If you use a solution of alum, or of the nitrate of silver, you should at first employ about two grains to the ounce of water, and gradually increase the strength of the solution to eight or ten grains; the solution should be filtered, and when that of lunar caustic is used in its stronger form, it should be applied to the granulated surface with a camel's hair pencil, having first everted the lid. In addition to this, the daily application of the citrine or red precipitate ointment to the lids, will be of great service; the Meibomian glands are generally affected, and you can seldom put a stop to the disease in the lids, until the natural office of these glands is restored, and, at all events, the application of the ointment is attended with benefit, as it prevents the lids from sticking together. The vinum opii is of no use in this affection, although it has been much recommended; people have been so zealous in the praise of this application, that one would imagine it could cure every thing; but if a local remedy be of use to the granular lid, it must have an astringent or escharotic quality, neither of which the vinum opii is found to possess.

In using the stronger astringent, or escharotic applications, you evert the lid, so as to get the surface exposed, clear it from mucus or other moisture, and then employ whatever substance you may fix upon; still keeping the lid everted, till the action of the application is over, and then let the surface be carefully washed to remove any remains of the application. To prevent the injurious action of these strong remedies on the healthy conjunctiva oculi, and confine their influence to the diseased part, the exposed surface of the lid has been smeared with oil before restoring it to its natural position: this proceeding is not more efficacious than careful ablution with a soft sponge and simple water. The sulphate of copper may be used, either in strong solution or in substance; in the latter case, the whole of the granulated surface should be gently rubbed with it, until it assumes, after waiting a minute or two, a slight bluish tinge: the lid should be carefully washed and restored. This application should be repeated every four, five, or six days, as the eye will bear it.

The effect of all such applications will be to aggravate for the time the inflammation; you would no doubt expect to have some degree of increased redness and local irritation, in consequence of such an application. The nitrate of silver may be used in substance, as well as in solution, lightly touching the surface of the granulations with it in the latter case. The nitrate and muriatic acids, diluted with three parts of water, have been recommended: they may be applied immediately to the diseased surface by a camel-hair brush, as may also the strong solution of nitrate of silver. The potassa fusa has also been applied to the conjunctival surface of the lids. Such are the various escharotics which have been applied to the lids; and they should be used in conjunction with counter irritation and attention to the state of the stomach, bowels, and diet. Now I cannot speak favourably of the employment of escharotics in these cases; my experience is much more in favour of the antiphlogistic treatment, and the subsequent use of mild astringent applications to the eye, such as the solution of alum, and the undiluted iquor plumbi, paying attention at the ame time to the diet, and to the state of he stomach and bowels; using the organ sparingly, and avoiding generally all external irritation. In the greatest number of cases these simple means, with issues in the temples, and the use of a little tepid water, or poppy fomentation, or the simple saturnine wash to allay the irritation, will accomplish all you can desire. You will often be surprised at the great and rapid improvement from the leaving off astringents and escharotics, and simply regulating the digestive organs, with the employment of nothing but the most soothing local means. In some cases, however, you may find it necessary to have recourse to mild astringent applications, as the solution of alum, or of the nitrate of silver, or the liquor plumbi, and if with these measures counter irritation be employed, you will find that they will succeed better than if used without them. Do not at any rate use the escharotics, until you have first tried the gentler measures, and even then very carefully. Recollect the great tendency that there is to relapse in the purulent ophthalmia, which causes this change of structure, and that you may bring on a return of active mischief. You must watch the case closely, and if this effect should be produced, lay aside the escharotics, and return immediately to the antiphlogistic treatment.

I have seen two or three instances of a very singular state of the conjunctiva, which I think right to mention to you, although I cannot offer any thing satisfactory as to its pathology or treatment. The conjunctiva loses its character of a mucous membrane, and no longer secretes; the eye becomes completely dry, and has a rough appearance; the cornea looks dry and dusky, the lids gradually adhere to the globe of the eye, and thus symblepharon is produced. I have seen it in young subjects, and could not obtain from them any clear account of its history, nor render any service by medical or surgical treatment; indeed, in the few instances under my own observation, the affection has been of long standing, and the alterations in the organ so considerable as to make all curative efforts hopeless.

The conjunctiva sometimes acquires a livid tint in persons who have long employed the nitrate of silver locally; and, as far as I know, that change of colour is permanent. The long-continued internal use of the same remedy, as in cases of epilepsy, produces a similar effect on the integuments generally, giving them a dirty appearance, with generally a blue or livid tint; and this change seems permanent.

Pterygium.

There is an affection of the conjunctiva called technically *pterygium*, from a Greek word meaning a wing, the name being probably given from the triangular shape of the affected portion. It is a thickened state of the membrane, with some degree of increased redness, and marked enlargement of some of the vessels. It forms slowly, and is situated generally at the corner of the eye, the base of the triangle being toward the sclerotic coat, and the apex towards the cornea, generally advancing upon it. The thickening and vascularity of the membrane are greatest at the base, that is, on the sclerotica, where the conjunctiva is loose; it is thinner on the cornea, where the density of the membrane affords a greater resistance to the change: this difference explains the triangular wing-like figure which the disease always assumes, and constantly preserves, as the apex slowly makes its way towards the centre of the cornea. It appears more frequently in the internal than at the external angle, and seems to proceed sometimes from the caruncular lachrymalis, or the semilunar fold of the conjunctiva between it and the globe; at least the thick base of the pterygium is connected to these parts in some instances. It not uncommonly appears, at the same time, in both angles, and frequently in both eyes. Occasionally, but more rarely, it is seen at the middle of the upper or lower part of the globe, or in both situations at the same time.

It comes on quite insensibly, and grows very slowly; the patient experiences no uneasiness, and is not aware of its existence, till it has made some progress; we cannot, therefore, ascribe its origin to inflammation of the membrane, nor perhaps with strict propriety, class it among the consequences of inflammation. I have seen it most frequently in persons who have passed much time in hot climates, as in the East or West Indies. The pterygium is loosely connected to the sclerotica and cornea; you may elevate it from the globe, and it projects above the general surface of the conjunctiva, as if it were an adventitious growth. The texture of the membrane is not simply thickened; it assumes a fibrous aspect, which is often strongly marked, so as produce a tendinous appearance.

Pterygium presents itself under various forms, which have received different appellations. *Pterygium tenue*, or thin pterygium, is a slight and often very delicate fibrous and vascular layer, through which you can see the transparent cornea. You may have the growth more thick and compact, like a tough dense membrane, but still with more or less of fibrous character; it forms a thick and perfectly opaque layer on the cornea, becoming thinner on its sides and apex; this is the *pterygium crassum*, thick or fleshy pterygium. A malignant or cancerous pterygium has also been mentioned. I have never seen such an affection, and the appearances which have given rise to the description, have probably arisen merely from the injudicious use of stimulating and escharotic substances to ordinary pterygia.

A distinguishing character of this affection, is its slow progress; it will last many years without making much advance. However, it slowly proceeds towards the centre of the cornea, and it may thus ultimately interfere with vision, especially if there should be one on each side of the eye. I have seen many instances in which it has been apparently stationary for years; it has appeared at the middle period of life, and not grown so as to require any surgical treatment.

So long as it remains in the quiet state I have described, and neither interferes, nor seems likely to interfere with sight, you had better leave it alone. You may accelerate its growth by stimuli, but I believe you cannot retard it. If it should approach upon the cornea, so as to impede vision, or if it should threaten such an impediment, it is necessary to remove it. It is easy to cut off the morbid growth, either with a knife or scissors. Seize it with a pair of forceps, elevate it, pass a cataract knife, with its flat surface towards the globe, under it; then, carrying the knife horizontally forwards, shave the thickened membrane from the cornea, afterwards detach the basis, elevating the growth with the forceps, and cutting it away completely from its origin, either with the knife or scissors. The surface heals up, and you would not think of irritating it by any stimulating applications. This proceeding is applicable either to the thin, or to the fleshy pterygium. I mentioned before that I never saw a case of the malignant kind; but I think, that if common pterygia were treated in the mode which has been sometimes advised, they might not improbably put on the unfavourable characters, which have been ascribed to an originally dangerous nature of the affection.

You will find mention made of a *pterygium pingue*, which most commonly occurs in elderly persons. It consists of a few little yellow granules toward the angles of the eye, under the conjunctiva. It is not a disease, nor is it necessary to remove this little deposit of fat, unless the person should dislike the appearance. I never saw it proceed to a degree requiring an operation from any inconvenience to the patient.

Affections of the Cornea.

Perhaps I should have adverted more distinctly, when speaking of the diseases of the external parts of the eye, to inflammation of the cornea. I have mentioned how the cornea is involved in external ophthalmia; but it seems sometimes to be the original seat of inflammation, and some cases occur which might not improperly be arranged under the term *corneitis.* A piece of steel sticking into the cornea will produce inflammation, and will afford you a good example of a case of corneitis; it produces a degree of haziness, and a bright vivid red in the sclerotic coat; considerable pain in the eye and in the head. Of course you would treat such a case according to common rules. You may, however, have the circulation of the cornea so far disturbed, as to produce general haziness with redness of the sclerotic; and as the case goes on you will find a plexus of vessels lying between the conjunctiva and the sclerotic coat, with large trunks coming from the back part of the eye toward the cornea, and forming a zone around it.—There is considerable pain and intolerance of light, for you will recollect that the sclerotic coat is involved in the inflammation, and whenever that is the case there is always great intolerance of light. The progress of the inflammation is slow in this structure; the symptoms come on slowly; the vessels yield with great difficulty, so that the alterations produced as the consequences of inflammatory action take place slowly.

Treatment.—You will find it necessary to treat a case of this kind by pretty active antiphlogistic measures. You must guard against an error, which you find in books, that stimulants and astringents are useful to remove opaque states of the cornea, for if you were to use such means in these cases, you would aggravate the symptoms, and render the recovery very difficult. The antiphlogistic treatment is required; sometimes the abstraction of blood by cupping, especially in persons which are beyond the age of puberty, will be necessary, but in younger subjects leeches will suffice, conjoined with aperient medicines, counter irritation, and attention to the state of the stomach and bowels. It will be necessary to repeat and continue these measures for some time. If the affection should not be soon arrested, you must place an issue in the temples, and use mercury. I said that I had seen cases of this kind aggravated by injudicious treatment. I recollect the case of a young woman, about twenty years of age, who came to the Infirmary complaining of loss of sight in the right eye. There was considerable general opacity of the cornea, redness of the sclerotic coat, uneasiness on exposure to light, and increased lachrymal discharge. She said that she had been ill six weeks; that she had been under the care of a surgeon in her neighbourhood, and that by his direction she had been putting drops into her eye, which made the eye very sore and painful; however, as she was directed to do, she persevered in using them. When she showed me the prescription, I found that it was a solution of oxymuriate of mercury that she had been dropping into the eye. In this case it was necessary to cup her repeatedly, to apply leeches several times, to give a great deal of mercury, and to put an issue in the temple; and to persevere in these measures for a long time before the inflammatory action was removed. The cornea had not completely regained its transparency, nor was the sight fully restored until nearly the end of a year, during all which time she was using mercury more or less actively. In a few months she came again to the Infirmary, and said that she had the same complaint coming on in the left eye; she found the sight dim, and had considerable pain in the head; in short, the same symptoms which she had before complained of in the other eye. We had an opportunity of treating this eye from the first. We took blood from the temple by cupping, and employed the other treatment I have just particularised, and in six or eight weeks the complaint was completely put a stop to, although the cornea was generally nebulous when she came. The difference of treatment was very striking, and the results were equally so.

Inflammation of the cornea is a common affection in strumous ophthalmia; it is attended with the same kind of symptoms which I have already enumerated, marked perhaps by an increased degree of intolerance of light. When the changes of structure produced in the cornea exhibit themselves, they must be treated on the principles laid down for the management of strumous ophthalmia.

I have mentioned already that abscess occurs in consequence of violent inflammation of this texture; and inflammation commencing in the cornea itself is evidenced more by the deposition of new matter, or opacities, than by any violent degree of external redness. In cases of severe external inflammation the cornea will suppurate, but the matter which is deposited between the corneal lamellæ, although of yellow colour, is of thicker consistance than ordinary pus, so that if you were to make a puncture it would not escape. Sometimes this deposition of yellow matter is confined to a speck, or part of the cornea, and at other times it extends over the whole surface. When this is the case ulceration follows, and thus the newly-deposited substance is removed.

You will read in books, that the matter which is poured out under inflammation finds its way to the bottom of the cornea, insinuating itself between the laminæ, and accumulating at the lower edge, produces there an appearance which has been called *onyx*, or *unguis*, from its resemblance to the white mark seen at the root of the nails. I believe, however, that the cornea is too dense to admit of this mechanical subsiding of the matter; I cannot say that I ever saw onyx in this sense, and I believe that when the matter is deposited in any part of the cornea, there it remains. If the term onyx be applicable to any condition of the eye, it is that in which the matter is effused into the anterior chamber, when its appearance admits of comparison to the mark in the nail. The matter of abscess in the cornea will either make its way out by ulceration, or will become absorbed. The nebulous opacity surrounding the matter, to a considerable extent, is entirely removed as the inflammation subsides, and the spot where the matter was situated only remains opaque. This spot has a yellowish appearance, and never completely recovers its transparency.

Vascular Cornea.

The cornea is liable to a change of structure from enlargement of its vessels, which become capable of admitting red blood. Now although it is perfectly transparent in its natural state, and although we can trace no vessels passing into it, yet there can be no doubt that it has vessels the same as any other part of the body; for, without such an arrangement, how could we have the various phenomena, both healthy and morbid, which we see exhibited? But, when the cornea becomes the seat of inflammation, its vessels are so much enlarged as to present a considerable appearance of vascular congestion, and the same appearance is observable in common external inflammation, whether acute or chronic. Of the effect of mechanical irritation in producing this vascular state of the cornea I have before spoken, when noticing the granular state of the lids; and where this vascularity, gradually produced, has gone to its utmost extent, it is called *pannus*, from the part appearing as if covered with a red cloth.

Treatment.—In the treatment of the vascular cornea, the first thing is to remove the inflammation and the causes of the irritation. When vascularity of the cornea is the immediate result of inflammation—when it arises as the immediate effect of the inflammatory impulse distending its vessels, then the depleting system puts a stop to the inflammatory action, and the vascularity disappears. If it should be produced by the mechanical irritation of the granular lids or inverted cilia, these must be removed. If it appears to be the result of a chronic inflammation, especially strumous inflammation, the point to which the attention must be directed must be to put a stop to it. The question is, whether we can do any more—whether we can derive any advantage from the division of the trunks of the vessels by the knife or scissors; whether we can derive any benefit from cutting through the trunks of the vessels as they pass on the margin of the cornea? This division of the vessels has been recommended, and that strongly, but I have never seen such division of any benefit; the vascularity of the cornea is the result of inflammation or mechanical irritation, and if you remove these the effect will cease.

Ulcers of the Cornea.

The cornea is prone to ulceration, and I have spoken to you of ulcers of the cornea as a concomitant of the various inflammations, whether common, strumous or purulent. The cornea is analogous in some points of its structure, and with respect to this circumstance of ulceration, to the articular ends of bones; in these you have an elastic dense substance, the cartilage, and that covered over by a membrane very similar to mucous membrane, the reflexion of the synovial membrane. You have the articular ends of the bones very liable to ulceration, and the ulceration that occurs is attended with this peculiarity, that there is no formation of pus; it is a simple process of absorption, a gradual removal of the substance of the part as if worm-eaten. The natural texture of the cornea is analogous to this; you have the cartilaginous laminæ and the conjunctiva covering them. The cornea is very liable to ulceration; the ulcers exhibit no granulations, and produce no pus. Ulceration of the cornea may be superficial, or it may extend into the laminæ, and produce deep excavations, or it may go through the whole, penetrating the anterior chamber, and causing prolapsus of the iris. There is a kind of ulcer which I have already mentioned to you as occurring in purulent ophthalmia, extending deep into the substance of the cornea, and sometimes spreading nearly along its whole circumference; it is a very formidable kind of ulcer. An ulcer of the cornea, if attended with inflammation, and in a spreading state, will present a whitish, or yellowish surface; it is generally regular in figure, round or oval, but it may be quite irregular, and have ragged edges. When inflammation is not present, and the ulcer still spreads, it has a transparent surface, so that it may easily escape observation; a slight opaque halo sometimes surrounds the margin of the ulcer, to a greater or less extent. When ulceration ceases, and the restorative process commences, the dusky whitish or yellowish appearance is exchanged for a pale grey or bluish tint; the materials of reparation are deposited under similar appearances in the transparent ulcer. The soft greyish matter fills up the excavations; the edges of the ulcer become rounded off and smooth; when it has been filled up with this substance, it appears to be glazed over by the formation of a conjunctival covering, and thus the smooth surface of the cornea is restored. During this healing process, a red vessel or fasciculus of vessels is observed proceeding to the ulcer, often through a considerable portion of the sound and transparent cornea. These, instead of requiring division, are the essential agents of restoration: they shrink and disappear when the purpose is answered. The same degree of contraction takes place after the healing of an ulcer in this situation, as in other parts of the body. Hence, although the ulcer should be so large as to cover the pupil, or a considerable portion of it, the cicatrix will ultimately be much less considerable, and thus patients often see well when we have feared that the opacity left by the ulcer would destroy all useful vision.

The effect of the cicatrix upon vision will of course depend upon its situation; since, although it will contract, it remains permanently opaque. The opacity consequent on ulceration is marked by a shining whiteness, and is seldom so dense as to prevent entirely the passage of light; while in some cases it is so thin a film, as hardly to injure vision. The circumference of the cicatrix exhibits a nebulous halo, which is gradually dispersed; and thus the extent of the opacity is much diminished.

Treatment.—What treatment is to be adopted in ulcers of the cornea? The truth is that when these appearances attend inflammation, the treatment must be directed to the mitigation of that inflammation, just the same as if the ulcers did not exist. When you have succeeded in arresting the inflammatory process, the ulcers will do well of themselves. The ulcer is the consequence of inflammation, but some representations would almost induce one to suppose that the inflammation was the result of irritation caused by the ulcer. It is not necessary to adopt any local treatment merely in reference to the ulcer. Do not on any account think of dividing the vessels leading to the ulcer. I do not see how lunar caustic, which has been so much recommended, is to act upon the diseased eye beneficially, unless we suppose that it will have different effects from what it produces in other parts. I have so little opinion of any good being done by caustic or astringent applications to ulcers, that in twelve months I do not order them six times. Even supposing the inflammation which generally attends the ulceration of the cornea to be removed, I do not see how a solution o lunar caustic can contribute to the healing of the ulcer; and in the early stages of the complaint instead of accelerating the healing process it must prove decidedly injurious. I have seen great benefit in some very obstinate cases, from an issue being made in the temples.

[Mr. Lawrence here mentioned a case in illustration of this point.]

Sometimes ulceration will proceed through the component layers of the cornea, until it comes to the membrane secreting the aqueous humour, and then go no farther; in such a case, you will have a little transparent vesicle appearing in the bottom of the ulcer, protruding when the muscles of the globe are put in action and retiring when that action ceases. Such an appearance has been called ceratocele, or hernia of the cornea. If the ulcer fills up, this vesicle is soon lost sight of; when the ulcerative process extends, the anterior chamber is penetrated and prolapsus iridis occurs.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXX.

Gentlemen,

HAVING now concluded the subject of diseases of the alimentary canal, I am in the next place, to speak of those of the organs subsidiary to digestion; viz. the *liver, spleen,* and *pancreas*; and first of

Diseases of the Liver.

I cannot help remarking to you, Gentlemen, at the outset, that a great deal of quackery, both regular and irregular, exists upon the subject of *liver diseases,* the *secretion of bile,* &c. and which I shall advert to as we proceed. When we reflect, however, upon the great bulk of the liver, and the large quantity of blood with which it is supplied, it is impossible not to conclude that it is destined to some important office in the animal economy. Its immediate function is that of forming *bile,* a peculiar fluid that is discharged into the beginning of the intestinal canal, so as to mix with the food as it passes from the stomach; but what change precisely the bile effects upon this, we are altogether ignorant of. It may be naturally inferred, however, that it answers an important purpose in the process of chylification; and we find, accordingly, that when the bile is obstructed in its passage into the duodenum, dyspepsia or imperfect digestion is the consequence, and the general health suffers.

There is a peculiarity in the circulation of the liver, which is deserving of your attention. This organ, in addition to its proper nutrient vessels, the hepatic artery and its corresponding veins, has, ramifying within it, a large vein called the *vena portæ,* and which is formed by the union of most of the veins of the abdominal viscera. Now this vein, the *vena portæ,* appears to exercise the functions of an artery; that is, after minutely ramifying through the liver, it forms or secretes the bile, which is afterwards conveyed through its proper channels, the biliary ducts, into the duodenum. When there is no food passing from the stomach into the intestine, so as to require an admixture of bile, this fluid instead of entering the intestine, appears to regurgitate through the cystic duct into the gall-bladder, where it probably remains till it is wanted for the purposes of digestion. During its stay here, it acquires greater consistency, by the absorption of its thinner parts; but whether it undergoes any further change seems undetermined.

The morbid states to which the liver, and its appendages, the gall-bladder and biliary ducts, are liable, are the following: 1. Inflammation of the liver, both acute and chronic, termed *hepatitis.* 2ndly, Obstruction of the passage of the bile into the duodenum, and the subsequent absorption of it into the general vascular system; whence it is deposited on the different surfaces, so as to tinge them of a yellow colour; thus giving rise to *jaundice*; and 3dly, Concretion of bile during its lodgment in the gall-bladder, (and probably in the ducts also,) forming thus what are called *biliary calculi,* or, when of considerable hardness and somewhat regular conformation, *gall-stones.*

A great deal is said and written at present about *torpid livers,* and *vitiated bile;* but there is no sufficient reason, at least that I am acquainted with, to admit these as *primary* affections; how far they incidentally take place, will appear as we proceed.

Of Hepatitis.

Definition.—The only characters that can properly enter into the definition of this disease, (that is, which are almost constantly present in greater or less degree,) are the following: "Pain upon pressure; imperfection or disorder of the digestive function; with more or less of sallowness of the skin." You will find many other symptoms enumerated by authors, and which undoubtedly sometimes appear; but as the disease may exist without them, they cannot properly be made a part of the definition. They necessarily, however, enter into the general history of the disease, and must, therefore, be attended to.

History.—Among the occasional symptoms of *hepatitis* are, *pain* and *tension* in the right hypochondrium, with difficulty of lying on the left side. Now as the liver extends across the body, into the left hypochondrium; and as any part of it may be inflamed, the pain, consequently, may be felt in the centre of the body, or in the left side, and not at all in the right. Or the disease may occupy the posterior part of the liver, and then the pain will be referred to the back. If the left side only be affected by the inflammation, the patient will lie easier on that side, than on the right.

Pain at the top of the right shoulder and clavicle, though often present, is far from being constantly so. Cough and difficulty of breathing still seldomer occur. *Vomiting*, or at least *nausea*, is more frequent, and indeed to be expected, considering the connexion of the liver with the digestive function. *Hiccup* is not an uncommon symptom of *hepatitis*. *Pyrexia*, or a febrile state of body, though not a necessary attendant of this, more than of other inflammations, is yet very generally present, and that in a degree corresponding for the most part with the violence of the disease: of such febrile state of body, the least equivocal proof is afforded by the tongue, which is more or less incrusted, and generally of a yellowish hue. The pulse is less to be relied upon in this case; for where the substance of the liver is the part chiefly suffering, the pulse will often be little, if at all, disturbed. If the investing membrane be the part inflamed, the pain is often as acute as in pleurisy, and the pulse similarly affected, while the seat of pain is nearly the same in both. This makes it difficult at times to distinguish *hepatitis* from *pleuritis*, especially when it is attended with cough or dyspnœa. The distinction can then only be satisfactorily made by attention to the state of functions. If the liver is the part inflamed, the altered state of the biliary discharge, as discoverable in the appearance of the fæces, and the disorder of the digestive function, will often enable us to decide. Should *jaundice* occur, which is now and then the case, it serves to remove our doubts with regard to the real seat of the disease. Happily a mistake in our diagnosis here is of little moment, as the treatment is in most respects the same.

Varieties.—Hepatitis has been divided by authors into the *acute* and *chronic*, as if they were two different *species* of disease: they are, however, only different degrees of the same affection, and there are all possible gradations between the two extremes. The more *acute* cases are marked by a greater degree of febrile action, and sometimes by more severe pain; but, as I before observed, if the inflammation is confined to the substance of the organ, without affecting its peritoneal covering, it may be attended with but little pain. If the inflammation is both violent, and extends throughout the organ, the function may be altogether interrupted, so that no bile will be formed. This will be known by the absence of bile in the alvine discharges, which will be white or clay coloured; while, at the same time, there will be no yellowness of the skin. Very slight inflammation of the liver may have the opposite effect, of producing a more abundant secretion of bile, which, not being interrupted in its passage into the intestines, may irritate them, so as to become a cause of diarrhœa. The stools then will be highly *bilious* in appearance, or variously coloured; and to this state of things the term *hepatirrhœa* might be properly enough applied.

If the inflammation, without being so violent and extensive as to put a stop to the secretion of bile altogether, is so situated as, by pressing upon the biliary ducts, or involving these in the disease, to interrupt the free passage of the bile into the intestine, absorption may follow, and *jaundice be produced.*

Hepatitis, in its milder or *chronic* form, may be generally known by some degree of uneasiness felt in the region of the liver, and which is increased upon pressure: by some disorder in the state of the secretion; and especially by sallowness of the complexion, and high-coloured urine; by disordered digestion, and by a furred and yellowish state of tongue. Sometimes the liver can be felt in an indurated, if not an enlarged state.

Progress and Terminations.—The progress of *hepatitis* is often slower than that of many other inflammations, on account of the small share of irritability possessed by this organ. The terminations are as various as in other inflammations. It may terminate in health, and that spontaneously; or it may kill by the mere violence of the inflammation; or it may end in suppuration, the abscess bursting either into the adjoining portion of intestine (a previous adhesion between them taking place), which is the most frequent case; or the abscess may make its way to the skin, remote as this is; or it may even penetrate the diaphragm, and subsequently the lungs themselves, so as for the matter to be brought up by coughing; and this also may end favourably, of which I have seen several instances. It is exceedingly uncommon for the abscess to burst into the general cavity of the abdomen, though this is a possible case. Another termination has been mentioned, namely, *scirrhus*. This, however, is merely a continuation of the disease, with change of structure.

Hepatitis is one of the remote causes of *dropsy*, especially of the abdomen (*ascites*); which it appears to produce by the interruption given to the return of blood by the veins.

Prognosis.—This, upon the whole, is favourable; for a proper and sufficiently early application of remedies, generally proves successful.

Causes.—The causes of *hepatitis* are the ordinary ones of inflammation; namely, exposure to cold, and direct injuries inflicted on the organ. The presence of gall-stones in the biliary ducts, is likewise an occasional cause; as is excessive stimulation of the stomach by strong drinks and spicy food: this last cause is commonly productive of a *chronic* form of the disease. *Fever* often appears to give rise to *hepatitis*, especially in hot climates; and when the fever is accompanied with jaundice, the disease is called the *yellow fever*. *Intermittents* also give rise to what is called diseased or obstructed liver, by which you are to understand, *hepatitis* in a chronic form.

Hot climates strongly predispose to inflammations of the liver, and that in all degrees. In cold climates, *hepatitis* sometimes prevails *epidemically;* as during the prevalence of east and north-east winds. In this case, the disease is generally acute in its form, and often as painful as inflammation of the pleura.

Treatment.—The treatment of *hepatitis* is so similar to that of other inflammations, as to require but a short notice. As in other cases, the treatment must be governed by different circumstances; as the violence of the disease, its stages, the age and strength of the patient; and so on. *Bloodletting*, *purging*, and sometimes *vomiting*, and *counter-irritation* by blisters or otherwise, are the principal means to be relied upon. Even in the more *chronic* cases, *bloodletting* may be requisite, though to a small extent only. When there is no further occasion for *bleeding*, *mercury* may be sometimes usefully employed, so as slightly to affect the mouth. But you are not to consider *mercury* in the light of a *specific*, as is often done, but only as acting upon common principles, as in other inflammations. It is by no means proper but rather injurious, in the most active state of inflammation, and while *bloodletting* is required.

If there is any peculiarity in the treatment of *hepatitis*, it is in the greater necessity there is for the use of *purgatives*, which produce a better effect here than in many other inflammations. In the *chronic* forms of the disease, a long perseverance in a proper course of treatment is required; and to this, the milder purgatives only are adapted. This gives a great advantage to the saline springs of Cheltenham and similar places; as, from the mildness of their operation, they can be borne for almost any length of time, not only without injury, but with benefit to the general health.

I hardly need observe to you, gentlemen, that where these diseases arise from excess in food or drinks, it is indispensible to avoid this; without which, no means are likely to prove successful. When the disease arises in a hot climate, as in the East or West Indies, an early removal to a temperate climate is often found indispensible to the cure.

Of the Jaundice.

Definition.—"Yellowness of the eyes and skin: urine of a dark red colour, tinging substances immersed in it of a yellow hue: the fæces whitish or clay coloured."

History.—This affection has been called *icterus;* and likewise *aurigo*, in allusion to the golden hue of the skin. Jaundice is not so properly to be considered a disease in itself, as a consequence of disease, and that of different kinds; as you will presently understand. The colour of the skin varies considerably, from the palest yellow to an almost livid hue, to which the term *black jaundice* has been vulgarly applied. Sometimes the colour is greenish, and Dr. Baillie called it the *green jaundice*. These distinctions are of no moment, as they are only different degrees of the same thing.

Jaundice is commonly attended with some or other of the following symptoms. A disrelish for food, and often nausea or even vomiting; uneasiness of stomach after eating, with the ordinary signs of indigestion following. Generally, but not always, costiveness. Pain, often very acute, at the pit of the stomach, extending to the back, and sometimes girding the body, as it were, and which is relieved by pressure. In this case the pulse is slow, with a general feeling of coldness. At other times, the pain at the stomach is aggravated on pressure, when the pulse is generally frequent, and commonly at the same time weak, with other febrile symptoms. There is a feeling of lowness or depression of strength and spirits. Often, likewise, there is a troublesome itching of the skin.

Causes.—The remote causes of jaundice are not always obvious. It may arise from *cold*, or as a consequence of indigestion, or from certain poisons: also from emotions of mind. It sometimes appears during pregnancy, and occasionally in new-born infants.

Theory.—It is necessary you should attend to this, because the treatment is in a great measure governed by it. In jaundice, the bile is secreted as usual, but it does not pass readily into the duodenum, from some cause impeding its transit through the biliary ducts. The consequence of this obstruction is, that the bile is taken up by the absorbents and carried into the general mass of blood, from which it is deposited on the different surfaces by the exhalants, and in part carried off by the kidneys and other secretory organs, so as to betray its presence by the yellow colour. Little or no bile passing into the intestines, accounts for the pale or clay-like appearance of the stools; though sometimes enough bile passes to tinge them of the natural hue.

Now the bile may be obstructed in its passage through the biliary ducts by different causes, which it is necessary you should be acquainted with, as each requires a different treatment in some points. These causes, I shall now proceed to lay before you.

1. The first I shall mention is *inflammation* of the liver, or of the ducts themselves, or of the duodenum where the ducts open. If the liver should be inflamed in the neighbourhood of the ducts, whether in an acute or chronic degree, the swelling that attends the inflammation may press upon these, so as to interrupt the passage of bile through them; and it is obvious that the same consequence would result from either the ducts themselves, or the duodenum, becoming inflamed, and of course thickened and contracted. It is plain also, that inflammation and swelling of any neighbouring part, might produce the same effect. Now this, viz. inflammation, is a very frequent cause of jaundice, and may be discovered by the usual signs, namely, pain at the pit of the stomach, and tenderness upon pressure, together with a furred tongue, and other febrile symptoms.

2. *Simple pressure* taking place upon the biliary ducts, by the enlargement of other viscera, or the formation of preternatural tumours in the abdomen. In this way, the occurrence of jaundice during pregnancy may be explained.

3. A third cause of obstruction is *spasmodic contraction*, either of the ducts themselves, or of the duodenum, which would produce the same effect. This appears to be the immediate cause of jaundice, when produced by terror or other violent emotion of mind. The disease in this case takes place very quickly, and is likely to be attended with severe pain in the region of the ducts; which, however, in general soon ceases, if no other cause is present.

4. *Concretion of the bile* in different degrees, is one of the most frequent causes of obstruction to the passage of the bile, so as to give rise to jaundice. This is the affection termed *gall-stones*, which I shall have occasion to again advert to. I may observe at present, that this cause is known, or rather suspected, by the frequent returns of pain in the region of the stomach, often with vomiting, and without the usual characters of inflammation, at least in the beginning. It is worth while, in these cases, to examine attentively the alvine discharges, as it will often be found that biliary concretions, of different sizes, and sometimes in great numbers, are passing from time to time. It has been supposed (but I know not on what foundation) that the occurrence of jaundice in new-born infants is owing to too viscid a state of the bile, impeding its passing into the intestines.

Duration and prognosis of jaundice. These depend upon the immediate cause of the obstruction, and the chance there may be of effecting its removal. Thus, when jaundice is owing to recent inflammation of the liver, it is in general easily removed; but in chronic hepatic affections, (i. e. chronic inflammation,) the removal of this, and consequently the disappearance of the jaundice, is less probable. 2. When jaundice arises from the second head of causes, the *prognosis* is unfavourable; with the exception, however, of the cases that depend upon pregnancy. 3. *Spasmodic contraction*, the result of mental emotion, being a temporary state, jaundice arising from this cause, may be expected soon to disappear. 4. The *prognosis* in cases proceeding from *gall-stones*, is extremely uncertain. Even if the jaundice disappears, it will probably recur from time to time, as fresh formations take place, the disposition to which is very likely to continue.

Treatment.—The treatment of jaundice consists, or ought to consist chiefly in endeavouring to remove the existing cause, whatever this may be; for we have no means of removing the bile from the general mass of blood, nor from the part in which it is deposited. By degrees, however, it is thrown off along with the different secretions and excretions, so that it requires no art for its removal.

When *inflammation*, acting in the manner I have stated, is the obstructing cause, antiphlogistic measures are necessary, and amongst the rest bloodletting, in a degree proportioned to the activity of the inflammation, and the general strength of the patient. In most recent cases of jaundice, you will find it useful to bleed the patient to a greater or less extent; and very generally so where there is pain at the pit of the stomach, (though it be only discoverable by pressure;) and where at the same time the tongue is dry and furred. The pulse is not to be relied upon in this case, as it is often slower and weaker than in health. In all cases it will be proper to result to the frequent use of mild cathartics, and an abstemious mode of living. When visceral disease, or preternatural formations, are the cause of interruption to the passage of the bile, we have scarcely any other means of relief than those I have just mentioned. *Mercury*, in some form, is indeed much used and relied upon; but it will seldom produce the desired effect, either in these affections, or in chronic inflammation of the liver itself; while it often proves injurious to the general health. In chronic hepatic affections, you will find it more useful, according to my experience, to persevere in a moderate antiphlogistic plan of cure, employing especially the milder purgatives, such as the saline springs of Cheltenham, Leamington, and various others, that are scattered throughout the country, than to trust to the use of mercury in any form; which, if it be sometimes useful, is often quite the reverse.

In jaundice arising from *mental emotion* exciting spasm of the ducts or duodenum, little is required to be done; as the spasm will commonly have ceased before remedies can be applied. But if we are led to suppose, from the existence of pain, unaccompanied by the marks of inflammation, that spasm still subsists, it may in general be easily taken off by what are termed *antispasmodics*, as stimulants of various kinds; or by opium. But either an emetic or a purgative would be likely to answer the purpose in a better manner, and with less inconvenience afterwards.

REVIEW.

Novum Organum Medicorum.—A new Medical Logic, or the art of Thinking and right Reasoning applied to practical Medicine, exhibiting the principles advanced in a larger work, under the same title.—By Vicenzo Lanza, M.D., Professor of Clinical Medicine in the *Ospidale della pace*, at Naples. Translated from the Italian, by C. Stormont, M.D.—8vo. pp. 284. London, 1826, S. Highley.

According to the translator, Lanza's system "cannot be classed with any of the theories which have hitherto been suggested, whether the mechanical or chemical, the humoral pathology, the doctrine of spasm, or the far famed Brunonian system of debility and excitement. In all these, certain general principles are assumed, from which their advocates profess to explain the phenomena and essential characters of diseases, and to found their respective practical dogmas; while Lanza is guided in every step by logical induction, and admits no general principle but what results from the minute and analytic consideration of particular facts, at once undisputed and unquestionable." In short, while other systems are constructed by *synthesis*, Lanza's proceeds by the more tedious, but surer method of *analysis*. According to this author all the *facts* of practical medicine may be comprehended under five heads; "Hence," says he, "experience affords to the physician five grounds only for his reasoning, and these are the following:

1st, The exact investigation of the external causes which have produced the disease; 2dly, the complete description of the phenomena of the disease itself, not less than of the idiosyncracy of the patient; 3dly, the impartial observation of the things usually recognized as agreeable or hurtful to the patient, especially of those of the non naturals; 4thly, the result, happily or otherwise, of the cure; and *lastly*, the analogy rightly instituted between the various species of the disease itself, and between diseases similar or opposed to each other."

To meet these facts, he employs two species of induction—the one clinical or practical; the other theoretical. "Clinical induction is simply common reasoning applied to the said facts, in order only to measure the relation between, and to draw the consequence flowing from, their union." Hypothetical induction is founded upon the notions we have formed of life, of health and disease, and applied to some particular malady, in order to understand its nature and the operations of remedies. When the facts, accompanied by simple clinical induction, are not sufficient to enable us to give an opinion, we are obliged to resort to hypothesis. "For this reason," says the author, "medicine must always be an hypothetical or fallacious art, until the time shall arrive, if indeed it will ever come, in which the idea, in what life, health and disease consists, shall be real and no more hypothetical; but in the present day, although every contrivance is used in order that hypothesis may be the least possibly employed, we can never arrive at absolute certainty in any question in medicine; and we are accustomed to believe, and to announce to others for certain, that which is only in the greatest degree probable."

That hypothesis may not lead to errors of practice, our author recommends a careful consideration of the following maxims:

1. Every judgment which bears evidence proceeding from experience, accompanied with *practical induction*, with little or nothing hypothetical, may be held as highly probable, whence to pronounce less dubiously the prognostics, and to undertake with more energy the cure.
2. All other judgments, which are the most numerous, that bear evidence of being derived from obscure facts, attended with weak clinical induction, and for that reason sustained, in a great measure, by hypothetical reasoning, should be held as little probable; whence the prognostics are to be pronounced very dubiously, and we are to withhold ourselves from all violent and dangerous methods of cure."

A good physician founds his practice on reason and experience; where this fails, he calls analogy to his aid, and where that is deficient he will not adventure too much in the dark. So constituted, it is probable he will seldom mistake his course. His conclusions are drawn from facts, from what he has been able to discover of nature's operations; his induction is practical, (which in the language of Newton "though no demonstration is the best way of arguing which the nature of things admits of; and may be looked upon as so much the stronger by how much the induction is the more general,") and opposed to hypothesis, which never made a good, or what our author terms, a "clinical" physician. Brown and Darwin are already forgotten, Sydenham and Jenner were of the proper class, and their laurels will never fade.

We shall endeavour to give an outline of the author's theory, or his division of all diseases into two classes—of mode and of degree. Premising that the term *vital force* is used to express "the abstract idea of that which exists within the living machine, and there, by its physical operation, makes it be such as it is while it lives," he proceeds to argue, that as long as this force operates rightly there will be health, or "that kind of life in which people delight to find themselves;" but if the vital force be excessive, or if it operate "in a mode that it ought not," disease follows; to wit, "that state of life in which the living being does not delight to be." Thus then all diseases are, hypothetically, divided into two great classes, that is, "into those of *grade*, consisting in a simple change of degree, and into those of *mode*, consisting in a change of manner, not less than of degree, in the vital force."

Again, diseases of grade are either hypersthenic, hyposthenic, or irritative. In the Italian schools of the present day, the first are called diseases of *stimulus*, the excitement being more than ordinary, such as ebriety, exhaustion from fatigue, &c.; the second, diseases of *contra-stimulus*, the excitement being less than ordinary, (fasting, molestation from cold, &c.); and lastly, diseases are called irritative, "from presenting, not so much a greater or less degree in the excitement, as perturbation in the same, and are produced by exciting causes not akin, nor assimilable to life, and which do not cease to disorder, confound, and subvert every process of life," as long as they are suffered to remain; a thorn which wounds the nervous filaments, a caustic which consumes the skin, a tooth in the act of cleaving the gum, and many others, are examples of this.

Diseases of grade are "simply variations from, or disturbances of health,"—slight and evanescent affections. Diseases of mode, on the contrary, impose new qualities on life, they—

> "Arise, run their course, and terminate according to laws in all respects peculiar to their nature; and, it is observed, that whether excitants or debilitants be used, they do not lose their morbid qualities unless by health or by death. Angina, pleurisy, rickets, scrofula, the gout, small-pox, petechiæ, scirrhus, must be considered of morbid qualities, because each of these diseases, however found akin to another, yet it is always of such quality that it can never be confounded with any other."

According to Dr. Lanza, all diseases of mode are hypersthenic (scrofula? petechiæ?) and "when an hyposthenic disease of grade, as fever, changes into a disease of mode (e. g. hepatitis,) it immediately becomes hypersthenic. If drunkenness become phrenitis, it loses that grade which it had at first, (hyposthenia,) and takes that new one which has respect to the new morbid qualities (hypersthenia)," which is merely making a disease of what has generally been termed the remote cause.

For practical purposes, he divides diseases of mode into "*diathestic* and *adiathestic*;" the former signifying those which leave the body more disposed, and the latter those which leave it less disposed than they found it. Angina tonsillaris is an example of the one, and small pox of the other. Hyposthenia and hypersthenia, being opposite qualities, cannot exist together; but either may be complicated with irritation, diathestic modality, and adiathestic modality, or some of them. According to the author, "a petechial fever with worms" may be complicated with an endemic intermittent; and a person so afflicted "may find himself very weak and emaciated from the duration of the malady."

> "It is easy to observe," he continues, "in such an one, a physiological debility, or hyposthenia, in the state of his body, a quantity of irritative symptoms proper to vermination, the phenomena of the morbid, petechial, adiathestic modality, and those of the diathestic modality proper to the periodic endemic. These diseases are usually called complicated; and under this aspect, almost all diseases either are or may be complicated."

We do not object to the worms, but cannot admit the petechial fever as distinct from the ague, that it can be called an adiathestic disease; or, in the words of the author, that any thing of the "adiathestic modality" appertains to it. The diathestic modality may be in full force as to one disease, and the adiathestic to another, but it is obvious that the latter only holds good of the small pox, and a few other special favorites.

Theory of Remedies.—The author resolves remedies into four classes, according to their *modus operandi*, viz., specifics, vivicants, solvents, and irritants. *Solvents* (for we need not notice the first and second classes) are "those agents which impoverish life, which diminish the vividness of its phenomena and enfeeble its force." In the hyposthenic diseases of grade only (*contra-stimulus*) are vivicants of service. In all other diseases, except a few which may be cured by palliative or prophylactic means, solvents are to be employed.*

Irritants.—In order to understand Dr. Lanza's ideas on the *modus operandi* of irritants, it is necessary to premise that, according to his hypothesis, all agents may operate "either ordinately or disordinately."

"The vital force, as every other natural force, has a *capacity* in receiving the influence of external things; hence there is a point to the extent of which an agent, operating, succeeds regularly as a vivicant or as a solvent; but given in a dose which exceeds the limits of the natural capacity, it disturbs, irritates, and disorders life; so that instead of being of benefit, it comes to produce a new disease of irritation; the which again, whatever may have been the nature of the agent, whether solvent or vivicant, may become either inflammation or congestion, or nervous, or of whatever other morbid form."

The principal point in which the author's theory differs from Brown, and from the doctrines commonly taught in the Italian schools, consists in his admiting modality on the particular qualities of diseases and their remedies. According to Brown's hypothesis, all diseases are either sthenic or asthenic—of grade and passing into each other; while Lanza asserts that "the vital force" is altered in *quality* as well as in degree; for says he, "a machine, which is supposed capable of changing the *mode* not less than the degree of life, when it has morbidly suffered some modal change, necessarily comes to sustain, when the morbid process is established, a new life, a new mode of being, and to manifest its peculiar phenomena, and even a new texture." But it is difficult to understand how, if there be "a new life, a new mode of being," patients should get well of themselves, or that life of the original quality, so to speak, that is the healthy state, should have so constant a tendency to recur; besides, the mind cannot form a very clear idea of different qualities of life, except in degree, which will not meet the hypothesis. The author asks, "Is it not equally impossible to understand the change of *degree* of any force?" To which we answer, no; and if it were, *a fortiori*, it only adds to the confusion which must always attend researches into the nature, much more the *qualities* of life. Dr. Lanza's theory, though ingenious, is nothing more than Foderè's doctrine of "disordered vitality," or Hunter's phrase of parts, "taking on diseased action," generalized; and as these have no definite meaning, so that is too subtle for our comprehension.

The treatment is either radical, palliative, or prophylactic. The first method is divided into specific or modal, and "minorative or gradual." The *specific* cure is the cutting short a disease by some agent, "which changes the morbid mode to health;" the *minorative*, that which lessens the disease, and which consists in administering stimulants, if the excitement be diminished, and *vice versa;* finally, whatever averts the return of a paroxysm of disease, or tends to preserve health, is prophylactic. Is bark febrifuge (specific) or antiperiodical (prophylactic) in the cure of intermittents? a subject, with many others, discussed in the subsequent chapters. These are entitled to an attentive perusal, since much is done towards freeing physic from the trammels of the empirics, and founding it on reason and experience, the true *method* of the Hippocratic school.

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* The author employs the word "*scioglenti*" to signify those remedies which reduce the strength, or which tend, in conformity with the meaning of the Latin verb *solvo*, to solve, loosen or untie, the hold which a disease has of the body; or, in short, to promote the resolution of a disease; while the usage of the English language confers a very different meaning upon the kindred word solvents. Among the "*scioglenti*," are included blisters, electricity, magnetism, as well as many of the narcotics, as cicuta, hyosciamus, digitalis, lauro-cerasus, belladonna, &c. "deobstruents or resolvents."—Translator's preface.

An Exposition of the State of the Medical Profession in the British Dominions; and of the injurious effects of the Monopoly by Usurpation of the Royal College of Physicians in London. 8vo. pp. 373, Longman, Rees, and Co. 1826.

To expose the abuses which exist in the medical profession, and to suggest remedies for those abuses, have occupied no small share of our attention; and if in the course of our labours we have but slightly glanced at the College of Physicians, it has arisen from no partiality to that body, nor an idea that it was spotless and needed no purification. The College of Surgeons has demanded our closest attention; its evils were the most crying, its despotic influence the most severely felt. The College of Physicians has at its head a man of undoubted talent in his profession, and of the highest respectability out of it; and in the maintenance of its own rights, has of late years shown no desire to encroach on the rights of those who are subjected to its power; it has ceased to be mischievous, and is at present almost harmless. The College of Surgeons, on the contrary, has at its head men, some of whom, in their professional capacities, are the object of universal contempt, and all of whom have shewn themselves incompetent to manage the affairs of the body over which they preside — men who, by acts the most oppressive and partial which self-interest could dictate, endeavoured to aggrandize themselves at the expense of their professional brethren. The despotism of this body, however, like the impotent despotism of the Cæsars, has effected its own destruction; and amidst all the evils which this Corporation has effected, there is one consolation remaining, that its power of doing mischief will shortly be at an end. We shall therefore, in the few remarks which we have to make on the work before us, merely inquire how far a College of Physicians is necessary, and not enter into the general question, how it should be constituted.

The object of the work is to shew, that we are over-apothecaried, over-surgeoned, and under-physicianed, and this the author attributes to the baneful influence of the College of Physicians. It clearly appears from the following table, that there is a great disproportion between the different grades of medical men in Paris and London:—

Paris, in 1822, *with* 800,000 *inhabitants.*

Physicians	600
Surgeons	128
Apothecaries	181
	909

London, in 1822, *with* 1,200,000 *inhabitants.*

Physicians	174
Surgeons	1000
Apothecaries	2000
Chemists and druggists	300
	3474

The author maintains that this excess of surgeons and apothecaries is injurious to the health and pockets of the people. For he says, that in order "that the 2000 persons who, under a fitting organization of the profession would be superfluous, may have a living, an adventitious demand must be created; more surgical operations must be performed, and more medicines must be consumed than are either useful or necessary; and the aid of the physician is not resorted to until his services can no longer avail. Thus the interests of every branch of the profession are placed in perpetual opposition to their duties; and the public, whilst the care of their healths and lives cost them nearly three times what it would cost them under a proper organization, or what it costs in any other nation, are maltreated." p. 13. Considering that in Paris each medical man is supported by 900 persons, and in London by 345, being in the latter case one medical man to seventy cases, and that in London the whole reward of medicine being divided among so large a number, it is probable, the average payment being small, a great part of the practitioners must be persons of inferior attainments. The cause assigned by the author for this disproportion, is the monopoly by *usurpation* of the College of Physicians, which we now intend to examine.

It might have been as well if nothing perhaps had been said about usurpation, because, as was observed by a contemporary, (*vid. Globe. paper, May* 23,) "if it be true that the powers exercised by the College of Physicians are clearly usurped, that is contrary to law, and it will be very easy in a court of law to overthrow them. If, on the other hand, it be never intended to overthrow these powers by course of law, but by authority of parliament, an allegation of usurpation will rather embarrass than aid any application that may be made to the legislation. Petitioners may be told, that if usurpation be the ground of their complaint, the courts of law are open to them."

The monopoly of the College of Physicians forms with our author many serious grounds of complaint; it certainly has the power of withholding or granting the license to practise in London, or within seven miles of London, and every person desirous of obtaining this permission, must submit to an examination; but the number of practising physicians in London, is not limited, and all may offer themselves for examination who are medical graduates, and have resided at some university, English or foreign, two years *prior* to having taken a degree. The submission of medical graduates to an examination by the College of Physicians, after having undergone that ordeal previously on obtaining their degrees is objected to by the author, who conceives "that to prohibit improper persons from practice, if any prohibitions independent of the public ought to exist, should be with the civil magistracy." (p. 334.) And in another place, he says, that the graduates of all foreign universities are admitted to practise on the continent of Europe generally, and in America, merely on presenting or verifying their diplomas."—p. 335.

We are obliged to differ from the author, both as to matter of opinion and matter of fact. The power placed in the College, of requiring persons who intend practising in London to submit to an examination, under the existing circumstances of most of the universities, and at a time when degrees may be had with great facility, is, or at least ought to be made one of the most effectual securities we possess against the intrusion of the ignorant and unskilled. It is by far easier to keep a vigilant eye on the proceedings of one body, than over twenty, which would be required to be done, if only the possession of a degree were sufficient to enable a physician to practise; indeed we are at a loss to conceive why the College of Physicians thinks this examination necessary only for those who practise in, and not for those who reside out of, London. According to the opinion of Chief Justice Mansfield,* "a doctor's diploma does not itself entitle the possessor to practise in the provinces of England. He must be an extra licentiate of the Royal College of Physicians, or medical graduate of an English university."

The provincial physician, unless thus protected, is placed under very humiliating circumstances, and therefore cannot claim rank, and defend himself in courts of law. The College possesses no means of *compelling* persons to submit to this examination, nor has the College of Surgeons any power of obliging surgical students to appear before it; but the latter think an examination from the College gives them a kind of importance in their station in society, and the same feeling might also be excited in the mind of the young physician. It is, however, unfortunate, that the medical graduate of an English University should be thought worthy of being excepted. After arguing against a second examination from the College of Physicians, which, if properly conducted, might be made effectual, it appears very inconsistent on the part of the author to wish to give the municipal authorities, who can never be judges of the young candidate's qualifications, the power of preventing him from entering on practice. Now as to the matter of fact, viz. that the graduates of all foreign universities can practise on the continent of Europe generally, merely by shewing and verifying the diplomas. This is not the case; and in a large part of Germany, more particularly in Prussia, the possession of a diploma is not sufficient to allow a person to practise. The medical graduate has another examination, or rather series of examinations to undergo, before he can venture to practise; and it not unfrequently happens that the physician, who by some "senatus academicus" has been thought worthy of a diploma, is at the final examination (*Staats prufung*,) declared incompetent to deal with the lives of his fellow creatures.

The bestowing the fellowships on the medical graduates of Oxford or Cambridge, is a practice which, however excusable at the time when it originated, ought in this enlightened age to be altered, and indeed the College has, by its own conduct, recently afforded the best argument in favour of an alteration, by admitting among the number of fellows, some who were not educated at either of the English universities. Submit all candidates for fellowships to the severest examinations, but then let them be as open to the man who has studied at Pavia, as to an Oxford or Cambridge graduate. The point, however, in question is, how far this exclusion from the fellowships tends to lessen the number of physicians. Although a fellowship may be esteemed a point of some consequence by the profession, still with the public it can have but little weight; licentiates can practise as well as fellows, and some of them are in the best practice.

It will thus be seen that the monopoly of the College of Physicians is not very alarming, and certainly not the cause of that difference in the several grades of the profession pointed out above. This has its rise from other causes; and in forming a comparison between the state of the profession in England and France, due regard must be paid to the medical education in the two countries, and this alone will be sufficient to explain the difference. That the medical corporate bodies in this country direct the education of the profession, and consequently exert a considerable influence on the divisions in medical practice cannot be denied; but the one at present *least* deserving of public censure, and which produces the least amount of positive mischief, is the College of Physicians. It possesses power, without any other check than that of public opinion to prevent its being abused; the examinations for permission to practise are too easy, and not sufficiently open, and the leaning towards Oxford and Cambridge too great; but of late years it has not been guilty of such acts of oppression and folly as the other medical corporations; indeed it has one claim of gratitude upon the whole body of surgeons, in effecting a redress of a grievance against which the surgical profession had long and loudly complained in vain.

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* Vide Paris's and Fonblanque's Medical Jurisprudence, Vol. I. p. 17.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

ANATOMY.*

IN England the study of anatomy has been chiefly confined to the description of the situation of the different parts of the human body, or, in other words, to *descriptive* anatomy, whilst *general* anatomy, or the science which teaches us the elements or composition of these parts, has been neglected. This neglect has arisen partly from the supposition, that general anatomy was not absolutely necessary to the physician or surgeon, and partly from the difficulty with which the prosecution of the study is attended. We believe, that up to the present time, very vague notions prevail as to the kind of anatomical knowledge which it is necessary for the medical practitioner to possess, some contending that minute anatomy is necessary, others that it is not. If by minute anatomy is meant an unnecessarily tedious enumeration of processes of bone, ramification of arteries and veins, the distribution of nerves; then we say this knowledge may be dispensed with, but if, on the contrary, by minute anatomy we are to understand the anatomy of structure, then we should say that it is indispensably necessary to the pathologist, for how is he to attain precision in the treatment of disease, if he has no accurate knowledge of the structures which are the subject of it. It must be confessed, however, that the study is surrounded with considerable difficulties. General anatomy is intimately connected with animal chemistry, and whilst the latter continues so little known and cultivated, the former will never make rapid advances.

We will now take a glance at the different systems which have been founded, from which our readers will best judge of the difficulties with which the subject is attended.

Haller admitted three kinds of primitive fibres as the elements of all the organs; these were the cellular, muscular, and nervous fibres. This division was adopted by Blumenbach, but M. Chaussier added to it the albugineous fibre. This division, in some degree merely theoretical, did not change in the least the old mode of studying anatomy. This consisted in bringing into one description all organs resembling each other, and in viewing *en masse* the bones, muscles, nerves, tendons, glands, &c. as if this were the extreme of anatomical analysis. An opinion vaguely mentioned by M. Pinel, laid hold of and cherished by Bichat, gave rise to a most brilliant discovery, and imparted to anatomy the true characters of a science. The organs, which had been up to the present time considered in a mass, are composed of different elements, which are easily discovered by a minute analysis. These elements are always found united in a greater or less number in the body, but each of them is always found in its original character in the organs, to the formation of which it contributes; it presents throughout the same aspect, possesses identical properties, and undergoes the same alterations. Bichat discovered at first a certain number, which he described under the name of membranes, the identity of which he recognized in the different regions of the economy in which he discovered them. He soon found a general inventory of all the solids; he counted the tissues, or elementary systems composing them, and fixed their number at twenty one. These organic systems are divided into two great classes. The first, generally distributed and every where present, contribute not only to the formation of all the apparatus, but also to that of other systems, and enter into every organized body as a common and uniform base. These are the cellular, arterial, venous, exhalant, absorbent, and nervous systems; this last forms two distinct tissues, the one belonging to organic, the other to animal life. The tissues of the second class, placed in a certain determinate apparatus, strangers to the rest of the economy, have an existence less general, and even sometimes nearly isolated; such are the osseous, medullary, cartilaginous, fibrous, fibro-cartilaginous, muscular of the animal life; the muscular of the organic life, the mucous, serous, synovial, glandular systems, and those of the cutis epidermis, and hair.

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* Gaz. de Sante. May.

This is the history of these tissues, which constitutes general anatomy; quite a new branch of a science, which appeared to be almost perfect. Those who sought an elementary fibre, have found nothing; those who recognized three or four primitive fibres, had only considered a part of the problem, without indicating, moreover, any positive application of it. The chemists who, with the assistance of new re-agents, reduced the whole economy to three substances, fibrin, gelatin, and albumen, and in the last analysis, to carbon, oxygen, hydrogen, and nitrogen, introduced confusion into the science, and commenced by destroying the very organization which they wished to study. Bichat alone studied the organization in the organization itself, and considered its elements in their natural state, just as nature presents them to us. Thus his ideas were rich in important results, and we see continually the happy applications which they have furnished, and furnish every day to the different branches of medicine. However, the nomenclature of the organic elementary tissues, has been modified by different anatomists. Dumas reduced them to four, viz. the cellular or spongy, the muscular or fibrous, the mixed or parenchymatous, and the laminary or osseous. Others, such as Walther, Ducrotay de Blainville, Hensinger, have admitted one generative system, the cellular, from which the other systems are said to be derived by metamorphoses more or less multiplied.

Rudolphi (professor of anatomy to the University of Berlin,) in dividing the solids into simple and composed, admits only among the first the cellular tissue, the horny, cartilaginous, osseous, tendinous, vascular, muscular, and nervous systems; and ranks among the second the vessels, membranes, viscera, and glands.

John Frederick Meckel (Professor of Anatomy at Halle,) in approaching the former divisions of Bichat, and uniting some improperly separated systems, reduced the general tissue to three, the mucous, the vascular, and the nervous, and the particular tissues to seven, viz. the osseous, cartilaginous, fibrous, fibro-cartilaginous, muscular, serous, and cuticular.

At last Beclard, modifying the ideas of Bichat and those of the anatomists which we have just mentioned, brings, under eleven classes, all the organic tissues, which he presents in the following order, 1. Cellular and adipous tissues; 2. Serous membranes; 3. Ligamentous; 4. Vascular system; 5. Glandular ligamentous tissu; 7. Cartilage; 8. Osseous system; 9. Muscular system; 10. Nervous system; 11. Accidental productions.

Through all these modifications, it is easy to recognize the fundamental idea of Bichat; and the efforts which men of the most enlightened minds have made to give this idea the suitable precision, prove that they acknowledge its justice. There is, however, a blank in general anatomy which ought to be filled up, we allude to a physiological and medical history of the humours which form the greatest part of organized bodies. Valuable materials have been already collected on the blood, lymph, bile, &c.; but too much, perhaps, up to the present, has been accorded to the chemical part of this investigation. Bichat remarked, that chemists who analyzed the humours, could only analyze them when deprived of vitality; it is in their vital part that they ought principally to be studied. This study appears difficult, and the microscopic observations to which we have within a few years returned, after neglecting them so long, do not appear to lead so rapidly to certain results. Thus the blood, considered by most as composed of a liquid called serum, in which red globules swim, is, on the contrary, regarded by M. Schultz, from some recent observations, as a homogeneous fluid composed of minute bodies, which move in displacing themselves continually in the torrent of the circulation; a new hypothesis, which M. Dutrochat invalidates by contradictory observations, in attributing the error of M. Schultz to an optical illusion.

PHYSIOLOGY.

Important Physiological Experiments.

IN Mr. Charles Bell's Physiological Researches, our readers will recollect that he was the first who discovered that the division of the branches of the fifth pair, in the face, produced violent pain, and was followed by the loss of all sensation in the part; whilst the division of the portio dura neither produced pain nor loss of sensation, but a kind of paralysis of the muscles of the face. Several physiologists, after this, repeated Mr. C. Bell's experiments; some of them differed from him a little in their results. Magendie declared, that he sometimes observed the animal to manifest signs of pain on the division of the portio dura. Fædera said, that it was always the case. Mayo assures us that he made the same observation on dogs and cats, but not on the ass, which was the animal on which Mr. Bell had tried the experiment. All, however, agreed in one point, that the manifestations of pain were very trifling, and not at all to be compared with those which are observed after the division of the fifth pair, in which respect Mr. Bell's conclusion was supported. Some experiments have since been performed at Copenhagen on this subject; it occurred to some physiologists there, that the slight sensibility of the seventh pair might probably arise from the numerous connexions of this nerve with the fifth pair. In order to decide this, the fifth pair was divided at its origin before the experiment was tried with the portio dura of the seventh pair. The experiments were tried on rabbits, in the Museum of Natural History at Copenhagen, by Drs. Lund and Eschricht, in the presence of Professor Reinhardth, and no account of them has yet been published in this country.

*First Experiment.**—The seventh pair was laid bare on the left side; as the nerve was pinched with the forceps, the animal showed signs of pain and convulsions in the muscles of the face, as well as in all the following experiments, on which account I shall not mention it again.

Second Experiment.—The brain was laid bare, and the left hemisphere was removed; the fifth pair on the left side was wounded close to the dura mater, and, amidst the most violent cries of the animal, divided. Every trace of feeling disappeared on the left side; the eye lost its glistening appearance, whilst on the other side the face had preserved its natural feel and the eye its usual look. The seventh pair was then divided on the left side; after twitching the nerve with the forceps, convulsions of the body came on very frequent, followed by a bending of the body towards the side affected, accompanied also with evident signs of pain. The animal was killed, and on examination the 5th pair was found completely divided on the left side; the injury done to the brain was very slight.

Third Experiment.—The calvarium was removed, and the fifth pair divided as in the preceding experiment. The face remained, on the left side, without feel, and the eye dull but more glistening than in the preceding experiment. The seventh pair was then laid bare on the left side; the nerve often pulled the forceps, being always carried from before backwards; but *the animal did not manifest the slightest sign of pain.* Now the seventh pair on the right side was exposed, and every time when it was touched with the forceps the animal evinced most unquestionable signs of pain. These experiments were often repeated on both sides with the same success. The animal, still lively, was killed, and on examination the fifth pair was found completely divided, about a line posterior to the part where the division took place in the preceding experiment, before the nerve had entered the fold of the dura mater.

Fourth Experiment.—The brain was opened, and the fifth pair divided on the left side. The seventh pair was then laid bare on the right side; the pinching of this nerve with the forceps produced signs of severe pain. The nerve was then exposed on the left side, but the pinching of the nerve did not cause the slightest trace of pain in the animal, till we reached just below the meatus auditorius externus; from this point backwards the touching of the nerve was followed by convulsions in the whole body. The animal was killed, and the fifth pair of the left side was found cut into in two places, but not completely divided.

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* By the seventh pair, foreigners mean the portio dura; for they never say the portio dura of the seventh pair, as they make the portio dura and portio mollis two distinct nerves, the one the seventh the other the eighth pair.—Ed.

Fifth Experiment.—This failed; for after opening the brain, removing the left hemisphere, and dividing the fifth pair, the animal was nearly dead.

Sixth Experiment.—The fifth pair on the left side was divided, as in the preceding experiment. The left side of the face was insensible to touch. The seventh pair was laid bare, on the right side, under the most violent convulsions of the body. The pinching of the nerve produced violent movements in the body, and drew from it cries. As we exposed the seventh pair on the left side, the animal manifested signs of pain as the incision was carried behind the ear. Now the branch going to the lower jaw was first divided, but the animal showed no sign of pain, nor any as the anterior part of the principal branch was pinched, but as soon as we did this with the nerve just below the meatus auditorios externus, and still farther behind, we perceived signs of most violent pain.

From these experiments the following conclusions may be drawn:—

1. That the seventh pair really possesses sensation, and that in no trifling degree.

2. That the division of the fifth pair takes away the sensibility in that part of the seventh pair, which lies before the external meatus.

3. But that the sensibility continues after this operation in that part of the nerve which is situated behind the meatus auditorius externus.

The causes of the continuance of feeling in the posterior part of the seventh pair, after the division of the fifth, are not difficult to explain.

The seventh pair, as we all know, anastomose behind with the first cervical, and consequently stays in connexion with the nerves of sensation, as in front with the fifth pair. There is then no doubt that the seventh pair is indebted for its sensation, in the posterior portion, to its connexion with the cervical nerves, and anteriorly to its connexion with the fifth. In order to prove the first opinion, the connexion of the seventh pair with the cervical nerves must be destroyed.

As it is apparent, from these experiments, that the seventh pair derives its sensation from connexion with the nerves of sensation, Mr. Mayo's hypothesis about a sensation peculiar to the nerves supplying the muscles "muscular sensation," will at least not hold good for one of the most important nerves of this class.

SURGERY.

Removal of the Clitoris.

About three years ago the clitoris was removed by Professor Graefe, of Berlin, in a case where the female was addicted to onanism in a great degree; the person was also idiotic, and this practice was supposed to have had the effect of increasing and keeping up the mental affection. All other means failing of preventing the vicious habit, the clitoris was removed; and since that time the patient has been recovering the use of her faculties.

The removal of a too long clitoris, on account of the impediment caused to coition, is mentioned by Talpine, Plato, Rhodius, Columbus, and Haller. It was in use in the fifth century, among the Egyptians, where this diseased formation of the female organs of generation was very frequent, as mentioned by Ætius. (Ætii iv. Tetrab. Serm. iv.) The operation belongs to one of the easiest in surgery; the part is fastened with the left hand, and with the right is cut away. Among the ancients this operation was performed in a still more painful manner; the part was fastened with a serrated forceps and pulled downwards, which caused great and unnecessary pain. Ballonius says, that in the Orient it was the custom to burn carcinomatous clitorides and indurated nymphæ.—*Graefe's and Walther's Journal.*

THE MEETING AT THE HUNTERIAN MUSEUM.

To the Editor of THE LANCET.

SIR,—In your account of the last meeting of the Trustees of the Hunterian Museum, I am said to have contrasted the liberal manner in which the museum at Berlin is conducted "with the narrow-minded and interested policy of the curators of the London College, and that no less distinguished and scientific body the Court of Examiners." You will, I am certain, allow me an opportunity of assuring your readers that I never mentioned the Court of Examiners; and that, while I contrasted the free access to the continental museums with the difficulties of profiting by the Hunterian, I did not employ the epithets narrow-minded or interested, or stigmatise any set of men or any individual. As your report must have been collected from conversations in which our proceedings transpired, or been furnished by some gentleman present from memory, and as the greater part of the profession use strong language respecting the ruling body of the College of Surgeons, I do not wonder at the error, nor at all complain; but am desirous of furnishing a correct account of my conduct, from being a member of the College of Physicians. My business respected the Museum. With the Court of Examiners I had no concern, and, had it been necessary to mention them, I could not have called their attainments in question, because some of them are among the most distinguished surgeons in Europe and have reached an eminence in their department of the profession which I can never hope to reach in mine; and, had such remarks been merited and in place, they should not have fallen from me—an examiner at the College of Physicians.

I acted merely as a trustee of the Museum; and, in that office too, I considered not men but measures. I never mentioned the curators by name nor censured them, but exerted myself for new measures. When I became a trustee, in virtue of my office as censor of the College of Physicians, I absented myself from the two first quarterly meetings, lest, as a member of one college, I should excite unpleasant feelings in the members of the other, thinking, at the same time, that the meetings were only formal, and that others would transact any little business which might occur. Finding, however, from the complaints throughout the profession, that something was wrong, I determined to attend the third, not knowing, nor inquiring, who were the trustees or who the curators; nor advising with any one; not intending to do more than ask whether the Museum could not be thrown more open; and a catalogue be immediately prepared.

The Duke of Somerset and Mr. Davies Gilbert, M.P., Dr Ager and Dr. Ramadge, were present. The last gentleman anticipated me in starting the subject, but I continued it, and urged the necessity of free access to the Museum, and of a catalogue, stating the universal dissatisfaction throughout the profession, although I did not say, as appears in your Number of May 13th, that the curators had shown *no* disposition to render the Museum useful to the public. I regretted to observe that Mr. Clift, who is an excellently informed and estimable man, was much annoyed. He informed us, that he was the only person sufficiently acquainted with the Museum to form a catalogue, (so that his death would render the Museum almost useless,) and that in forming a catalogue no one could assist him. I remarked, that so important a matter should never have been allowed to become dependent upon the frail existence of a single individual, and that others should instantly be trained to assist in explaining the collection and in preparing the catalogue. He replied, that others would probably not like such an occupation, (as if proper remuneration would not induce hundreds of able men to apply for it,) and that his son had been so trained. He said, in answer to a question from me, that he should be at least seven or eight years in making a catalogue, with all his time devoted to the object; and that, if he were obliged to show the Museum twice a week, he should be much longer, adding, that the fatigue of showing it was considerable, there having been sixty visitors on the last day, but forgetting that this was a powerful argument for more frequent access,—that if it were open more frequently, there would not be so large a number on one day; that a descriptive catalogue would render the labour of a demonstrator very trifling; and that it is utterly impossible for persons to profit by the Museum, if they cannot study any part of it they please at their leisure, but are led round in a crowd, peeping over each others shoulders and catching the words of the demonstrator as they can. I have known gentlemen wait nearly an hour because there was not a sufficient party collected for Mr. Clift to start round the Museum with. He showed us some volumes of extracts, which he is making from MSS. of John Hunter's, respecting cases of disease. These were the commencement of his labours in the catalogue, selected at *his* discretion, who is not a practical man, relating some to preparations, *some not*, and written by him, most laboriously, in a fine copper plate hand. It was evident that this was an utter waste of time. He had only to mark with a pencil what was to be copied, some poor boys might then make the copy, and this be sent to the printer, for a single copy is of little use, and printers require only an intelligible MS. The world will hardly credit that Mr. Clift rises early and retires late to rest in order to make a single exquisitely written copy of some Hunterian MSS. Mr. Clift's annoyance hurt me, and to show that I considered the affair as mere business and had no personal feeling, I invariably spoke to him as mildly as was in my power. But all the trustees saw the matter in the same light, and the Duke of Somerset drew up a resolution,—that a catalogue be prepared without delay, and that the Museum be open twice a week all the year, provided no reason to the contrary were given by the curators, who were summoned to meet us that day fortnight.

At this second meeting, besides the trustees formerly present, there were Lord Colchester and Sir Everard Home, the latter of whom had been elected a trustee as J. Hunter's executor. We found Lord Colchester of the same opinion as ourselves, and that he had strenuously exerted himself in vain for many years to procure a catalogue. He showed that we were perfectly right in resolving that the Museum should be open twice a week all the year, for these were the terms of the bond originally entered into between government and the trustees. It was remarked, that, as the Museum had been opened but once a week, and that not all the year, the trustees had not done their duty, and Sir E. Home replied, "No, we have not done our duty," and yet moved that it should be open no oftener than before, and the matter left to the curators, as best knowing how to manage the Museum. A motion for a breach of duty was not seconded but scouted, and Lord Colchester drew up a resolution, that the Museum be opened twice a week, (without any consultation with the curators,) as the bond required admissions *at least* as frequently as this. I gave it as my opinion, that the Museum should be open four times a week, and his Lordship did not dissent, but conceived it would be as well, in the first instance, to comply with the terms of the bond. merely adding, however, to the resolution, that if the members of the College of Physicians or Surgeons applied for more frequent admissions, we would *instantly* take the subject into consideration. The resolution was carried unanimously.

I was anxious to have it clearly understood what was meant by the Members of the College of Surgeons, and informed the civil trustees that the members of the College have no part in the transactions of the College—are never assembled to elect officers or receive statements of accounts—are, in fact, mock-members, and should be termed licentiates, never entering the building except to see the museum or hear the lectures,—privileges enjoyed by strangers, and that therefore we could never have an application from the College of Surgeons on the matter. Sir E. Home angrily asked, how they were to be assembled, six thousand as they were? I replied, that the propriety of this state of things was not the question; that I merely stated the fact, in order to show that no application could come from the members of the College in their corporate capacity, and therefore hoped that an application from any number of members, however small, in their individual capacity, would be regarded sufficient. To this his Lordship and the other trustees instantly consented.

On the subject of the catalogue, I observed that the portion relative to natural history must be complete, as I had seen a report of the curators, made many years ago,—that three parts by Dr. Shaw were now ready; and another, dated ten days subsequently,—that the remaining fourth was ready. But Sir E. Home replied, that this went for nothing, for the portion mentioned was very incomplete. He urged how he had laboured for ten years at the catalogue. Yet all we could find as the result of his labours, and those of others, were a few pages of a folio book, which one of the civil trustees afterwards shook between his finger and thumb with signs of contempt. I suggested the propriety of employing a number of persons to make the catalogue and paying them, as the funds of the College ought to be most ample, when Sir E. Home said, they had no money for such purposes, and angrily asked, "where the devil the funds were to come from, and whether he and the rest of the examiners ought not to be *well* remunerated for spending their time in examining candidates." I answered, that it was of no importance whether the College had funds or not, (it is universally said that the receipts from candidates are enormous, and the *necessary* expences comparatively small, but this it was not my province to mention,) for government had acted most liberally, and would doubtless supply any sum which might be requisite. This was confirmed by one of the civil trustees; and another remarked, that many years ago money was offered to the curators for the purpose, who said, "No, we do not want it; leave us alone, and we will make a catalogue." Even yet they have no catalogue, and now, on asking why they do not employ persons to make one, we are told, they have no funds!!

The curators, however, had been waiting some time, and requested to be admitted, as they had other engagements, and we accordingly received them previously to passing any resolution respecting the catalogue. *Before they could enter the room, Sir E. Home departed by another door.* We all received them standing, as gentlemen, with every mark of respect, yet Sir William Blizard, who began an address, setting forth the past and future labours of the curators for the public good, instantly committed an evidently studied insult upon the three medical trustees, by saying, that the labours of the curators were well known to the *permanent and noble minded trustees*, forgetting that his Majesty's ministers are only official trustees, and that the burner of the Hunterian MSS. is a permanent and noble-minded trustee. These expressions he repeated, and had clearly prepared for the occasion. Yet to show that we had no personal feeling like himself, we took no notice of his conduct. In panegyrising Mr. Clift's industry, he showed us the absurd copies of J. Hunter's MSS. making by Mr. Clift, and, on Dr. Ramadge attempting to offer some remark upon the waste of time in such a work, fiercely told him he knew nothing of the matter, forgetting that he was summoned to attend us solely to receive our instructions. And he deviated still more from his place in telling the civil trustees that their proceedings had actually, positively, appeared in that infamous (and his agony was great at this moment)—in that infamous (he repeated) publication, THE LANCET.

Mr. Abernethy then rose, and also forgot his place, and gave way to personal feeling so far as to remark, that he wondered that medical men—that medical men (he repeated, raising his voice) should be led away by popular clamour, thus not wondering at all that the civil trustees should be led away by popular clamour, and accusing the medical trustees of acting not from reason or a sense of duty. Yet we made no reply to this, so anxious were we to show no personal feeling. Mr. Abernethy (who is often called honest John Abernethy) urged us strongly to open the museum no oftener than before; in fact, to violate the bond, when Lord Colchester remarked, that if his object in addressing us was no other than this, he might save himself the trouble, as we had settled that point before we admitted the curators. Mr. Abernethy accordingly sat down, saying to Lord Colchester, that, if we ordered them to open the Museum twice a-week, of course they must do so.

To prove still further the desire of the medical trustees to confine themselves to the prosecution of public utility, I may mention, that, as the College Lectures were established to illustrate the Museum, they fall under our cognizance, and that the complaints of the members at being admitted to their own theatre by a back way might have been listened to by us with propriety. Yet we were silent upon the subject, as one rather relating to the College than the Museum; and it was a civil trustee,—Lord Colchester, who asked the question of the curators,—whether it was true that the members were so admitted; and when the venerable Mr. Cline, whom I have always regarded as the supporter of generous measures and liberal views, rose to defend the ungracious admission, by contending that the theatre was situated in Portugal-street, not in Lincoln's-inn-fields, and that the shortest way to it was by Portugal-street, and assured his Lordship that the door way was good, the staircase clean, and the accommodation in the theatre excellent, we preserved our silence, neither showing the fallacy of his first argument, nor the total want of relation in the latter circumstances to the ground of complaint.

The interview was now at an end. The curators withdrew, and but one feeling prevailed among the trustees, civil and medical, that the conduct of the curators was puerile (an expression used by a civil trustee,) and that, if they were left to themselves, no catalogue would ever be seen. I gave it as my conviction, that a catalogue might with ease be prepared in a twelvemonth, and probably in a much shorter time, as the Museum is in perfect order, and Mr. Clift fully acquainted with it; that he had only to stand before the preparations with one or more shorthand writers at his elbow, who should take down his description, and write them out in the evening; and that a hundred preparations might thus be entered in the catalogue in a day. Lord Colchester then moved that the curators be instructed to begin the preparation of a catalogue immediately, and report to us how long its completion will require, and, for the purpose of keeping them to the work, quarterly show us their progress in it and report how long it still requires for completion. This was unanimously carried. The civil trustees shook their heads at the conduct of the curators, expressed their conviction that the Museum was made a *raree show*, instead of a place of study, and that other people should be employed as showmen in the place of Mr. Clift, and he devote himself to a labour of permanent utility—the preparation of the catalogue. They declared their disapprobation of Mr. Clift gratifying his vanity, not only by showing the Museum, but by copying the MS. formerly mentioned in such a laborious manner, adding, that it was a disgrace to him to copy in so fine a hand. I may remark, that the curators appear to have no idea of what is required. Mr. Clift is to be employed in making an exquisitely written MS. catalogue, which will remain in the Museum after his death as a monument of his talents and industry. But the public require a printed catalogue, which they may purchase at the College at the cost price, and which will enable them to study the Museum at leisure, without a demonstrator.

We had been occupied two hours and a half, and several had other engagements, so that there was no time for further business. But, before breaking up, I urged the propriety of making the Museum more easily accessible to individuals. At present none but trustees, fellows of the College of Physicians, and members of the College of Surgeons, have a right to see the Museum without an order. The trustees and curators only can give written orders; and the fellows of the College of Physicians and members of the College of Surgeons can only introduce friends personally. I proposed that licentiates of the College of Physicians should also have free admissions, and that all persons having free admissions should be empowered to give written orders of admission. Abroad, all persons are admitted, drawings may be made, and, when a person is prosecuting any one subject, he is admitted even on the days the Museum is closed to the public. The consideration of this change, however, was reserved for another meeting.

I have *not scrupled*, Sir, to give you this detail, because Sir William Blizard's horror at our proceedings appearing in THE LANCET was witnessed with indifference and afterwards smiled at, and because imperfect accounts of our proceedings are in circulation. I have *been anxious* to communicate them, that the world may see that the medical trustees have had no other motive than public duty, and that, while the inertness of the curators and the trustee, Sir E. Home, was calculated to disgust, their rudeness to irritate, and the deviation of the curators in our interview from the plain matter in hand to give us no favourable opinion of their habits of business, we did nothing which could furnish them with a shadow of a reason for complaint; that the medical trustees were cordially joined in every thing by the civil, notwithstanding they have all the odium of having done their duty; and that, in fact, the resolutions of the first meeting were proposed by the Duke of Somerset, and of the second by Lord Colchester. So noble, indeed, was the conduct of the civil trustees, so anxious were they to set things right, that, at the close of the meeting, I assured them they could have no idea of the gratitude with which their conduct would be viewed by the whole profession, and begged leave myself to thank them most sincerely. They replied that they had done nothing but their duty.

I have the honour to remain,
Your obedient servant,
JOHN ELLIOTSON.

Grafton-street, Bond-street,
June 14, 1826.

SUCCESSFUL APPLICATION OF THE STOMACH PUMP.

To the Editor of THE LANCET.

SIR,—Should you consider the following case calculated to interest your readers, you will perhaps be good enough to give it a place in your valuable journal. It evinces most clearly the propriety of having immediate recourse to the syringe in cases of poison, without trusting to the effect of other remedies.

I remain, Sir,
Your most obedient servant,
GEORGE BEAMAN.

28, James-street, Covent-garden,
June 19, 1826.

On Saturday, June 17, between four and five o'clock in the afternoon, a messenger required my immediate attendance upon a lady who had, about a quarter of an hour before, taken an ounce of laudanum; neither my partner nor myself being in the way, our assistant, Mr. Wells, immediately obeyed the summons, (taking with him the improved stomach pump, manufactured by Mr. Weiss in the Strand,) and on arrival found, that the effects of the opium were beginning clearly to manifest themselves; without the smallest difficulty he introduced the tube into the stomach, and was fortunate enough, aided only by two female domestics, to manage the instrument so readily, that in a very few minutes the contents of the stomach were completely evacuated.

Within one hour of the commission of the act, I came home, and lost no time in repairing to her house. There was at that time *a very slight* disposition to drowsiness, her pupils not dilated, and the pulse 98, and soft. I examined two wash-hand basins, containing the fluid, &c. which had been withdrawn from the stomach; in the first, a considerable quantity of the laudanum, mixed with the mucous secretion, and a small quantity of food, were at the bottom. The second basin exhibited scarcely any improper appearance. It appearing to me that the whole of the poison had been effectually got rid of, I only directed the forehead and temples to be frequently bathed with vinegar and water, and the patient to be roused and walked about, should there be any disposition to sleep. At nine o'clock I again called upon her; she had taken some tea, and appeared comfortable. A purgative was now administered.

On the following morning she was attending to her domestic affairs, as well as if no such occurrence had transpired, and I am also happy to add, most sorry for the crime, which in an unguarded moment (from an imaginary cause) she had committed.

In this instance, I am sorry to say, although the phial was labelled laudanum, it was not marked *poison*, and I am informed that no questions were asked by the chemist from whom it was procured.

ADULTERATION OF DRUGS.

To the Editor of The Lancet.

Sir,—As the avowed objects of "The Lancet," are the advantage of the profession, and the good of mankind, I trust to the principles of your publication for the insertion of this letter.

Medical men are aware of many adulterations of drugs by their vendors. And as most of them are acknowledged to be of very little, and others of no importance, they are assented to by one party and practised by the other.

But there are other adulterations which are of the greatest moment, that are more dangerous, as they are of the most efficient articles in the "Materia Medica;" and still more so as they are not suspected.

I subjoin a list of the medicines, and their most common adulterations; leaving it to some of your ingenious correspondents to suggest a remedy for this very general and enormous evil to the public and to the profession.

I am, Sir, yours, &c.
A General Practitioner.

Articles adulterated.

Calomel with Sulphate of Lime; Opium with Spanish Juice; Sulphate of Quinine Starch; Iodine with Charcoal: Croton Oil with any fixed Oil; Tartarized Antimony with Super acetate of Potash; Epsom Salts with Glauber Salts; Magnesia with Chalk; Elaterium with the fæculent Matter of the Preparation; Blistering Plaster with Linseed Powder; Prussic Acid is a preparation of such variable quality, that a fatal dose of the acid obtained from one druggist, may be given tripled, with impunity, when purchased of another.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

The following cases were admitted into the Hospital on 31st of May, under the care of Mr. Bransby Cooper.

Disease of the Thigh Bone.

The patient in this case is a delicate looking lad, about eleven years of age. He had a severe attack of measles three months ago, which left him much debilitated. Whilst in the stage of convalescence, he was attacked with pain in the lower part of the left thigh. He found the pain increase on motion, and the part (to use his own expression) "felt weakened." In a short time a distinct swelling formed on the inside of the thigh, low down; this being punctured, a small quantity of blood only escaped.

There is now an ulcer of about the size of a shilling, with exuberant granulations, a short distance above the internal condyle of the femur. Around the ulcer, to a considerable extent, there is dark coloured inflammation; on tracing the thigh bone, we find it increased to about three times its natural size; the thickening extends more than half way up the bone. There is a constant dull aching pain in the limb, and it is tender upon pressure, Mr. Cooper considers that the disease will go on to the production of necrosis, although, on passing a probe through the ulcer, there is not, as yet, any direct evidence of diseased bone.*

The treatment hitherto employed has been principally constitutional; it is as follows:

Quicksilver, with chalk, 3 *grains*;
Dover's powder, 5 *grains, to be taken night and morning*;
Powder of sarsaparilla, 2 *scruples, to be taken three times a-day*.

A poultice of linseed meal has been applied over the ulcer.

Superficial Ulcer on the Leg.

This occurs in a man 60 years of age; it is extensive, but superficial; has been of six month's standing, and originated from a bruise. Under the use of linseed meal poultices with black wash, applied on pieces of lint, the sore has nearly healed.

Ulcer of the Leg.

This second case differs materially from the preceding one. There is an ulcer of the size of a halfpenny over the lower part of the tibia, with large and unhealthy looking granulations; the parts around are much thickened, more especially about the ancle, but there is no perceptible periosteal thickening along the shin. The patient is 30 years of age; he has been a resident in warm climates, and has taken mercury freely. He says that the parts inflamed spontaneously, when abroad eighteen months ago, but the ulcer has only existed two months. Linseed meal poultices are applied over the part, and the following medicines were prescribed:

Extract of sarsaparilla, 1 *drachm*;
Decoction of ditto, 2 *ounces, to be taken three times a day*;
Plummer's pill, 5 *grains, to be taken at bed time.*

Permanent Stricture of the Urethra.

The following case affords a good example of stricture of the urethra produced by external violence:—H. W., a waterman, ætat. 24, was admitted on account of difficulty in voiding his urine. The patient states, that about six weeks ago, he fell across the edge of a boat, which, passing between his legs, struck the perineum violently. A considerable quantity of blood flowed from the orifice of the urethra, at the time of the accident, and he continued for some time after to pass bloody urine. In a short time he found an impediment to the flow of urine, and the obstruction went on gradually increasing. At the time of his admission, the urine flowed in a small spiral stream.

A sound was passed without much difficulty into the bladder, but its passage gave considerable pain. There was a tolerably firm stricture at the back part of the bulbous portion of the urethra.

June 5. On visiting the patient to-day, we find that he passes his urine in a full stream. The sound has been introduced almost daily since his admission, and the obstruction appears to be quite removed. The man will leave the hospital in the course of a few days.

Sloughing of the Soft Palate from the inordinate use of Mercury.

Edward Burke, ætat. 33, was attacked four months ago with swelling of the submaxillary gland, for which various remedies were tried, until at length mercury was exhibited, and ptyalism induced a short time before his admission into the Hospital. He was exposed to cold whilst under the influence of mercury, and shortly afterwards was attacked with sore throat.

On examining the throat, we find an erythematous blush pervading the tonsils and back part of the pharynx. At the back part of the soft palate is an ulcer of the size of a shilling, immediately above the uvula. It is covered with a yellowish slough, and surrounded by a dark coloured inflammation. The patient has had no syphilitic affection during the last ten years; the submaxillary gland continues enlarged.

Under the following plan of treatment, the ulcerative process has been arrested, and the parts have assumed a healthy appearance. The ulceration has, however, extended through the soft palate, forming an opening immediately above the uvula.

Extract of sarsaparilla, 1 *drachm*;
Decoction of ditto, 2 *ounces*;
Oxymuriate of mercury, 1-16*th of a grain, to be taken three times a-day.*

A large blister was applied to the throat, and the nitrous acid gargle frequently used.

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* It has long been observed, that after small pox, measles, typhus fever, &c. the bones are often attacked with necrosis.

The only remaining case which we shall notice amongst Mr. Cooper's admission of male patients, is the following:

J. Ball, ætat. 37, of cachectic appearance, has been accustomed to work in damp cellars. About four months ago, he was attacked with rigours, succeeded by fever and pain in the right side. A swelling gradually formed above Poupart's ligament, which continued many weeks. On the day of admission, fluctuation being very perceptible; an opening was made, and a considerable quantity of pus escaped, and a few days afterwards another opening was made. The parts continue to discharge freely; the abscess does not appear to be deep seated. The poor man's general health is much affected. He has cough and expectoration of a suspicious character.

In addition to the foregoing cases, Mr. Cooper admitted a young man with disease of the metacarpal bone of the thumb. This case has given rise to much difference of opinion as to its nature. We have taken notes of present appearances and *present opinions*, and we will report these with the further progress of the case at some future period.

Cancer of the Mamma.

The following case of cancerous disease of the female breast was amongst Mr. Cooper's admissions. It has unfortunately arrived at the stage of ulceration, with extensive glandular disease in the axilla, so that all possibility of relief by an operation is shut out. And all that remains to be done is to palliate symptoms—to smooth the path to death. The patient is 55 years of age, a married woman, but has borne no children. She ceased to menstruate a few months ago. The disease has existed six years, first making its appearance as a small tumour, and it has been in a state of ulceration upwards of eighteen months.

There is a chasm in the left breast, of the size of the palm of the hand; the edges of which are hard and irregular, but not everted. The surface is for the greatest part sloughy. She suffers excruciating pain in the breast. The hand and arm of this side are much swollen and œdematous. The glands in the axilla are a mass of disease, and the glands above the clavicle are also affected.

Since the patient's admission into the Hospital, the hemlock poultice has been applied to the breast, and it has certainly produced a diminution of pain in the part. The surface of the sore looks cleaner, and has now those large hard fungous granulations so characteristic of a cancerous ulcer.

It may readily be conceived that the patient's general health is much affected. She has a cadaverous hue of countenance, with a hectic state of system. The swelling of the left arm has increased since her admission. An opiate is given at bed time, and a bark mixture with acid three times a day.

Disease of the Spine.

The patient labouring under this affection is a sickly-looking child, six years of age. We find on examining the spine, an unusual projection of the spinous process of the 12th dorsal vertebra.

Pressure on the projecting process, or on any other part of the spine, does not appear to excite much pain, nor does there appear to be any other deformity in the spinal column. The child runs about, but appears to be awkward and stiff in his motions, particularly in the act of stooping. The libs are also dragged along in an unnatural manner. The mother states that she has perceived the projection of bone about six months.

(Mr. Cooper on visiting this case strongly impressed on the mother the propriety of removing the child to a healthy atmosphere, and recommended sea-bathing.)

An issue was directed to be made on each side of the spine, with the potassa fusa.

Quicksilver with chalk, 3 *grains*,
Powdered Rhubarb, 5 *grains;*
to be taken twice a week.

A mixture with tincture of bark and small doses of the oxymuriate of mercury, to be taken three times a day. The recumbent position to be strictly observed.

Disease of the Hip.

This is a case of incipient disease of the hip joint, occurring in a young girl and is characterised by the pain evinced on taking any exercise which renders the motion of the hip necessary. She has in addition, great pain in the knee of the affected side. The patient is 16 years of age, and the disease is of one year's standing.

The following plan of treatment has been adopted:

The tartar emetic ointment rubbed in over the joint, so as to produce a copious crop of pustules.

Quicksilver and chalk, 3 *grains*,
Powder of rhubarb, 5 *grains*,
Carbonate of iron, 10 *grains*;
to be taken three times a day.

Tumour on the Ilium.

S. K., ætat. 30, a woman of irregular habits, admitted on account of a tumour on the upper and back part of the left ilium. It is of the size of a hen's egg, immoveable, very firm, and apparently connected with the bone. She has had pain in the back for two years, but the tumour only made its appearance two months ago. Mr. Cooper considers it to be an exostosis, and has directed the repeated application of blisters.

Mr. Cooper admitted two other female cases, one of ulcers occurring in a woman of cachectic habit, on the face and scalp, and apparently owing somewhat of their origin to uncleanliness. This case has been cured by the exhibition of Plummer's pill, and sarsaparilla, with small doses of the oxymuriate of mercury. Poultices to the sores. The remaining case is one of extensive destruction of the parts within the mouth, resulting from the inordinate use of mercury. We shall take occasion to report this case fully.

Operation of Lithotomy.

On Tuesday last, a patient of Mr. Morgan's was brought into the operating theatre, and placed upon the table, for the purpose of undergoing the operation of lithotomy. The stone, which had been readily felt several times before, was not to be felt at this time, and therefore, Mr. Morgan postponed the operation. There was a considerable number of pupils assembled on the occasion; Mr. Morgan shortly addressed them, stating his reasons for deferring the operation.

Successful treatment of Psoriasis Palmaria.

We have lately had occasion to see two cases of this inveterate disease, in private practice, which had resisted every plan of treatment, until at length they were cured by the application of the undiluted nitric acid to the parts affected. In one case a single application of the acid was sufficient, the old cuticle was thrown off, and a new and healthy membrane soon reproduced.

In the second case, the acid was applied twice, sufficient care was not taken to prevent the new cuticle from becoming harsh, and fissures soon formed therein.

It is but right to state that this plan of applying nitric acid for the cure of psoriasis palmaria was suggested by Sir Astley Cooper, and in a case which was some few months since in Guy's Hospital, under the care of Mr. B. Cooper, a similar treatment was adopted with a successful result.

ST. THOMAS'S HOSPITAL.

The following cases were admitted into the Hospital by Mr. Tyrrell on Thursday May 25th. They are few in number and unimportant in their nature, but in compliance with our recently adopted plan, we shall briefly notice them.

Disease of the Hip Joint.

J. B., a delicate looking boy, six years old, has great pain in the hip joint on motion. He lies in bed with his knees drawn towards the abdomen, and on drawing them down, he complains of excruciating pain. He has also one symptom, which is so characteristic of disease in the hip, viz. pain in the knee, the affection is of five months standing. The following treatment has been pursued. Ten leeches applied over the joint; a blister to the same part, and this having healed, the tartar emetic ointment has been applied so as to produce a full crop of pustules.

Quicksilver with chalk, 3 *grains, to be taken twice a day.*

There is also a case of *affection of the hip joint,* occurring in a young man. He received an injury to this part about six months ago, since which he has experienced great pain. Since he has been in the Hospital he has been cupped twice, and blisters have been applied over the hip, from which he has derived much benefit.

The two remaining male cases are *an affection of the tarsal ligaments,* and *strumous ulcers on the leg,* on which it is unnecessary to make any remarks.

JEMMY JOHNSON.

COURT OF COMMON PLEAS,

Westminster, June 21, 1826.

WAKLEY, *v.* JOHNSON

IN our next Number, we shall publish a Report of the Proceedings in this Trial; meanwhile we bid our *friend* and *brother libeller* JEMMY JOHNSON good night.

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE,

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

Lecture XXI.

Affections of the Cornea, continued.

Gentlemen,

The cornea is liable to a loss of transparency, impeding the transmission of light through it. Before I proceed to mention to you the other instances of opacity, as the consequence of disease, I shall notice one change of this kind which appears to be a natural process.

Arcus Senilis, or Gerontoxon.

In elderly persons, at least in those past the middle period of life, the edge of the cornea loses its transparency throughout its whole circumference, and the opaque circle thus formed is called *arcus senilis*. It comes on without any pain or uneasiness, and will proceed at length to render the texture of the cornea, in the part which it occupies, entirely impervious to light. This opaque circle is not situated at the very margin of the cornea, but there is generally a transparent rim which intervenes between it and the sclerotic coat. In some cases the opacity is very narrow, and in other cases it becomes much broader, but I have never seen it interfere with vision, although the opacity has occupied a considerable portion of the cornea, sufficient portion of the central part having been left clear for the transmission of light. It seems to be a natural change in the parts, from causes independent of disease. It shows itself much earlier in some cases than in others, being occasionally seen between the ages of thirty and forty, but usually not until after the latter age, and generally at a still later period. There is no essential difference in the structure of the part; it is not attended by any new growth, nor by any deficiency in the usual density of the part. I can only compare it to the change which takes place in the internal coat of the larger arteries in old persons. We find, on examining the large vessels of old persons, opaque spots or patches on their internal surface, yet no disease is evident during life; a similar change appears to be produced in the cornea; a section made in the arcus senilis unites as well as if the part were transparent.

Opacities of the cornea are generally the result of disease, being produced by inflammation. There is deposition of new matter during inflammation; it becomes organized, and this causes the opaque change. Therefore when you see opacity, you infer that inflammation has preceded, and, generally speaking, the extent of the opacity is in proportion to the violence of the preceding inflammation, but not necessarily so, as there is a certain affection of the cornea, in which the inflammation is rather evidenced by the deposition of new matter, than by any considerable degree of vascular conjestion; so that you have a considerable opacity, without any violent degree of external inflammation of the eye.

The term opacity is a very general one, and includes all the changes which affect the transparency of the cornea; it embraces every possible degree of such change, from the slightest film to the most dense whiteness, like that of marble or chalk. Opacity in the slightest form, we call *nebula*, haziness, or dulness; there is a milky, cloudy, or smoky appearance of the part; a state in which the cornea has lost only a part of its transparency, and the transmission of light is only partially impeded. The other states of the cornea, in which the opacity is more dense in which the change extends through the laminæ of the part, are called *leucoma*, or *albugo*. The term *macula* is applied to small spots or specks. The word in ordinary use for opacity, is film. The colour of the opacity is different in different instances; generally speaking it is of a bluish white, like milk, or grey; it may be pearly or silvery, even with a metallic lustre. It may be a dense white, like that of marble; there is sometimes a yellowish, and occasionally a reddish tint. The slightest opacity opposite the pupil will interfere with vision very materially, while the most dense leucoma near the circumference, is uninjurious to sight.

Treatment of Opacities of the Cornea.

Opacity may be confined to the external or mucous surface; it may be seated in the cartilaginous laminæ, or in the internal serous surface of the part; or it may extend through the whole texture. The former is the most favourable case, and the latter the least so. When the corneal laminæ are affected throughout, we cannot produce much change. Our first object is, in cases where inflammation is present, to put a stop to that disturbance; if we do this, and allow a little time to elapse, we shall find that the opacity will get very much less of itself, the newly deposited matter being absorbed, as inflammatory tumefaction subsides in other parts of the body. In children, the processes of nutrition and absorption are vigorous; there is an active interchange of the component parts of the body, and in them the changes which the cornea undergoes, are very striking; the cornea of a child may be very opaque, but you will find from the natural activity of the absorbent and secreting vessels at that period of life, that it will in a great measure recover its transparency. After reducing the inflammation, and removing from the eye all irritations, after you have allowed time to elapse to see what can be done by the natural process of absorption, you may adopt further measures, with a view to remedy the opacity. The effect of counter irritation by issue, or a seton in the temple, with attention to diet, and to the state of the stomach and bowels, will often be very considerable. The absorption of the opacity may be assisted, after these means have been put in force, by the employment of stimulants or astringents, and the best is a solution of the nitrate of silver, commencing with gr. ii. to the ounce of water, applied to the opaque part of the cornea by a small camel hair brush, and gradually increasing the strength as the eye is able to bear it. The process of cutting round the cornea with the view of cutting off the vessels passing to the opaque part, and keeping up its vascularity and opacity, has been recommended; but I mentioned to you, when speaking of the vascular state of the cornea, that I had little confidence in the efficacy of this mode of procedure, and I certainly have a much greater objection to the practice here recommended, for, in the first place, the vessels of the cornea are derived from the sclerotic, not from the conjunctiva, and if that is considered, I cannot see how the operation can be at all applicable to the opaque state of the cornea.

Some forms of opacity may be remedied, others not. I shall mention to you first such cases as may, by proper treatment, be recovered. There is a general dulness or haziness of the cornea occurring in iritis, and other internal inflammations of the eye; the change appears diffused through its whole texture. There is often a greyish film produced over the cornea in purulent ophthalmia of infants, the conjunctival layer being thickened and loosened by the inflammation; the cornea assumes a pale greyish colour and this appearance will extend occasionally over its whole surface. There is a general nebulous state of the cornea produced in the affection spoken of under the name of *corneitis*. There is further a nebulous opacity accompanied with some degree of redness of the surface, in strumous ophthalmia. Now all these four cases present examples of impaired transparency of the cornea, which admit of complete relief; and in all of them, although the cornea should have become considerably impervious to light, its transparency may be restored by the treatment before pointed out. Indeed, in all these four cases, it is sufficient to remove the inflammation which has caused the opaque change, and the latter will disappear of itself. In the first, and the two last cases, there is general disturbance of the corneal circulation, and interstitial deposition; in the second, the mucous layer alone is the seat of change.

There is another and denser kind of opacity, arising from inflammation of a more serious character than the preceding. The change affects the surface and the corneal laminæ more or less deeply: it is interstitial deposition under considerable inflammation of the corneal texture. It may exist in various degrees, from the slight cloudy appearance of a nebula, properly so called, to the most dense form of leucoma; in the first we find that the change of structure is confined to the external lamellæ of the cornea, whilst in the more dense forms, the whole thickness of the part has been altered in structure. These white and dense opacities will admit of reduction, but you cannot succeed in removing the whole of the opaque spot. They may be occasioned by an escharotic application, such as lime, to the surface of the cornea, or by the deposit of matter, when suppuration has taken place. These are instances, in which opacities of the cornea admit of partial relief, but not of complete cure.

The third description of opacity which does not admit of cure, is that of the firm white shining cicatrix of ulcers. When an ulcer has extended deep into the corneal laminæ, the cicatrix is a permanent white mark; but if it should be superficial merely, just like an excoriation on the surface of the cornea, it will not be seen. Such an opacity is distinguished by its sharply defined margin, and by its shining appearance. The edge of an opacity produced by an interstitial deposit, is gradually shaded off, but here margin of the opacity is distinctly defined. In the severe opacity of the entire texture called leucoma, the organization is so much changed, that it is completely impervious to light, and we can do no good by any treatment as far as regards the state of the cornea. It will depend upon the situation of the leucoma whether the case may be relieved by the operation for artificial pupil or not.

Staphyloma Corneæ.

The cornea is subject to changes in figure as well as to those alterations of texture, which affect its transparency. The term *staphyloma corneæ* denotes an increase in the size of the cornea, almost invariably accompanied by opacity of its texture; it is derived from the Greek word ϛαφυλη, which signifies a grape. This term was originally applied to that projection of the cornea, in which its texture having been weakened by alteration of structure consequent on the inflammatory process, yields to the pressure of the fluids contained in the posterior chamber, and is elevated into a more or less considerable prominence on the front of the eye, the iris being adherent to its internal surface, and stretched out so as to afford it a thin general lining. The term has since been applied more extensively, being given to some other tumours of the front of the eye. In order then that the state of staphyloma should be produced you must have severe preceding inflammation of the eye, involving the entire cornea, and rendering its texture opaque; that inflammation must also have extended to the iris, and caused it to adhere to the cornea; and there must be increased secretion of the aqueous humour to push these unnaturally connected structures forwards. The cornea begins to protrude to a greater or less extent upon the surface of the organ, the eye remains irritable, and is subject to frequent relapses of inflammation; the prominence of the cornea continues to increase, and after a time its irregular and unusual pressure against the lids, causes pain and inconvenience, while on the other hand, it is often mechanically irritated by the edges of the palpebræ and the cilia. Thus, in addition to the deformity of a mishapen opaque eye, frequent attacks of inflammation are produced. After a certain time the globe remains stationary, and the only inconvenience to the patient is from its bulk. This irritation often has a sympathetic influence on the other eye, rendering it weak and irritable, and preventing the patient from using it freely in reading, writing, or other similar occupations.

Cause.—The cause of staphyloma then, is severe inflammation of the organ; but more particularly it is the consequence of severe external inflammation attended by sloughing or considerable ulceration of the cornea. The texture of the latter, weakened by these processes, gives way to distending causes acting from within; and the staphylomatous tumour in such cases is generally of somewhat irregular figure. Purulent gonorrhœal and variolous ophthalmia are the most frequent causes of staphyloma. Common external inflammation may produce it, as may strumous inflammation occasionally; it may also occur as a consequence of iritis.

Treatment.—The treatment of this affection is either palliative or radical; the palliative treatment consists in the removal of the inflammatory action, which may accompany the affection, by antiphlogistic treatment, or by diminishing the volume of the swelling, by puncturing the cornea with a cataract needle, and letting out the aqueous humour. Sometimes, by repeatedly penetrating the cornea, this palliative remedy has been converted into a radical cure, the globe shrinking and becoming quiet; however, it will be necessary, if the patient be subject to frequent relapses of inflammation, more especially if these should affect the other eye by sympathy, to resort to the radical treatment, which is the shaving off the enlarged front part of the eye, cutting away of the staphylomatous protruberance with a common cataract knife; carrying the knife across the base of the staphyloma, dividing the lower half of the cornea first, and then turning the edge of the knife upward, the superior portion should be cut through, the knife should be carried through the globe, on a level with the base of the protrusion. The effect of this operation is, that the globe shrinks, the coats of the globe collapse and form a small tubercle in the orbit, and the lids fall in. With respect to the mode of doing this operation, you will easily see that it is very simple; if you have to operate on an adult, all you have to do is, to carry the cataract knife through the base of the tumour, and cut through its lower half; then take hold of the flap thus made with a forceps, and having turned the knife, cut off the upper part of the flap. You must be careful to have the lids held out of the way by an assistant. If the eye should be very unsteady, you may find it necessary to pierce the fore part of the swelling with a tenaculum or hook, and then cut off the projection as before. It has been advised to pass a curved needle and thread through the tumour, for the purpose of holding it more securely, but the tenaculum or hook is quite sufficient. It is well not to make much pressure on the lids, so as to press out all the vitreous humour, in order that the tubercle which the coats of the eye form after their collapse, may not be too small to admit of the adaptation of an artificial eye. The tubercle, or button, thus formed, is generally divided into four smaller tubercles, corresponding to the situation of the insertions of the four recti muscles. When you look at the portion of cornea removed, you find that it is quite opaque, of a variable thickness, and that the whole of the posterior surface of this distended cornea is lined by the adherent iris. When you make your first puncture into the tumour, the fluid it contains escapes, and that fluid appears to be aqueous humour.

Generally speaking, no severe symptoms follow this operation, but in some cases severe inflammation is the result of it. I have seen very active inflammation succeed the operation, and this happened in the case of the pupil of the Infirmary, who I before mentioned as having a violent attack of gonorrhœal inflammation; he found that he could not pursue his studies in consequence of the irritability of the staphylomatous eye and its influence on the sound one, and he requested that the staphylomatous projection might be removed, although it was by no means considerable. Although he was a person of great firmness, he complained of severe pain on making the division of the parts, and soon after the operation was finished he had very acute suffering come on; the conjunctiva covering the part of the globe which remained, and the conjunctival lining of the lids, became the seat of active inflammation, not distinguishable from the original gonorrhœal ophthalmia which had caused the affection; violent chemosis and purulent discharge came on, with acute pain in the eye and head. He was bled copiously, and the various depleting measures were put in force, although his diet had been low some time before the operation. These measures did not diminish the pain, and we were obliged to give opium largely to relieve it; however, the inflammation subsided, and he ultimately did well. I have seen one or two other cases of inflammation coming on after the operation, but most frequently the inflammation which occurs is very trifling, and it is seldom necessary to do more than to give the patient some aperient medicine, as a dose of calomel and jalap, with some infusion of senna and salts. Scarpa speaks also of inflammation happening after the removal of the tumour, and he advises the method of Celsus. Now the direction which Celsus gave for the removal of staphyloma is much like that which has been advised by more modern practitioners; he advised the removal of the tumour by *deligation* or *excision.* In the former a needle should be carried through the base of the tumour, armed with a double ligature, the ends of which should be tied above and below, so as to embrace the enlarged and protuberant cornea. In the latter case, he says, we should cut away "*magnitudo lenticulæ*," a portion of the size of a lentil seed, and not the whole unnatural prominence. Scarpa recommends, that only a small portion of the cornea should be taken away; but I see no good reason for deviating from the ordinary operation of removing the tumour at its base, inasmuch as severe inflammation is an unusual result of the operation, and referrible to something in the state of the individual, and not to the kind of operation.

When the globe has shrunk up in the socket, you can adapt an *artificial eye* to the tubercle which the contracted coats have formed, and in this way completely remove the deformity. The artificial eye may be obtained to match exactly the colour of the sound eye; it is made of a vitreous substance, similar to that of the dial of a watch; the resemblance is so great to natural appearance of the eye that any person might be deceived, and not be able to say which was the natural or which the artificial eye. It is a concave sort of case, or shell, perfectly smooth and polished on both surfaces; it is introduced by first pushing the upper edge under the upper lid, and then by depressing the lower lid, the lower edge of the eye slips into its place, and what is rather singular the introduction of this body between the lids does not, from the first, produce any irritation or inflammation of the mucous membrane, but is borne very well. Patients can take it out and put it in at pleasure, and they generally take them out at night, which is done very easily by depressing the lower lid, and by raising the lower edge of the eye with a bodkin, or with the end of the nail, and in this way may be very quickly removed; when taken out it should be wiped clean and freed from any collection of mucus which may have formed on it. The artificial eye moves in harmony with the natural one, especially from side to side; the motions upwards and downwards are not so well performed. The muscles of the globe are uninjured in these cases, and remain attached to the collapsed tunics; when the eye has shrunk they continue to act in concert with those of the sound organ, moving the remaining tubercle, and the artificial eye which is supported on it.

Staphyloma may be total or partial; you may have the whole of the cornea elevated into an unnatural protuberance, forming the *staphyloma totale*; or you may have a part of it only projecting, the *staphyloma partiale.* In the total, sight is generally completely lost; the cornea is opaque, and the axis of the eye is greatly lengthened; but in the partial staphyloma, if it does not cover a large portion of the pupil, a considerable degree of vision, or even perfect sight, may remain. If it embrace the entire pupil, or be accompanied with general opacity, it destroys sight altogether. If this partial projection of the cornea should occasion great irritation of the lids, or should affect the opposite eye sympathetically, it will be necessary to deal with it as if the staphyloma were total. According to differences in figure, dependent on some variations in the mode of production, staphyloma has been distinguished into the *hemispherical* and *conical.*

The cornea is sometimes expanded in size without losing its transparency, and without the iris being adherent to it; and that form of the affection has been called *staphyloma pellucidum*, but I think that it ought rather to be placed under the head of hydrops oculi, as it appears to be principally owing to increase of the aqueous humour. The only instances I have seen of this kind have been examples of congenital malformation, and attended with blindness or the most imperfect vision.

The term staphyloma has been applied to unnatural distentions of the sclerotic coat, and they have been called *staphylomata sclerotica;* they occur in those cases in which the internal tunics of the eye have been the seat of considerable inflammation, by which the inner part of the sclerotic has been made thinner, and the tunic consequently so much weakened as to give way in certain places to the pressure of the fluid secreted within the globe. Sometimes the tumour of the sclerotic is larger, at other times the elevations are smaller and numerous, and are especially apt to occur in that part of the sclerotic opposite to, or in the neighbourhood of the ciliary body. You will never see a case of staphyloma scleroticæ excepting when the vision has been lost from internal inflammation.

Conical Cornea.

The cornea is also subject to a mere change of its figure, to a loss of its regular convexity; so that it is elevated into a conical protuberance without opacity, pain, or any preceding suffering, and without any visible change in any of the textures of the eye. The cornea becomes conical, and that is all we can say of it; but this state of the cornea has been called *staphyloma pellucidum conicum*, which at the present time is called simply conical cornea. This change of figure of the cornea comes on slowly, arises insidiously, is developed very slowly, and will require several years to reach its full development. When we see a patient labouring under this affection, we are at first struck with a peculiar brilliance or dazzling look of the eye, the light being reflected in an unusual manner from the altered portion of the cornea. When we survey the eye laterally, we see that the cornea does not present its natural convexity; that it is elevated into an obtuse cone, and that it looks as if a piece of fine transparent glass were placed in front of the eye. The cornea remains perfectly transparent, and there is no apparent deviation from its natural structure; the iris is natural; the pupil is natural; the external surface of the eye perfectly natural; in short, there is no other alteration in the eye but this change of figure in the cornea. In the first stages of the complaint, it is therefore difficult to ascertain its existence; we notice it from the before-mentioned dazzling reflection of light. This change in the figure of the cornea interferes with the transmission of light, the focus is altered and the patient is rendered myopic, or near sighted; he brings the objects which he is desirous of examining much nearer to the eye than a sound eye requires. The degree of near-sightedness becomes more and more considerable as the disease advances, so that at last the patient can only read at about the distance of an inch from the eye, and he holds what he has to read towards the side of the eye, not in front of it, which is very easy to explain since the circumference of the cornea is the least altered. When the complaint has gone to the length of elevating the cornea into a decided conical protuberance, which generally occupies, as I have before observed, some years, it will remain stationary for a long time. The cornea, from the great distention and the irritation produced by the friction of the lids, will become opaque, and this opacity will be found to be more dull at the apex than at any other point. This change may go on in one eye without at all involving the other, and so little inconvenience does it occasion at the commencement, or even after it has made some progress, that the patient only discovers that there is any thing amiss in his eye by shutting the sound one, or by some other such accidental way.

It occurs in young and healthy subjects in whom we can detect no evidence of any general affection of the system to which this local change can be referred; I have seen it occur in healthy country girls, and it is certainly a more frequent affection in women than in men. With respect to its frequency, it must be admitted to be a very rare affection, for it is not mentioned in the great work of Beer; Professor Himly of Gottingen, who has a very extensive practice, has never seen a case of it. I have seen not fewer than thirty or forty cases of this affection; so that it would appear to be, comparatively speaking, a frequent occurrence in this country. We do not know whether the cornea is thicker or thinner than it should be; I have punctured it to evacuate the aqueous humour, but without deciding the question. There is evidently an increased secretion of the aqueous humour, and it is supposed from that circumstance that the cornea must be thinner, and that it has yielded and given way in its centre. We cannot, however, suppose that the cornea could be extended by the pressure of increased secretion, without the occurrence of pain or redness, or changes in the state and position of the iris and other internal parts.

If we find it occur in a healthy young female, living in the country and in perfect health, we are unable to ascribe any cause for it; and it is in patients of this kind that we most frequently observe it. If we do not know the cause of the affection we must be very little prepared to propose any rational plan of treatment. I do not know that I can say that I have seen any treatment productive of benefit. During the progress of the complaint, the use of concave glasses will very much assist the sight, and if any pain should attend the affection, we must have recourse to such local measures as the state of the organ may seem to point out. The eye should be used sparingly, and blood taken locally. A young woman came from Oxford to the Infirmary, who laboured under this conical cornea; she had some symptoms of congestion about the head which were relieved by cupping, and the sight was assisted by using concave glasses. Astringents have been recommended to be applied, and have been applied externally, as a solution of alum and other things, but I am not aware that they have been attended with any benefit, nor can I see how any advantage could be expected from them from an *a priori* view of the case. An old clergyman, who was the subject of this affection for nearly thirty years, was enabled to continue his duty in the pulpit with tolerable accuracy up to the time of his death, which happened when he was about seventy. The apex of the cone had become opaque in his case; the opacity was diminished by the solution of nitrate of silver; and he employed belladonna to enlarge the pupil. It has been proposed by Sir William Adams to perform the operation for cataract by solution as a remedy for this affection. In this case the refractive power of the eye is increased by the unnatural convexity of the cornea; and his object was, by getting rid of the lens, to counterbalance that increased refraction. I should not think of proposing any such operation, unless the affection had gone so far as to make the eye useless; and I should then expect no good from it. The proceeding has not been employed with advantage in any instance. All that can be said of conical cornea is, that we do not understand its pathology, that its causes are totally obscure, and that we know no treatment capable of remedying it.

REVIEWS FROM THE WEST.

An account of the Morbid Appearances exhibited on dissection, in various disorders of the Brain; with Pathological Observations, to which a Comparison of the Symptoms with the Morbid Changes has given rise.—By THOMAS MILLS, M.D. Dublin. J. Cumming, and Hodges and M'Arthur, and Longman & Co. London, 1826.

THE medical press of Dublin is a lady of the most exemplary continence. Except indeed that she now and then coquettes with a quack, or yields to the solicitation of some young professional gallant, she might well be included among the *hic vel hæc* entities of the epicene gender. Besides these profligate authors of puffs and pamphlets, and the occasional tyro just clothed in the *toga virilis* of a license, eager to try the virility of his genius, her ladyship has few established favourites in the city, on whom she periodically confers the honour of literary parentage. Amongst these prurient admirers of her charms, Mr. Mills holds a very high place in her affection, and has made her a mother the greatest number of times; the production with the queer name at the top of the page, being, we believe, the seventh offspring with which it has pleased heaven to bless the nuptials of this fond couple. The amour, of which the present work is the result, has been going on for no less than sixteen years, as the good man informs us, so that we might expect nothing short of a Hercules from such a protracted gestation. But we must permit *papa* himself to instruct us with the history of the transaction:

> "About sixteen years ago I began to investigate the source of disease, and the cause of symptoms through the medium of morbid anatomy. My plan was, to note the symptoms, and the effects of the remedies; and after death, the appearances upon dissection. At the dissection I was always accompanied by one, two or three medical gentlemen; and it was my uniform practice to take down in writing, at the time, the account of the morbid changes from the lips of the examining surgeon; this account, on my return home, I copied into my note book, and, then, the whole case being clearly before me, and my mind full on the subject, I wrote down the sentiments to which it gave birth."

Now, reader, is not this a truly edifying account of the process of generating a book? Only just observe the systematic accuracy with which the deed was perpetrated; first, noted down the symptoms; next, the effects of the remedies; then, being provided with witnesses, the appearances presented on dissection; afterwards, copied out the whole into a note book, at home, too; and with his mind full of the subject, wrote down the sentiments to which it gave birth. And yet we believe this is the usual course followed in the manufacture of a volume, though one would really suppose, from the punctuated conciseness and serious manner with which Mr. Mills propounds the matter, that there was something peculiar in his method of bringing an octavo into the world. We can assure him, however, that there is nothing uncommon in his mode of literary procreation, except indeed the superfluous simplicity of obliging us with a secret, "*lippis et tonsoribus notum.*"

This specimen we hope will satisfy the curious about the "Introduction;" besides which we are favoured with a "Preface," though for the life of us we cannot divine any reason why, in this instance, "two birds might not have been killed with one stone." The latter gravely bespeaks our attention thus:

> "Several cases and dissections are here detailed of hydrocephalus, cephalic fever, apoplexy and epilepsy. These are considered distinct and independent diseases, requiring a distinct and peculiar mode of

treatment; yet when we attentively examine the phenomena and course of each, when we compare them, one with another, and witness the morbid appearances exhibited in all, and the effects of the same remedies, we shall be compelled to acknowledge that these diseases are closely allied, and, in the true spirit of philosophical research, be disposed to allow that the morbid actions, which produce effects so alike, cannot in their nature be dissimilar. In regard to these disordered actions, various modifications must occur, proceeding from the intensity and variety of the cause; the constitution, age, sex, previous habits and diseases of the patient, the condition of the atmosphere, and other incidental circumstances. It is a remarkable fact that these diseases pass and repass one into the other: epilepsy, for example, often terminates in apoplexy, and apoplexy in epilepsy. Cephalic, or typhus fever, sometimes passes into apoplexy, sometimes into epilepsy, but, most frequently into hydrocephalus; and hydrocephalus is often accompanied in its progress by an apoplectic or epileptic paroxysm. The phenomena of these diseases likewise merit the serious attention of the reader; in each he finds the prominent symptoms to be headache, delirium, stupor, coma, sense of weight, or fulness of the head, vertigo, tinitus aurium, convulsions, paralysis of the sphincters and other muscles, all which are indicative of disordered actions of the vascular system of the brain, and of a disturbance of the sensorial functions. To these symptoms we may add a pulse varying in strength, frequency and irregularity, a varying temperature of the skin, and an irregular state of the secretions. To these remarkable circumstances I shall subjoin the appearances most commonly discovered in the brain on dissection, viz. effusion of serum, coagulable lymph or blood, thickening of the membranes, rupture of blood vessels or formation of purulent matter. Nor can we pass over in silence the remedies usually employed, with a view to the cure of these disorders, which consist, for the most part in bloodletting, general and topical; in blistering; in the exhibition of aperients, mercurials, antimonials and sudorifics, and in the use of counter-stimulants. Further, in regard to their prevention, we find all practitioners agreed as to the propriety of adopting the same regimen, and of adopting one or more drain from the head or in its vicinity. I now beg leave to submit these matters to the consideration of the reader, and then I would ask, can these disorders of the brain be looked upon as distinct and independent, requiring a distinct and peculiar mode of treatment."

As we live, Mills, there is but one disease, and thou art its prophet!—Here we have the same old tune of pathological identity over again, with new words and accompaniments. The chemists threw the world into an alembic, and found it to consist of only carbon, hydrogen and oxygen; Mr. Mills by another analytical short cut, has discovered that all the phenomena of cerebral disorders are referrible to the agency of a something, which he calls a "morbid action." When this little fiend makes his way into a man's head, no matter how, when, or where, it is a mere chance and not all to the point, whether he amuses himself by opening a blood-vessel, varnishing the hemispheres with purulent matter, spilling a few ounces of serous fluid into the ventricles, or gluing up the membranes with a cement of coagulable lymph. At one time we find him keeping a man forty years a maniac; at another, killing him without a moment's warning; or now and then tripping up his heels in a fit of epilepsy; or drowning life with a deluge of hydrocephalic water. *Omnia transformat sese in miracula rerum;* in short, this mischievous elf is a perfect Proteus, and not unlikely may have afflicted our author with the malady of writing this singular book. But to be serious; our readers may recollect that we some time ago noticed a desperate attempt made by Mr. Mills to deprive no less than a dozen or so of diseases of independent existence, and he is now about to dispose of three or four others in the same compendious manner. We then ventured to inform him in other words that similitude, however perfect the resemblance may be, does not constitute identity, no more than we could be Dr. Mills though we might be as like each other as two quaker hats; that the same medicines having cured two complaints do not make them one, no more than silver and lead are the same metals from being smelted out of one mass by the same fire; and that dissection, though often presenting a similar state of parts in different disorders, not only did not prove these disorders to be the same, but that dissection in many cases showed nothing at all that we can understand. If, indeed, as Mr. Mills would have us believe, we saw post-mortem appearances preceded even by symptoms nearly alike in those diseases of which he treats, we should willingly accede to his conclusion that "morbid actions which produce effects so alike, cannot, in their nature be dissimilar;" but we have never observed the regularity of cause and effect discoverable in his dissections. In fact we think less information is to be attained of the "cause" of disease from this Hebraic system of reading its course backwards by anatomy, than most persons imagine, though perhaps it is the only plan left us to follow. We shall now lay a few of Mr. Mills's cases before the reader.

Case of Hydrocephalus, with a protrusion of the Brain.

"Master R., æt. nine months, labours under the following symptoms—uneasiness and fretfulness; frequent moaning and sighing; retching and vomiting; tossing of the hands and arms; diminished appetite; stupor occasionally; irregular fever; irregular state of the bowels; wasting of flesh; convulsions. From the birth of this child, a tumour of the size of a small gooseberry has existed immediately below the os frontis, which occasionally appears and disappears. Death on the 8th March, after a trial of the usual remedies.

Dissection.—Dura mater remarkably adherent to the internal cranium. Fontanelle-ossification, very deficient. Serous effusion between the arachnoid membrane and pia mater. Venous turgescence in the vessels of the surface of the brain. Lateral ventricles contain about two ounces of watery fluid. Plexus choroides, highly vascular. There is an aperture of the size of a sixpence between the lower portion of the frontal bone and the nasal bone, through which a protrusion of the cortical substance of the brain occurred, and formed a tumour externally of the size of a gooseberry. This tumour was formed by a morbid growth of the cortical substance of the brain, and was covered with the arachnoid membrane, the pia mater, and a prolongation of the dura mater; it existed from the birth of the child; was removeable by pressure; would disappear on yawning, and be violently protruded by crying or coughing.

Comment.—"Was the protrusion of the brain, in this instance, owing to a morbid growth of its cortical substance, which prevented the formation of bony matter? or did it proceed simply from a want of support, in consequence of defective ossification? Different opinions of the nature of the tumour, were entertained by different practitioners; by one, the disease was denominated nævi materni; by another it was considered as a watery collection; by a third, as a fungous or fatty matter; and by a fourth, a portion of the brain itself. The dissections proved, that it consisted of the cortical substance; compression by means of an elastic steel instrument, was employed for the removal of this tumour; on applying which, it was often observed, that the child, though immediately before lively, sunk into a state of stupor. May not the propriety of the practice be therefore questioned? May not the pressure have deranged the circulation of the brain, causing excitement and conjestion of its vessels, thereby giving rise to serous effusion into the ventricles, which was the cause of death."

Case of Hydrocephalus, with Inflammation of the Alimentary Canal, accompanied by an extraordinary lusus naturæ; the want of an Hepatic Artery.

"On the 16th of April, 1822, I was called on to visit an infant child, seven days old, of Mr. G——'s, Upper Gardener Street, where I met Dr. Douglas in consultation:—the skin and the tunica conjunctiva of the eye, had a jaundiced appearance; the pulse was feeble, frequent and irregular; there was frequent opening and shutting of the mouth; there was coma and vomiting; the fæces were fluid and of a light yellow, and pain was excited on pressing the abdomen. During the night of the 16th, the child died; when born it was fully formed, and had a healthy look; it was spoon-fed. Considerable emaciation took place on the 5th and 6th days after birth, when it became fretful and heavy, and vomited its food."

Dissection.—"Liver of a dark colour, harder and smaller than natural: it is adherent to the peritoneum lining the parietes of the abdomen, by very minute filaments. Gall-bladder seems imbedded in the liver, and so small, that it would not contain a drachm of any kind of fluid; it is in part filled with a substance resembling meconium. Peritoneum partly transparent, and partly of a vermilion colour. Stomach, internally and externally, exceedingly vascular; in some places of a dark colour, in others of a dark red. Intestines; their external coat has the same appearance as that of the stomach, but their internal is whitish and natural. Heart and lungs sound. The scalp and the surface of the brain exhibit a high degree of vascularity; by accident the meninges and ventricles were laid open, and the quantity of fluid contained could not be ascertained; but at the base of the brain, about an ounce of watery fluid was detected of a bloody colour. The hepatic artery was wanting."

Comment.—"This is an extraordinary *lusus naturæ;* I have never witnessed a second instance of this kind. The gall-bladder was filled with a substance resembling meconium; the liver was turgid with blood, and yellowish; the fæces were of a light yellow; a secretion of bile may therefore take place, independently of an hepatic artery. - - - It is scarcely necessary to state that the morbid appearances here enumerated sufficiently account for the phenomena, and the death of the patient. To the want of the hepatic artery may be ascribed the dark colour and diminished size of the liver."

An extraordinary case of recovery from acute Hydrocephalus.

Master E——, ætat. 9, a fortnight ago, without any cause, complained of head-ache, nausea, and a diminution of appetite, followed by alternate chillness and heat, and accompanied by a frequent varying pulse, a foul tongue, thirst and restlessness. Leeches have been applied to the temples, and calomel, aperients, the saline julep, and blisters have been employed without affording any relief The pain of the head is now acute, the temples throb; the face is flushed, and the eyes are suffused. Pulse 121, and strong; skin hot and dry; tongue foul; bowels free; fæces of a greenish yellow; urine high coloured; V. S. ℥viij. Cal. et pulv. Jacob. Mist. cathart. En. purg. Oct. 21, Blood slightly buffed and dense; temporary ease from the bleeding; delirium; restlessness; fæces greenish and yellow; urine, turbid; pulse 130, hard; affection of the head still violent. Hirud. xx. temp. Cr. med. Oct. 22, Head relieved for a few hours, by the leeches; symptoms as violent as yesterday; wild expression of countenance; Vesic capit. abras. V. s ℥viij. Cr. med. Oct. 23, Moaning, screaming, acute head-ache, alternate paleness and flushing of the face, skin hot, and partially moist, fæces greenish, and at times passed involuntarily, belly soft. Hirud. xv. tem. Cr. cal. et pulv. Jacob. En. purg. Oct 24, No alleviation of the symptoms: pupil of the left eye contracted, that of the right dilated, but both sensible to light. Vesic. front. Cr. med. Oct. 25, Pulse irregular, tense and frequent; skin, somewhat cool and constricted; moaning and screaming, 'Oh! my head!" involuntary dejections. Cr med. October 26, High delirium, restlessness, skin hot and dry; sight of left eye apparently lost, pupil of right eye dilated, yet sensible to light, pulse slow and intermitting; moaning and sighing; involuntary dejections, convulsions of the extremities. Hirud. xvj. temp. Vesic. Nuchæ. Con. pulv. Jacob. et cal. Oct. 28, Deglutition difficult, involuntary dejections, tossing and rolling of the head, pulse frequent, loss of the power of speech. En. purg. P. Jacob. cum p. rhei. Oct. 29, Nearly as yesterday, pulse feeble and intermitting, occasionally a little of James's Powder and rhubarb is swallowed. Oct. 31, No alteration of the symptoms. Cr. p. Jacob. et p. rhei. Nov. 3, Considerable flow of urine, temperature of the skin more equable, expression of countenance at one time wild, at another idiotic, speech indistinct. Nov. 6, Some alleviation of the symptoms, fæces yellowish and green, urine in large quantity, pulse more regular and soft, pupils more sensible to light. Cr p. Jacob. et p. rhei. Nov. 10, Some return of rest, sighing, moaning and screaming diminishing, skin soft, takes a little food. Cr. med. Nov. 18, Expression of countenance still idiotic, gradual restoration of sight, seems to suffer much from mortification of one of the hips. Nov. 21, Speech still indistinct. Cr. med. Nov. 30, Speech and vision more distinct, gradual amendment, irritation from a foul ulcer on the back and hip. Dec. 10, Weak and delicate, both in mind and body. Dec. 21, Better in every respect. 1815. Jan. 12, Is still confined to bed by the sores, but there is an evident amendment both of body and mind."

Our space does not permit us to indulge in farther quotation, except to present the reader with the following corollory deduced from upwards of two hundred pages of cases, commentaries and dissections. Any thing, in the way of medical reports, more slovenly executed, more silly as to observation, or more inconclusive in argument, we never read than these disjointed paragraphs, or little islands of print, floating in an ocean of margin.

> *Conclusion.*—"The similarity of the morbid changes observed in these dissections, tends to confirm what has been advanced respecting the similarity of diseases, of which these changes have been the result; for if in the phenomena of inanimated nature, connexion between cause and effect is so close that we argue an identity of cause from observing an identity of effect, shall not the same mode of argument be applicable, as we rise in the scale of creation, from the inanimate to the animated world? Shall the links of the great chain which binds cause and effect be here rent asunder? or, rather, shall we not suppose that they become, if possible, bound more closely together? that the same admirable simplicity remains, and that; therefore, where the same effects are produced, we are authorized in concluding that the same causes produce them?"

Mighty master of the comma, hyphen, and note of interrogation! hast thou been lately in the "mists of the hill" with Ossian, strutting through the declamations of Goldsmith's "animated", and St. Pierre's "Harmonies," of nature; or, on a rhetorical incursion through the tomes of Sterne? for if in the phenomena of writing with a goose-quill and infusion of galls, connexion between cause and effect is so close that we argue an identity of cause from observing an identity of effect, shall not the same mode of argument be applicable, as we rise in the scale of composition from inditing common sense, to nonsense?—Shall the links of the great chain which binds an imitation to the original, be here rent asunder?—or, shall we not conclude that the morbid style, and mysterious punctuation observable in thy pages, tend to confirm what we advanced respecting thy late perusal of the above authors, whose faults thou dost mimic so abominably? Fudge! Mr. Mills: why should the effusion of blood, pus, serum, or coagulable lymph be set down to the operation of the same cause? for then what becomes of the axiom, "that similar causes produce similar results," since in this instance we have effects of the most contradictory nature produced too, as you tell us, by one and the same cause? Take that state of a part which generates pus, for example, and are you prepared to say that this part is in the same condition, as when it effuses serum? You hint indeed, pretty plainly, that your "cause" of disease, is inflammation, and that the phenomena enumerated are well known to be its terminations; but we have seen, times without number, pus, serum, coagulable lymph, and adhesion produced when there was neither pain, heat, redness, swelling nor any other character present by which inflammation is known to exist. When a case, of whatever kind, ceases to be unerring in its operation, one would think there must be some alteration to account for the change of the product. Yet Mr. Mills imagined that his fabric was founded upon the converse of this proposition, though it is evident he did not understand its tendency to demolish his own system. For particular information, he favours us with a "morbid action" of unlimited operation, and forces his way to a conclusion, through a phalanx of the most discordant premises. We wish to know what air that is, and he tells us, "it is music, or a modification of sound." We would be informed of the exact hour of the day, but instead of counting the seconds on his watch, he points to the sun, and ejaculates—"ETERNITY."

FOREIGN DEPARTMENT.

ANATOMY.

In a former Number (vide LANCET, Vol. X. p. 212,) we laid before our readers an account of the inauguration of the *Anatomical Society of Paris*, and premised to notice the result of its labours. The society publishes a *bulletin** every month, and in those which have already appeared the following facts are to be found.

Case of Diaphragmatic Hernia. By M. Aug. BERARD, interne à la Salpetriere.

IN dissecting this year a female subject I found at the superior parietes of the abdomen, on a level with the space left between the anterior fibres of the diaphragm, two round openings separated by the suspensory ligament of the liver, and communicating with two cavities into which the peritoneum was continued. The cavity situated on the right side of the ligament was of the size of a common thimble; the left was larger and much deeper; they contained no viscera. On examining the chest, several fatty tumours were observed on the sides of the pericardium, and these hung over into the right cavity of the pleura. One of these tumours received into its interior the larger of the two which passed through the diaphragm. It separated in this way the peritoneum from the pleura, excepting at its base, where it became exceedingly thin, and the two serous membranes were in union.

The dissection of these parts showed that the hernial opening was situated between the anterior edge of the centre of the tendinous portion of the diaphragm and the ensiform cartilage, that the triangular space between the anterior fibres of the diaphragm had been increased by the absence of the muscular fibres which are usually inserted into the cartilago ensiformis. The empty state of the hernial sacs, their cylindrical form, and lastly the presence of a fatty tumour at the extremity of the sacs, are sufficient to lead one to conjecture at the mechanism of their formation. It is probable that an adipose mass adhering to the peritoneum and situated in the anterior mediastinum, being carried into the right cavity of the pleura drew along with it the peritoneum; and that with the greater facility as no muscular fibres existed in this part to offer an obstacle to its displacement. This is exactly analogous to what takes place in the other cases of adipose tumours exterior to the peritoneum.

Up to the present time, but one well detailed case of diaphragmatic hernia is known in which the peritoneum was elongated across the hernial opening. This case has been described by my brother, and is inserted in M. Ollivier's translation of Scarpa's work on hernia.

Case of softening of the left Corpus Striatum. By M. BRIERRE, M.D.

The patient, just prior to death, was the subject of hemiplegia of the right side; sensation and power of motion were nearly gone, particularly of the right leg. On examination after death, no other organic lesion could be discovered, excepting in the left corpus striatum, which was red, and very soft, and the thalamus opticus of the same side, which had undergone a similar change.

Contraction of the Urethra.—M. Lenoir presented to the Society an urethra, in which there was a contraction about three inches from the mouth to such a degree, that the stile of a catheter could scarcely be introduced. The contraction appeared to have been produced by the cicatrization of an ulcer, which had previously affected the mucous membrane of this passage. The portion of the urethra extending from the mouth to the contracted part was red; that, on the contrary, from this place to the neck of the bladder, was white and perfectly healthy.

Origin of the Lachrymal Nerve.—At the last meeting of the Society, M. Amussat shewed a preparation of the nerves of the eye, in which these could be distinctly seen. 1st. On the left side two branches of communication between the nervus patheticus, and the frontal branch of the ophthalmic, situated immediately before and above the origin of the lachrymal nerve. 2dly. On the right side one nervous filament only establishing the same communication, but between the pathetic and lachrymal branch; this last nerve always arising from the lower part of the ophthalmic branch, Meckel appears to regard the anastomosis of the pathetic with the ophthalmic branch as constant, without mentioning whether it takes place with the pathetic itself, or one of its branches.

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* *Vid. Nouvelle Bibliotheque Medical for February, March, &c.*

M. Lenoir called to the recollection of the Society, that this anastomosis had been a long time drawn by Soemmering in his *Icones Oculi Humani*; but that this anatomist regarded it as very rare, having only once met with it. The extreme rareness of this anastomosis, he (M. L.) disputed, for having had frequent occasion to dissect the human eye, had met with it three times; once he saw the communicating branch of the pathetic extending to the origin of the lachrymal nerve.

From these facts, M. M. Manec and Lenoir think that M. Amussat has been led into error by this anatomical disposition, and that he has probably taken for the origin of the lachrymal nerve, what is merely anastamosis.

Erosion and complete destruction of the Epiglottis.

The larynx of a man, respecting whom I could learn no particulars, was presented to the Society, and no trace of the epiglottis was to be discovered. This fact proves that deglutition is exercised without the epiglottis, and under this point of view may be brought in support of M. Magendie's opinion. But it is a pity that no information could be obtained on the manner in which this was performed; more particularly, because M. Cruveilhier saw a patient in whom the epiglottis was destroyed, and who could swallow neither liquids nor solids, although he could take into his stomach soft substances. A similar case is cited by Rudolphie, in the second vol. of his physiology, (p. 378.) This physiologist makes the following observation, on the epiglottis: "Magendie's observation, that the epiglottis does not serve as a protection to the larynx in order to prevent extraneous matter getting into it during eating and drinking, admits of being easily refuted. That the animals which possess strong muscle for the purpose of closing the rima glottidis, and which breathe differently, have no epiglottis, has nothing to do with the present case; the question being in reference to the epiglottis where it does exist. If Magendie, in the experiments where he removed from a dog the epiglottis, observed no great mischief, still some was produced;" and C. Theoph. Fr. Reichel (*Diss. de usu epiglottidis, Berdt.* 1826. 8.) found in his experiments with animals, on the removal of the epiglottis, impediments occur in the taking of food. But we do not stand in need of the proof afforded by animals, as this unfortunately too often occurs in man. Kohlrausch sent me the larynx of a man who died from laryngeal pthisis, where the epiglottis (to within a small portion of the basis,) is destroyed: this person would swallow, but with great difficulty, and he was obliged to mix his fluids with solid substances into a paste, without this prescription he would never have been able to take them into the stomach. Several instances of this difficulty of swallowing in laryngeal pthisis are mentioned by Wilh. Sachse.—See *Beiträge zur genaueren Kenntniss, und Unterscheidüg der Kehlkopfs und Luftröhrenschwindsucht. Hannove* , 1821. 8.

PHYSIOLOGY.

Monstrosities.[*]

M. Hilaire announced to the Academy at the Sitting on the 3d of April, that he had instituted at Auteuil, where they carry on with success artificial incubation, a series of very curious experiments, in which he has succeeded in producing different monstrosities. One of these had in particular engaged his attention, viz. that which presented only the development of one cerebral lobe, situated on the mdian line. M. G. St. Hilaire produced this monstrosity at pleasure, in separating one half of the egg from all atmospheric contact; this he did, by plunging this half in melted wax, and letting it cool, taking care not to effect any ulterior movement. From this fact, it would be curious to recognize what is the chemical influence which the air exercises on incubation; every thing leads one to imagine, that the light may exercise some part in this act. Let the case be as it may, this intelligent naturalist believes that all the varieties of the *gallinæ* are to be attributed to accidents bearing an analogy to those which he has produced by artificial means, and that these varieties perpetuate themselves afterwards by generation.

At the Sitting of the 16th, this same physiologist gave an account of some new experiments which he had undertaken for the purpose of producing artificially different kinds of monstrosities, and from which he had ascertained, that the interception of the external air from one half of an egg by the melted wax, does not always give rise to so constant an effect as he had at first imagined, but that different monstrosities are produced in the same way.

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[*] Revue Medicale. May, 1825.

COURT OF COMMON PLEAS.

Before the Chief Justice and a Special Jury.

Plaintiff's Counsel,
Mr. Denman and Mr. F. H. Kelly.
Attornies—Fairthorne, Lofty & Co.

Defendant's Counsel,
Mr. Serj. Vaughan and Mr. Serj. Wilde.
Attornies—Milne and Parry.

Wakley *v.* Johnson, M.D.

Mr. F. Kelly opened the pleadings. This was an action of libel, to which the defendant had pleaded *Not Guilty*.

Mr. *Denman* stated the case to the Jury. This was an action, as they had already learned from the opening of his learned friend, which the plaintiff had brought to recover compensation for a libel that the defendant had published concerning him. The libel was one of that nature, which no man, who valued his reputation and character in society, or his own feelings as a man, could quietly submit to—it was a libel that was calculated to excite his honest indignation, and to determine him to adopt that course by which alone he could be protected, namely, to come into a court of Justice, and by offering the defendant the means of substantiating what he had stated, to vindicate himself from those gross calumnies which had been heaped upon him, and which the result of this day's investigation would prove to be unfounded. The defendant had the means of proving his statements offered to him; if he did not prove them—nay, more, if he did not take any step towards proving them, he, and not the plaintiff, would quit the Court with disgrace—with the disgrace of having asserted that which he could not attempt to support by evidence. The facts of the case were these. The plaintiff was the Proprietor, and Editor of a Weekly Medical Publication called The Lancet, and it was probably that circumstance, and the success of that publication, which had given rise to the spleen of the defendant, and occasioned those scandalous and libellous effusions with which the defendant had thought proper to attack the reputation and character of the plaintiff. The defendant was the Editor, and he believed the Proprietor, of another Medical Publication, which appeared every quarter, and was entitled "The Medico Chirurgical Review." It was a work of very extensive circulation, being read by men of the medical profession, not only throughout Europe, but also in America. Indeed, it was, as he believed the defendant had himself stated, not only in the libraries, but on the tables of all the leading members of the medical profession. In the year 1823, the plaintiff established the publication to which he had before alluded, and the fame which it speedily acquired, the skill with which it was conducted, and the sale it obtained, seemed to have made the defendant imagine that it formed an instance of powerful rivalship to, and interfered with, his own publication, and he disliked it accordingly. It was impossible otherwise to account for the violent aspersions of the plaintiff, which had appeared in the defendant's Review, and which had compelled the former to appear in Court on the occasion. It seemed that the defendant had resolved to put down the plaintiff and his publication, and not being able to do so by the means of free discussion alone, he resorted to the course of publishing against him a tissue of foul and libellous attacks of the most scandalous nature. In the year 1820, the plaintiff married, and took a house in Argyll-street, where he exercised the profession of a surgeon. Some time afterwards that house was unfortunately burned to the ground, and all the plaintiff's property was destroyed. The fire happened when the plaintiff's wife was in the country, and when only the plaintiff and two servants were in the house. When the plaintiff first entered on the house, he had insured his property in the Hope Fire Insurance Office; and when this calamity, which deprived him of all that he possessed, happened, he claimed compensation from the Insurance Office for the loss he had sustained. That claim they thought fit to dispute, and the matter was brought before a Jury, the Insurance Office thinking proper to question the manner in which the fire had been occasioned. After a very severe and painful examination of all the circumstances, that Jury was fully satisfied that the plaintiff's claim was well founded. All doubts upon the subject were wiped away, and all suspicion was put at rest by their verdict, and the occurrence was never afterwards mentioned, but as a subject of commiseration for the plaintiff's misfortunes, until after the plaintiff had begun the publication of The Lancet, when the embers of that unfortunate affair were again raked together, and the very Phœnix of slander was, by the power of the defendant, made to rise out of them. It appeared, that there had been a meeting of surgeons convened for the purpose of considering some abuses said to exist with regard to the management of the College, and in the proceedings of that meeting the plaintiff took a part. That meeting, and the course pursued by the plaintiff at it, had given rise to a tissue of scandalous and libellous effusions, which had been directed by the defendant against the plaintiff. The first of these appeared under the form of an answer to, or rather a remark on, a letter purporting to come from a correspondent, who had signed himself "Atropos." Perhaps he might here be permitted to make an observation on the trick thus practised by publications of this kind. The correspondent was not unfrequently the editor himself, and he sometimes condescended to write himself a letter, in order that he might thereby have a good pretence to answer it. The name of Atropos appeared to have been chosen for its peculiar reference to the medical profession, the members of which were supposed to have an intimate connexion with the third of the Fatal Sisters, by whom the length of our thread of life was determined. In the course of this paragraph, there was no mention made of the plaintiff's name, but the allusions rendered it impossible to be mistaken in the person to whom it referred. The article was headed, "To those whom it may concern;" and then proceeded as follows: "The letter of Atropos came to hand, full of friendly offers and insidious counsel—'Timeo Danaos et dona ferentes.' We suspect that it comes from the enemy's camp. At all events, we want no assistance of the kind proferred. It is not with such weapons as Atropos would furnish that we have hitherto maintained our ground; and we do not mean to change our mode of defence. We regard it, indeed, as a piece of peculiar good fortune to escape the praise, and daily receive the vituperation of the outcasts of medical society—of men, who have been accused of arson, convicted of libel, cast in a court of equity, as literary robbers, and driven from the practice of a profession which they have disgraced—of men, who first attracted notice by obscenity, and can only maintain it by slander—of men, whose instinct prompts them to prey on garbage, and, as literary scavengers, to fling their dirt at every passenger." The jury would find that these charges were not to be supported, that, in fact, they were groundless aspersions, intended only to injure the character of plaintiff; but what would they think of the man who made these charges, going on with his description in these terms: "Of men, whose courage consists in openly rifling the intellectual property of others, and abusing those whom they have robbed—of men, whose main talent consists in the art of *legerdemain* pilfering, and of pandering with most sagacity to the meanest passions—of men, whose liberality of sentiment is freedom from every scruple of conscience, or principle of rectitude—of men, who have never evinced, because they do not possess, one particle of professional knowledge beyond what they picked up in the Lecture-room—finally, of men, whose organized system of defamation will mark an era, and fix a stain on the history of medicine, in the country which had the misfortune to give them birth!" The Jury might mark the defendant's horror of defamation—they would say whether or not he had been actuated by that feeling when he wrote that libel. Whether Ireland or Scotland gave birth to that gentleman, he could not tell; but whatever might be the country which "had the misfortune" to give him birth, it did not appear that his instincts prompted him not to prey on garbage, or that he disdained to do that which would entitle him to the character he had drawn. The first libel concluded thus: "Such are the men whose unremitting ire we have called forth, and whose ire, we trust in heaven, will never remit, till malignity work (and work it will) the maligner's fall;" a prophecy which, whether the defendant meant it or not, he would find this day fulfilled at his own expense.

That, however, was not all the libellous matter, for if it had been, it would have been left to that contempt which libels always merited, but which sometimes was not the only treatment they ought to receive. The defendant had chosen to write another libel in the same publication, in which he had thought fit to go into those unfortunate circumstances which had happened six years ago. Why he did so it was impossible to conceive, unless by supposing that he felt the most determined enmity towards a successful literary and medical antagonist. On a certain occasion Mr. Bell had delivered some lectures at the College of Surgeons. Mr. Bell was, as the Jury perhaps knew, a most eminent surgeon, who had come from Edinburgh, and who had delivered some lectures in London. The room was, as might have been anticipated, extremely crowded. About that time the disputes existing concerning the management of the College were at their height, and it seemed that when something was said on that subject, Mr. Abernethy stated that a Report would soon be made upon the matter. Mr. Wakley, who was present, immediately observed, that they ought to have the Report then. Upon which there was raised a considerable uproar, many of the members loudly applauded, whilst a few cried, "turn him out."—On that single circumstance, however, had the defendant founded a mighty superstructure, and the cry of a few had been altered, diversified, and distorted with all the defendant's libellous ingenuity. The defendant had written a short article on Mr. Bell's lecture, in which the plaintiff was thus spoken of:—"We understood, that previously to the admission of visitors, the appearance of a Salamander in the gallery among the students excited considerable ferment there, and at one time there was every reason to believe the fallen angel's ambition would be gratified by an aërial flight *over the heads* of members, council, and all!" As if the plaintiff had been in danger of being pitched over from the gallery. If he had been, undoubtedly such an exhibition would have been very scientific, and must have contributed much to the edification of those present. But who could suppose such a thing possible, and who would not say that the insinuation was itself a libel upon the members of the College? The libel thus went on:—"The threatened expulsion of Lucifer from the presence of the gods on high Olympus, spread terror and dismay among the inhabitants of the lower regions; but happily they were spared a visit from this 'firebrand,' or rather 'fire factor,' as he is now generally denominated, who willingly, for once, made his exit through the postern gate." Now all this was, as he should show them, utterly untrue. He wished, before he proceeded farther, to call their attention to a note on the word Lucifer. That note was as libellous as the other part of the publication, and was in the following terms:—"The common derivation of this word is wrong; it is not from *lux* and *fero*, but from *ignis* and *facio* (vide Secret Memoirs of the House of Argyll)". Also, "a new mode of lighting the streets without lamps, and extinguishing debts by means of fire engines." The wit of this supposed derivation appeared to him as contemptible as the insinuation was libellous. For that insinuation, so libellous in its nature, and so sure to be repeated, if it was not brought into a Court of Justice, the plaintiff came before them to claim compensation. The trial which had taken place respecting the fire at the plaintiff's house, was most remarkable. The cause of the Hope Insurance Office had been entrusted to Mr. Marryatt and Mr. Gurney, than whom none could be more able to detect fraud, if fraud there were in the transaction. No personal exertions were spared to make out the fact on which the defence of the Company was rested. The case of Mr. Wakley was entrusted to the humble individual now addressing them, who had been selected, solely for that reason, to appear as the plaintiff's counsel on this occasion. The Jury were merchants of London, the Judge was Lord Chief Justice Abbott, of whom he might truly say, that if ever there was a man who peculiarly possessed the powers of detecting fraud, and of affording fair play to the means of its demonstration, it was that able and learned Judge, who then and now presided as the Chief Justice of the Court of King's Bench. Yet with such persons assisting at the trial, the verdict of the Jury was decisive in favour of the plaintiff, and the question was set at rest till this defendant had chosen again to put it in motion for the purposes to which he had before alluded. Now he would ask, whether it was to be endured that that private slander which had been once refuted in a Court of Justice, should be renewed in the conduct of a journal, published for medical purposes. Mr. Wakley now gave him an opportunity of proving what he had stated—of proving that of which no reasonable mind could entertain one moment's doubt. The verdict of the former Jury did not stop the plaintiff, he had the means of calling all the evidence which had been given on that trial, and much more, for after such a trial, men's mouths, which had before been locked, were opened—all secrets were disclosed, and found their way to the public, so that the acquiescence of the Hope Insurance Office in the verdict given against them was nothing, when compared to the acquiescence of the public, especially after the lapse of five years had given ample opportunity for discovering the fraud, if any fraud had been committed. It was impossible that any fraud could have been committed, except there had been a conspiracy, and it was equally impossible that after such a time, none of the conspirators should have betrayed their confederates. The defendant, therefore, had an ample opportunity of justifying the libel (for there was no statute of limitations that could act on his evidence), but of that he had not availed himself, having merely by his plea imposed on the plaintiff the necessity of proving the publication of the libel. That proof should be afforded instantly. It would then be for the defendant to offer his defence; and what that was, he (Mr. Denman) could unaffectedly and sincerely declare he did not know, nor even could he imagine. If the defendant thought the verdict of the former Jury not conclusive on the point, why had he not pleaded a justification; while, if he thought it was conclusive, why had he dared to renew the charge which that verdict had refuted? The Jury would now draw the line between fair discussion and libellous attacks; and if the defendant should complain of any thing which the plaintiff had said of him, and which he (Mr. Denman) was not there to defend, they would say that he should have sought redress by the operation of the law, and not by indulging his spleen in libellous invectives. A suspicion had once been raised against the plaintiff; his conduct had then been fairly questioned, and the suspicion had been easily and completely removed. That suspicion was now wantonly renewed, and the plaintiff had felt it to be a duty to himself and to his family, to bring the present action, and they would feel that he deserved ample damages at their hands. By their verdict, they would tell the defendant that he must not persevere in this scandalous course of libel, but that he must observe the distinction between fair discussion and infamous personal attack. He knew the great powers of his Learned Friends, whose talents were arrayed for the defence. He knew the eloquence, the ingenuity, and the judgment that would be displayed for the advantage of the defendant. He was aware that, perhaps, ridicule might be employed; but they would say, whether, because a man questioned the infallibility of a medical journal, he was to be wantonly accused of felony, of arson, and of murder, especially when his accuser, though offered the opportunity, dared not to avow that he believed these heavy charges to be true.

Mr. Mills: I am a printer; I print the work called The Lancet. The plaintiff is the Editor and proprietor of it.

Cross-examined: I have been the printer of it about twelve months; I have very seldom read the publication; we do not trust our judgment as to the articles; I read it occasionally. The witness was asked how often he had read gross libels in The Lancet on Dr. Johnson?

Mr. *Denman* objected that such a question could not be put; the libels must be produced; besides, this was making the witness represent a Judge and Jury, and decide what was a libel.

The *Chief Justice* thought the question, whether the witness had read in The Lancet matter affecting the character of the defendant, was much too general, as it called on the witness to state any matter he might have observed, whether it was connected with the present publication or not.

Daniel Witcher: I was servant to the plaintiff in 1820; I lived with him at the time of the fire; I was in the house when it happened; he then lived in Argyll-street; all his furniture was burnt; he had a great deal of furniture in the house; all his papers were destroyed; the fire happened in August 1820; the whole contents of the house were burnt down, except me and my wife; nothing was saved; plaintiff had no other house; every thing was burnt except the live stock.

Mr. *Serjeant Vaughan* said, that it was alleged to have been casual. They ought to have asked the witness that question.

The *Chief Justice* said, that if they did not fully make out their case, the time for objecting was when their proof was closed.

Cross-examined: Mr. Wakley was himself a part of the live stock; he was down-stairs at the time, but I did not know it till the morning. I went to bed at eleven o'clock, leaving the plaintiff sitting up; he was in the back parlour, applying leeches to his head. I saw him again at six o'clock in the morning; I had locked the doors at night. My wife came down before me, and when I came down the doors were open. The fire was then between the two parlours. When I saw the plaintiff in the morning, there was a lump on his head, and there were several wounds about his body; I don't know how he was injured; there were wounds on his side; they were on the bones, on the short ribs. The waistcoat was cut through; it was stabbed where the wounds were. I do not know a man of the name of Lavender. The plaintiff went into the country, and was unable to do his business; I don't know whether he kept his bed. He had not been married long; his family consisted of himself and his wife, and sometimes his sister.—Re-examined: I don't know how the fire happened; the flames met me as I was coming down stairs; I can't say whether it was done by accident, but I think it was set on fire by some villains let into the house by my master, after I went to bed.

Mr. Thomas Parry, the clerk to the Hope Assurance Company, proved that the plaintiff was insured to the amount of 1,200*l* at their office, and recovered it in an action where the ground of defence was, that the fire was occasioned by the plaintiff.

The record of the trial and judgment were produced.

Saunders, a bookbinder: I received 2,250 copies of this Number of the Medico Chirurgical Review, from Mr. Hayden, the printer. I know Dr. James Johnson—he is the Editor of this publication; he has called on me on the subject of this number; he called to ask whether the number was ready; he told me an action had been brought against him by the Editor of The Lancet; I said, "Indeed!"

Cross-examined. In the same conversation, I believe, he told me he had been abused in The Lancet in every way; he did not state any particular expressions.

Re-examined: The Numbers had been delivered to the trade when he called on me.

Mr. Highly: I had this number of the Medico-Chirurgical Review in my possession; it is No. 8, Vol. VIII.; I accounted with the Doctor for the sale of this Number; I often see him; I saw him three weeks ago; nothing was said about the action; after I had received notice of this action, I told him of the circumstance, and he desired me to sell no more copies; all the copies were then delivered, and I had none left; I account to the Doctor for the Numbers I receive from the binder, and pay him the money. I treat him as the editor and proprietor; he receives the money from me.—Cross-examined: In the course of the conversation I have mentioned, he told me he had been repeatedly abused by the Editor of The Lancet.

Mr. Kiernan: I am a Surgeon. I was at the College on the day that Mr. Bell delivered his lecture. I have read the account just read by the officer of the Court. I believe Mr. Wakley was meant by the description of the salamander.—Cross-examined: I am the same person whose name is mentioned in the first meeting. This is a pretty accurate report of what passed. Plaintiff proposed an application to Parliament, while others only proposed amendments of the errors of the bye-laws; I did not hear the plaintiff say, that he wished streams of liquid fire would descend from heaven, and utterly destroy that corruption; I have seen something like it in The Lancet; I understood the whole passage from "*The Salamander*", to "the fall of malignity," to refer to Mr. Wakley; I do not know that Dr. Johnson was daily receiving the vituperations of the outcasts of medical society; I did not know plaintiff had been accused of arson; I knew there had been a trial about it, but I did not know he had been accused of it. (Mr. Serjeant Vaughan: "Oh, of course; he was wrongly accused; but he was accused.") Witness: Yes. I knew he had been convicted of libel, in a trial with Mr. Tyrrell; that is the same gentleman who took a part in this debate; I knew the plaintiff had been accused in a Court of Equity as a literary robber; he had been accused of stealing Mr. Abernethy's lectures (a laugh); he has not been driven from the practice of the profession; that reference in the libel does not apply to him, but I thought the libel, generally, applied to him; I did not conceive that part applied to him; I thought the passage about "openly rifling the literary property of others, and then abusing those whom they had robbed," applied to him; I don't know of his abusing any body; the passage about legerdemain pilfering, meant that the notes were taken by a short-hand writer (a laugh.)—Mr. Serjeant Vaughan: Oh, yes, it meant that The Lancet wrote a free hand, or, in other words, that it bled freely (loud laughter.)—

Witness: I knew that THE LANCET frequently attacked the defendant. I thought the Salamander had some relation to the fire, but if it had stood alone I should not have understood it; but taking the whole together, I thought the libel applied to the plaintiff.

Mr. Lawrence, examined by Mr. Kelly.

I believe, Sir, you presided in the chair at the Meeting mentioned in the first part of this libel? I did, Sir.

And Mr. Wakley was there? Mr. Wakley was present, Sir.

Have you read the article in this Review? I have, Sir.

Have you any doubt, Sir, as to the person to whom the parts of it you heard last read apply? Not the least.

To whom then? I consider them intended to apply to Mr. Wakley.

And now as to the latter part on the single page?

The *Chief Justice.*—What page?

Mr. *Kelly.*—Page 599, my Lord.

Have you read the whole of that page, and the note? I have, Sir.

To whom do you believe that applies? To Mr. Wakley.

Throughout? Entirely.

Entirely? Yes.

Now there's only one part, Sir, I'll ask you a question about; we have heard something of his having been cast in a court of Equity; do you not know, Sir, that he has actually at last succeeded in that cause in the Court of Equity.

Mr. *Serjeant Vaughan.*—I shall object to that.

The *Chief Justice.*—There are a hundred objections to that question.

Mr. *Denman.*—I should have asked it as to the conversation of the last witness; it was an oversight on my part.

The *Chief Justice.*—You have got from this witness, that the paragraphs apply to Mr. Wakley; they may ask for reasons, if they think fit, why Mr. Lawrence thinks so.

Mr. *Kelly.*—In the latter part of the libel, you see there is something about "a new mode of lighting the streets without lamps," what do you believe that to apply to?

The *Chief Justice.*—He has said he believes the whole to apply to Mr. Wakley; then that will do—the whole or any part will do.

Mr. *Kelly.*—I believe, Sir, you know Mr. Wakley is in the habit of publishing lectures very frequently? Yes.

Mr. *Serjeant Wilde.*—That is not the mode of proving publications.

Mr. *Kelly.*—I ask generally, whether he is not in the habit of publishing lectures generally.

The *Chief Justice.*—How is that connected with this? I think you have gone far enough; you have got evidence which you are bound to make out, that the plaintiff is the party applied to. It is for them to shake that; if they don't shake it, the jury will take it, that he is the person applied to.

Mr. *Kelly.*—If your Lordship thinks so, I shall not say more, but it has been said the plaintiff is a literary pirate.

The *Chief Justice.*—Till this witness is asked questions by the other side, I don't think it necessary. If any question is put by Mr. Sergeant Wilde to this point, you may afterwards ask him questions.

Cross-examined by Mr. Serjeant Wilde.

Probably, Sir, before you had read these articles you had heard of a trial with Mr. Tyrrell? I remember the circumstance of a trial with Mr. Tyrrell and the Editor of THE LANCET.

You have probably heard of some of the other transactions? You alluded to page 599, where it is said, "Cast in a Court of Equity as literary robbers." what did you refer that to? I considered it to refer to the proceedings that had taken place in the Court of Chancery, on the application of Mr. Abernethy, to restrain the publication of his lectures.

You considered that to refer to the proceedings that had taken place in the Court of Chancery, on the application of Mr. Abernethy, to restrain the publication of his lectures? Yes.

"And driven from the practice of a profession which they have disgraced." Did you understand that to apply to him? I considered the whole to apply to him. I did not consider that they were just or well founded; I don't think there were any grounds for them; but I might not know all that Dr. Johnson had alluded to.

Tell me, Sir, why you considered that to apply to him? Did you know any thing of this? No, I did not understand that Mr. Wakley, to whom I believed all the observations to apply generally, had been driven from the profession, nor do I now believe in point of fact that he has.

But I want to know, whether you believe that to apply to him? The whole.

And you were not aware of any other person to whom they could be intended to apply? I never had the least doubt of their being applied to Mr. Wakley.

Then, with the exception of that, you have probably heard of the rest of these transactions; of the fire, for instance? I heard of most of the transactions to which those paragraphs are applicable. I don't consider that I heard of them all.

But, for instance, the *fire;* you heard of that? Yes, I heard he had brought an action, and I conceive the occasion of it arose out of that fire.

And that he had recovered? Yes.

Now, for instance, as to this passage: "We regard it indeed, as a piece of peculiar good fortune to escape the praise, and daily receive the vituperation, of the outcasts of medical society;" now who did you suppose that to refer to? I have stated that I consider it to refer all to Mr. Wakley.

Now will you give me a reason, Mr. Lawrence, why you consider Mr. Wakley, the plaintiff, spoken of as a person who had been in the habit of censuring the Editor of this book? Had you any knowledge of circumstances to induce you to suppose that he was the person so spoken of? I had been in the habit of reading THE LANCET, published by Mr. Wakley, and of seeing his remarks.

I don't ask you what reason you had for it, but you had been in the habit of reading THE LANCET? Yes I had.

Were you assisted at all in determining who this applied to by reading THE LANCET? If I had not read it, I don't know that I should have known to whom it applied.

Very well. Mr. Lawrence, how long is it since you became acquainted with this action? Have you had any conversation with Mr. Wakley upon it? Respecting this action? Yes.

On the matters of it? I think, having seen Mr. Wakley on other business, on one occasion he spoke of it incidentally.

Pray in the course of that conversation did you give him any such advice as this: that he was a great fool for bringing the action, and that he had better take back his own sauce? No.

Did you ever use that expression to any body? Never.

Never? Never.

Never to the bookseller, nor to any body else? No.

Lord *C. J. Best.*—How can that be evidence?

Mr. *Serjeant Wilde.*—Do you know a Mr. Wilson? I do.

Re-examined by Mr. Denman.

Mr. Lawrence, you said you considered the whole to apply to Mr. Wakley generally, though some of it might not be applicable to him? Yes.

Now as to that former part, with respect to the member of the committee; what do you mean by that? Appointed on the Committee.

Mr. *Serjeant Vaughan*: And did he not excuse himself on the ground of public business?

L. C. J. Best. That's irregular.

Mr. *Serjeant Wilde*: Will your Lordship be so good as to ask Mr. Lawrence whether Mr. Wakley acted on the Committee?

I was not a member of the Committee, and therefore do not know whether he acted or not.

Juror: My Lord, I wish to ask Mr. Lawrence if he did not conceive, that although he is aware he has not been expelled, yet that he believed Dr. Johnson wished to associate him with persons of that description?

L. C. J. Best: You see that is the meaning *you* will apply to it by and by. The inquiry here is, only to ascertain whether it applies to him; what its import is, is for you to say by and by.

Mr. Mills proved that he printed a Number of THE LANCET in March last; the plaintiff was the Editor of it. The Number was put in, and the plaintiff's case closed, after the plaintiff's Counsel had consented to receive any evidence of libels against the defendant, although they had not been pleaded.

Mr. *Serjeant Vaughan* then addressed the Jury for the defendant. If he had only to contend with the plaintiff's evidence, his task would indeed be light, but unfortunately he had to meet what it was much more difficult to overcome, namely, the eloquence of his learned friend, whose words he suspected were still ringing in their ears, and would operate even to the close of the case to the injury of his client. His learned friend had told them, that solely because he had been the plaintiff's counsel on another occasion, he had been selected on this; but they would be disposed to believe that it was because, by his services then, he had conferred such an obligation on the plaintiff, and had created such a debt of gratitude, as the latter would always be proud to remember. In such cases as these, defendants had many difficulties to contend with. Much of their time had been saved by the interlocutory discussion which had taken place concerning the admission of evidence of libels by the plaintiff against the defendant. Of the offer which had been made in consequence of that discussion, he should not now avail himself. He meant to call no witnesses, nor would he read any part of the publication, further than to elucidate the nature of it, and to show that the defendant had been provoked, by a series of libels on himself, to write those articles which were the subject of the present action. From the way in which the alleged libels had been read, the Jury might imagine they were all part of the same article, and had been written at the same time. No such thing. They were insulated and detached, and the Review contained many and very important and curious matters interspersed between them. The questions which the Jury had to determine were, first, whether the defendant had published these articles; secondly, whether what he had published was libellous; and, thirdly, if so, whether it related to the plaintiff. When they were assured of these three points, they would then determine to what damages the plaintiff was entitled. They must look at the character and situation of the parties. The plaintiff was the author of THE LANCET, and that fact he was bound to prove, yet it was impossible not to have observed the anxiety which was evinced to avoid giving that evidence. He had been 26 years in courts of justice, and he had never witnessed more reluctance. The fact was, that by giving that publication in evidence, they would enable the jury to draw a just conclusion as to its nature and character, which no one could doubt was of the most offensive and obnoxious description. The glove had been thrown down, but the plaintiff's counsel had hesitated in taking it up. They would now say, whether it deserved to be stigmatized as libellous or not. They had waited some time for the proof, a messenger had been dispatched for an old Number of THE LANCET; though fifty-two were published every year, he had taken care to bring but one, and yet, so impossible was it to select a Number of that work which did not contain a libel, that, on opening the Number given in evidence, he beheld a libel on the Chief Justice of this Court. That Number contained an article headed in the following manner, "A verbatim report of the trial of Tyrrell *v.* the Editor of The Lancet, for a libel, with remarks on the *one-sided charge* of the Lord Chief Justice." (A loud laugh, in which his Lordship joined.) Here was a happy specimen of the plaintiff's taste for libel—he could not report one without committing another. There could be no doubt that the Number contained other libels; but from the short time that had elapsed since it was put in, there had not been an opportunity of examining it. What he had already stated was, however, sufficient to shew the nature of the publication, *ex pede Herculem*—they might judge Hercules by his foot; and they would say whether this Hercules had not put his best foot forward. This was an instance of his fondness for libel on private and on public characters. *Ex uno disce omnes* might be applied to all the numbers of The Lancet; if any one of them was seen, it would be found to be libellous, and the character of the whole work might justly be estimated by a single Number. Yet the author of so many libels could venture into Court to-day as the plaintiff in three actions of libel to be tried before the Judge whom he had libelled.

Mr. F. Kelly: All the three actions are not on this libel.

Mr. Serjeant Vaughan, in continuation, said he knew that all three were not, but there were two actions upon the same articles. (A laugh.)

The Chief Justice: The attack which the plaintiff has made on me must be considered to be wiped away by the compliment he has paid me in bringing the actions in this Court.

Mr. *Serjeant Vaughan* was well aware that his Lordship would permit such a libeller to say what he pleased, and would not deem it necessary to clear his character by bringing three actions against the libeller; for if he felt any such necessity, he would quit the seat he now occupied, rather than condescend to such a course. Seriously, however, if the seat of justice was not held sacred by a writer, he would ask, what must be the temper and character of a man who could violate its dignity by gross libels upon it, and then come before it to claim its protection? They would not give countenance to such a person. The very title of the publication spoke its character. The lancet was used for the purpose of physical venesection, but The Lancet of the plaintiff was employed only for the phlebotomy of character. His learned friend had called the plaintiff's publication a rival to the defendant's *Review*. The description was not correct. The defendant was a man of high character, of great talent, and of rank in his profession; his work was a scientific work, and no one had ever heard till this moment of its pages having been employed in attacking the character of any individual. The attack, however, has been at last produced by the repeated abuse of the defendant by the plaintiff—abuse, which, though it could not legally justify, did at least morally excuse this libel. The report of the meeting was admitted to be correct, and, therefore, could not be libellous. The allegation in the plaintiff's declaration, that the house had been casually burnt, had not been made out, and the defendant had proved by the plaintiff's own witnesses, that what he had stated as to the plaintiff's being accused of arson, was correct. The statements in the article, "To all whom it may concern," were not meant to apply exclusively to the plaintiff. These publications were read by the profession only, and those who saw the defendant's pamphlet were previously acquainted with the plaintiff's. The libels, therefore, were balanced. The witnesses believed the statements applied to the plaintiff, because they were true; and because he had been guilty of the things there mentioned, he claimed the protection of a Court, though these circumstances proved him utterly undeserving of it. The defendant had not pleaded a justification, because he could not prove more than the plaintiff had done. The name of salamander was said to apply to the plaintiff, and to be an allusion to the fire at his house. It might be so; but it did not mean that he had caused the fire, for that imputation the defendant distinctly disclaimed. A salamander was an animal living in the fire, and, by living there, extinguished it. So it was with the plaintiff, who, though he was in it all night, had come out unsinged in the morning. He was encompassed with fire and smoke, and none but a salamander could have been safe in such a situation. Under such circumstances, was the defendant to be blamed for saying, "Good God! there is a salamander" (a laugh)? The plaintiff, it appeared, was a friend of Radical Reform, in the College; his motto seemed to have been "*immedicabile vulnus ense recidendum ne pars sincera trahatur.*" Of such a system, he (Serjeant Vaughan) was no friend. Something, it appeared, had been said of wild beasts at Exeter Change; now, his advice was, that as the sale of The Lancet might be now getting low, the plaintiff should get the owner to grant him the cell of the late elephant, and to exhibit him as a salamander, and he would make his fortune. Nobody could grudge a shilling to see such an animal. Like a salamander, he had lived in the fire, and like a firebrand he had been plucked from it, and the two names given him by the defendant were fully justified. He concluded by contending that this was only a case for nominal damages, especially after the provocation the defendant had received.

The Lord Chief Justice commented on the alleged libel. He had no doubt in the world that the matter was libellous. The learned Serjeant for the defence had said a Number of THE LANCET which had been produced, contained a libel on his own (the Judge's) character, in having accused him of having summed up all on one side, upon the trial of Tyrrell's action, but of that he would take no further notice than to say, he hoped it gave Mr. Wakley no more pain in writing, than it gave the Court in reading it. Certain he was, that every judge was liable to harsh observations from some party in every cause that was tried, because no judge can please both parties in a cause, inasmuch as he had always to sum up against either the plaintiff or defendant. With respect to damages in the present case, that was a question peculiarly for the consideration of the jury themselves, upon which the Judge could give them but little instruction. The jury would have to take into consideration the situation of the parties, and the nature and tendency of the libel. His Lordship had endeavoured in the course of the trial to keep out of view all matters that ought not to have been introduced; but certainly it did appear that the defendant had been provoked to write the libel, by several things that had been said of him, and which undoubtedly would have to mitigate the amount of damages *considerably*. The jury would take into consideration the whole of the case; if they considered the matter complained of was a libel, they would give their verdict for the plaintiff, and such *temperate* damages as they might think satisfactory.

The jury consulted together for about two minutes, and returned a verdict for the Plaintiff—*Damages* 100l. and Costs.

WAKLEY *v.* HAYDEN.

The Court wished to know what was to be done with this case that stood next.

Mr. Denman said it was an action brought by the same plaintiff, for the same libel, against the *printer*. When the action against Johnson was commenced, the plaintiff was not *sure* of getting to the *author* of the libel, and therefore he thought he would make sure work by having two strings to his bow; but he had no wish whatever to press for damages against the printer, and therefore he was content to take a verdict for nominal damages, upon the payment of all costs *as between attorney and client*. This was agreed to by the Counsel on the other side, and a verdict entered accordingly.

WAKLEY *v.* MILLARD.

Mr. *Denman* stated that he was unwilling to have opened this case, but that there appeared no disposition on the other side to prevent the jury's being troubled with it. Many of this jury, no doubt, had been in Court during the first trial, and from what had passed they would be ready to give credit to the plaintiff for the motives that induced him to bring forward these actions. This was also an action for a libel; and no man could live in society, if individuals were to be allowed to bring forward every month or week, those heavy and malicious charges, totally without foundation, as the verdict of a jury this day had declared. The defendant had been guilty of the libel under no excusable circumstances, but she was an unfortunate person, placed in circumstances that altogether prevented the plaintiff having the slightest feeling to press for any sort of damages against her. She was the widow of a person, who, before his decease, had been employed in necessary purposes about an hospital in London, of which the least said, except in hospitals, the better. She thought she had a claim on certain persons, and she went to the plaintiff to state her case to him; he endeavoured to serve her, but she conceived that she was entitled to a great deal more, and becoming dissatisfied with Mr. W.'s exertions on her behalf, she propagated the libel that would be read.

The *Court* here interposed, wishing to know, after what had been stated, whether this case could not be ended without going to the jury.

Mr. *Denman* said he was willing to let it be determined upon the least concession on the defendant's part, on a bare acknowledgement that she had done wrong, and a simple promise that it should not be repeated.

The *Court* considered this extremely fair.

Mr. *Hill* was counsel for the defendant, and felt that this statement from the plaintiff's counsel was so extremely handsome, that he could not but take upon himself all risk of saying, it should not be repeated. He would only add, that he had looked at the case in every possible view, and that he could see no defence that could be made on the part of this defendant.

The *Court* thought Mr. Hill acted with his usual discretion, and ordered a juror to be withdrawn.

[We shall say a few words on the subject of these trials in our next Number.]

HOSPITAL REPORTS.

GUY'S HOSPITAL.

The dearth of interesting cases amongst the patients admitted of late into the Borough Hospitals, has been a common matter of observation. We find the wards of each hospital, at this time, almost occupied with cases of stricture and ulcers of the leg. One of the surgeons was induced to exclaim, a few days since, "the monotony of this is beyond endurance."

Mr. Key admitted the following cases into the Hospital on Thursday, June 7:—

Disease of the Bladder, with Stricture.

J. G., ætat 23, has pain and difficulty in passing his urine, and it flows in a small stream; he has also frequent occasion to empty his bladder, and the urine is thick. Sounds have been passed since his admission, and it is ascertained that he has a stricture in the membranous portion of the urethra.

The treatment hitherto employed has consisted in the occasional introduction of instruments and the use of purgative medicines.

Stricture of the Urethra, following the use of astringent injections.

M. D., ætat 33, had gonorrhœa about four months ago; before the scalding of urine had ceased, he was advised to use an injection of sulphate of copper. He states, that shortly after the use of this injection, which occasioned him much pain, he found a difficulty in passing his urine, and this has gone on increasing. He passes water in an interrupted stream and has a gleety discharge.

Mr. Key prescribed for him—

Balsam of copaiba, 10 *minims;*
Solution of potash, 15 *minims;*

to be taken three times a day.

Sounds have been passed several times, and he is much relieved.

Varicose Veins of the Leg.

A poor boy, 18 years of age, servant to a farmer, was admitted into the Hospital on account of superficial ulceration of the leg. On examining the limb, it was found to be about twice the size of the opposite limb, and the integuments of a brownish colour; in fact, all the veins of the limb are in such a varicose state that, as Mr. Key aptly observed, "the limb appears to be a mass of aneurismal varices;" and the disease is not merely in the large veins, but on grasping any portion of the integuments we find it has a spongy, and at the same time knotted feel.

From the patient's statement, it would appear that this preternatural weakness in the coats of the veins is congenital, for he says, that from birth the diseased limb has been always much larger than the opposite. The ulcers have healed since he came into the Hospital, and Mr. Key does not expect to afford him any further relief. He remains in the Hospital for the present, in order, we believe, that Sir Astley Cooper's opinion may be had on the case.

Case of Cirsocele.

As it were an accompaniment to the former, we have in this case an instance of varicose distention and enlargement of the spermatic veins, on the left side.*

The patient, a healthy looking young man, 18 years of age, states, that about three years since, whilst in the act of mounting a horse, it sprang forward, and consequently he alighted astride the animal with great force. The left testicle was very much bruised, and at the time of the accident he felt most excruciating, pain, and the parts swelled much after the injury, but this subsided in the course of a fortnight.

The patient remarked, that from this time the testicle felt soft, appeared to diminish, and was occasionally painful. It has not, however, been productive of much inconvenience until within the last six months, since which time it has swelled and become painful, when any exertion was made either by exercise in his accustomed employment or by walking. There is an irregular knotty swelling at the upper and back part of the testicle, not extending far up the cord. It conveys to the hand the sensation of an assemblage of a bundle of cords, with knots tied therein. The testicle is wasted and soft in structure; the patient complains of much pain in the gland, and also of a dull pain in the loins; it dilates somewhat upon coughing, although not so much as in some instances we have seen, in which the disease extended higher up the vein; the swelling is increased in the erect posture of the body.

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* It has been remarked, that this disease is more frequent in the left spermatic cord than in the right. A cause for this has been assigned by the left spermatic vein terminating nearly at a right angle, in the left venal or emulgent vein, and hence the weight of the whole column of blood presses on the vessels; whilst the right spermatic vein, by terminating directly in the inferior cava, is not subject to the same pressure.—Vide Morgagni, Epist. 43, Art. 34. De sedibus & causis morborum.

The patient has experienced so much pain that he anxiously begs to have the testicle removed, and as its secerning powers are in all probability destroyed, it would be an effectual way of getting rid of the disease.

Mr. Key, however, informed the pupils, on a recent visit to this case, that he had mentioned the particulars to Sir A. Cooper, who recommended him to tye the spermatic vein. When we consider in what severe terms Sir A. has deprecated the practice of tying veins in the leg, (and the analogy holds good,) we cannot suppose him serious in recommending its adoption in the present case. The danger arising from inflammation of the internal coat of veins, after applying a ligature, has been amply demonstrated at Guy's Hospital, and the practice is by common consent abolished. In the name of common sense, why then adopt a practice universally acknowledged to be dangerous, for the sake of saving an organ *already useless?*

The following lotion had been applied:

Muriate of Ammonia, two drachms;
Solution of Acetate of ammonia, 8 *ounces*;
Spirit of wine, four ounces. Mix.

We shall have a watchful eye over the sequal of this case, and carefully note any *experiments.*

Case of Gangrena Senilis.

J. Devereux, ætat 74, healthy in appearance and not much enervated, considering his age, was admitted on account of a gangrenous state of the left index finger.

The patient states, that about a month ago, during the night-time, he felt a stinging pain in the affected finger; he says it was similar to the prick of a pin. About a week after this, a black spot appeared in the integuments on the inside of the finger at the bend of the last joint. The gangrene very gradually extended downwards from this point, until it ultimately involved the whole end of the finger. At the time of admission the end of the finger, to some distance above the last joint, was in a state of complete gangrene; the parts were of a brownish colour, and there was a small line of separation between the dead and living parts. Since the patient has been in the Hospital, a small dark spot has made its appearance in the integuments, on the inside of the second finger; it has the appearance of ecchymosis, and unlike the commencement of gangrene in the forefinger, was not ushered in with pain.

The progress of the disease in the forefinger has been very slow; the line of demarcation is, however, much increased, and the end of the finger feels loosened; poultices have been applied to the part, but there is very little discharge. To the dark spot on the second finger, Mr. Key has directed the application of the turpentine liniment, with the use of friction. The circulation is not particularly enfeebled in any part of the body; the pulse at the wrist is moderately firm, and there is nothing unusual to be detected in feeling the radial artery. Mr. Key is, however, of opinion, that the gangrene arises from ossification of the arteries; for although there is no direct evidence of an ossified condition of the vessels in this case, yet it is an inference that may be fairly drawn, inasmuch as dissection has invariably proved this state of vessels to be attendant on that species of gangrene occurring in old people.

In addition to the five preceding male cases, Mr. Key admitted a case of *Stricture in the Urethra—Disease of the Knee-joint—Abscess in the Nates* and *Ulcerated Throat:* none of these cases offer any feature worthy of remark. A case of *Iritis*, and one of *Lumbar Abscess*, we shall give on a future occasion.

The female cases admitted were,—*Suppuration of the Bursa below the Patella—Erythematous Inflammation of the Throat—Superficial Ulceration of the Leg*, (successfully treated by the application of the *lotio-flava*)—and *Extensive exfoliation of the Frontal Bone.*

Operation of Lithotomy.

Mr. Key performed this operation on Tuesday, June 20th; the patient a boy about four years old, and the calculus very small. There was the same dexterity and confidence shown that we have so often had occasion to admire in Mr. Key's operations

ST. THOMAS'S HOSPITAL.

We have long been in the habit of arranging surgical and medical practice under three heads, *good*, *negative*, and *bad*. The advantages resulting to pupils, and indeed to the profession at large, from observing and comparing these three kinds of practice, are infinitely great. And hence perhaps the wisdom evinced in the selection of medical officers to *some* of our public institutions. It might be a point seriously worthy of consideration, whether it would not be proper in all cases where there are *three* surgeons or three physicians to an institution, that one of each sort should be appointed. The benefits to be derived from observing *negative practice* are chiefly these, that we have an opportunity of observing the *uncontrolled* course of disease, more especially of the acute kind, the disorder not being checked or altered in its progress by the *interference* of the practioner. The post-mortem examinations of these cases too, afford "good specimens of disease."

Bad practice illustrates many curious and interesting pathological facts, i. e. it shows that fractured bones will unite, although the ends be very far separated from each other—that a strait bone may be made to form a segment of a circle; (notes of interrogation we call them.)

The treatment adopted in the following case when first admitted, we should clas under the second head "negative practice," or it might be stlyed:

Sub-acute treatment in acute Pneumonia.

G. F., a young man of spare habit, was brought to the Hospital in a hackney-coach, late on Wednesday afternoon. As we chanced to be passing at the time, we went in and examined the patient. We found him labouring under a most acute attack of pneumonia on the right side; he had a very rapid and vibrating pulse, his respiration was frequent, short, and very anxious; there was a livid flush on the cheeks, heat of skin, and tongue furred. He felt a most acute pain between the sixth and seventh rib, on inspiration.

He stated that he had been very ill four days, that he caught cold from the circumstance of getting wet a few nights previously. He was soon after attacked with rigors, which were succeeded by fever and pain in the side on inspiration. He was bled to the amount of sixteen ounces on Monday, and on the following day (Tuesday,) thirty-six ounces of blood were abstracted.

Notwithstanding these free depletions, it appeared to us that the state of the pulse the acute pain on inspiration, and other symptoms, sufficiently indicated the necessity of further abstraction of blood, and that too promptly.

Not so, thought that "pink of apothecaries" Master Richard Whitfield; *he directed twelve leeches to the side, and a mixture, with small doses of sulphate of magnesia and antimonial wine!!!*

On the following morning (Thursday) we found the patient, (as might be expected) not at all relieved. The pulse was 140 and jerking, the countenance anxious, the pain on inspiration very acute, and the respiration hurried and difficult.

We waited the arrival of Dr. Elliotson, under whose care the patient was now placed. In addition to the symptoms enumerated above, there was a dull fleshy sound on striking that part of the chest at which the patient complained of pain. And on applying the stethoscope over this part, there was scarcely any respiratory murmur to be heard. Dr. E. also pointed out a curious pathological fact, viz. that the right lower true ribs, and upper false ribs were motionless during the act of respiration.

Dr. Elliotson directed a vein to be immediately opened in each arm, and allowed the blood to flow freely until the pain on inspiration was relieved. Upwards of twenty ounces of blood were abstracted, when the patient expressed himself much relieved.

A large blister to be applied to the side; ten grains of calomel to be given immediately, and repeated every two hours. Two grains of opium, to be taken at bed time.

Friday. The good effects of the vigorous treatment employed yesterday are very obvious. The breathing is much relieved, there is no pain on inspiration; on applying the stethoscope over the part there is a slight respiratory murmur to be heard, but the dull sound is still given on percussion. The pulse is 120, and much softer; the bowels have been freely evacuated, having had nine stools. *He has taken four scruples of calomel*, but the mouth is not at all affected. Dr. Elliotson's directions with respect to the exhibition of the calomel yesterday, were misunderstood by the nurse; he requested that it should be discontinued as soon as it acted on the bowels. Instead of this being done, the nurse continued to give the calomel until the Doctor's visit to-day. The blood abstracted yesterday was buffed and cupped

From this period the patient gradually became convalescent, and went on well. He only complained of a tickling cough, for which some extract of poppy was prescribed, and in a short time he left the Hospital quite well.

Case of Amaurosis.

The patient in this case is a man of spare habit and light complexion, about 30 years of age, an ostler by employment. The amaurosis is nearly complete; he has lost the vision of the left eye fifteen months, and states that he found himself deprived of it suddenly. The vision of the right eye has been affected about four months, and it became gradually lost. There is very slight motion of the irides and the pupil of each eye is very large; the cornea of the right eye has one or two nebulous spots on it. The man is in tolerably good health, he complains of occasional pain in his head, and states that when falling asleep he has flashes of fire appear before the right eye. When admitted he could distinguish the window frames with the right eye, but cannot now (June 12th) do more than hardly discern the light. Mr. Tyrrell directed a seton to be put in the neck which discharges freely, and 10 grains of quicksilver with chalk, to be taken twice a day.

Mr. Tyrrell only admitted two female patients, one with *ulceration of the soft palate*, and the other with an *ulcer on the leg*.

In the first case, there is destruction of the uvula, with a portion of the soft palate. The septum narum has exfoliated, and there is unhealthy ulceration of the upper lip. The disease is of twelvemonths standing; the patient a woman of about 30 years of age, says she had venereal sores about six years ago, for which she took mercury, but positively asserts that she has had no venereal affection since that period. Mr. Tyrrell has directed the following medicines:

Oxymuriate of mercury, 1-16*th of a grain; Decoction of sarsaparilla*, 2 *ounces, three times a-day.*

Half a grain of opium to be taken night and morning, and a gargle of the oxymuriate of mercury to be frequently used.

The patient with *ulcer of the leg* was dismissed a few days after admission.

Case of Phimosis, with Sloughing of the Prepuce.

J. Brown, ætat. 28, of spare habit, was admitted into Lazarus Ward, on 1st of June, under the care of Mr. Travers, on account of phimosis, with incipient gangrene of the integuments of the penis.

He gave the following account of his disease: about six months ago he perceived several small sores on the prepuce, for which he took largely of mercury, under the advice of that notorious empiric Dr. Lamert. It appears from his description, that the sores were of an herpetic kind, and in a great measure attributable to want of cleanliness, in suffering the natural secretion of the parts to accumulate The sores made their appearance several times, and then healed, the patient frequently having recourse to mercury. About a week before his admission into the Hospital, he was leading a very irregular life, and having at this time two small sores on the prepuce, he neglected to attend to the parts; this, conjoined with his mode of living, occasioned an inflammatory swelling of the parts, which led to phimosis. Still he pursued his intemperate course; great swelling and inflammation in consequence came on: and indeed to such an extent did the swelling proceed, that he states, five days before he came into the Hospital, the penis measured full eight inches round.

He applied ten leeches to the penis, and used fomentations of chamomile and poppy, with bread poultices. The swelling abated two days before admission, and a small black spot appeared on the upper and back part of the penis. The active inflammation which had before prevailed having thus terminated in gangrene, the slough extended, and at the time when he came into the Hospital, a portion had separated, leaving a foul irregular ulcer of considerable size.

The pulse was quick and small, what is generally designated as an irritable pulse; the tongue furred, but moist; the patient restless, and complaining of want of sleep.

June 1. Mr. Travers directed the cataplasma cerevisiæ (prepared by stirring linseed meal in strong beer grounds,) to be applied to the part. The bowels to be opened by a dose of house medicine.

Opium, 1 *grain, to be taken three times a-day.*

3. There is a further destruction of parts since our last report, although the surface of the sore has become cleaner. The upper half of the prepuce, as far back as the neck of the glans, is quite gone, and there is also ulceration of the glans penis. The urine passes by an irregular ulcerated opening. The pulse continues quick, and tongue furred; bowels open, and he now obtains some rest. Continue the poultices, and apply the *dilute nitrous*

acid lotion to the parts by means of lint. The opiate pills to be taken as before, and six ounces of port wine daily.

5. The parts have assumed a more healthy appearance. It is difficult to discover at what part of the glans the orifice of the urethra is situated, from the irregularity of the ulceration. The febrile excitement has in a great measure subsided, and Mr. Travers to-day directed the patient to have mutton chops for his dinner. Continue the wine and pills, and the use of poultices, with the acid lotion.

8. The surface of the sore clean, and filled with healthy granulations. The patient's health in all respects much improved. Mr. Travers to-day remarked on the favourable course which this case had taken, the rapidity with which the sloughs were thrown off, and the parts assumed a disposition to heal.

12. The discharge from the sore healthy, and in some parts cicatrization has commenced. The lower half of the prepuce remains entire, and it was intimated to the patient, that from its inconvenience it would be better to remove it, and thus complete the operation of circumcision, which nature had only half effected. The poor man, however, is not willing to have the part removed.

Extract of sarsaparilla, 3 *drachms*;
Decoction of ditto, 1 *pint*;

a third part of the mixture to be taken three times a-day. The opiate pill to be taken twice a-day, and the local applications to be continued.

16. The parts have nearly healed; the patient's health and spirits good, and he talks of leaving the Hospital in the course of a short time. The irregular opening for the passage of the urine at the back of the glans continues; no attempt has been made with a bougie to discover the natural opening.

Inflammation and Suppuration of the Cellular Tissue of the Arm subsequent to contusion.

A. Spencer, ætat. 46, a stable-keeper, and a man of intemperate habits, was admitted into George's Ward on the 1st of June, under the care of Mr. Travers.

He states, that about five days before admission, being in a state of intoxication, he fell down on the pavement, and struck his elbow with great violence against the stones. At the same time a small wound was inflicted near the elbow, and he says that it bled considerably.

The parts about the elbow swelled very much shortly after the accident, and it soon became inflamed and very painful. When admitted, there was a diffused dark-coloured inflammation extending a considerable distance above and below the elbow joint. On examining the parts, Mr. Travers remarked, they had somewhat of a sense of fluctuation, but by no means well defined. He directed a free incision to be made through the integuments below the elbow, and afterwards poultices to be applied. A very small quantity of pus, mixed with blood, followed the incision. It is particularly worthy of remark, that at this time there was no constitutional disturbance.

3. The wound discharges freely, and if pressure is made on the surrounding integuments, the flow of matter is increased. The dark-coloured inflammation extends completely along the upper arm, and to a considerable distance down the fore-arm. *The patient is still free from any constitutional derangement.* Mr. Travers directed the poultices to be continued over the elbow, and cloths made wet with a lotion of super-acetate of lead to be applied to the parts above and below.

5. Mr. Travers was surprised on visiting the patient to-day, to learn from the nurse that he had been occasionally delirious since Saturday night, when he was seen by the apothecary, who directed an effervescing draught, with a few drops of laudanum to be taken every four hours.

The pulse this morning is slow, soft, and feeble, the countenance sunk, the surface of the body cool, and questions are answered in an indistinct manner. The tongue is moist and furred in the centre, clean and red at the tip and edges. The appearance of the parts affected is much the same; a probe readily passes to a great extent in every direction from the wound under the integuments. Matter of a healthy character is frequently discharged from the wound, and on the sides are seen yellow sloughs of dead cellular membrane. On pressing the integuments, we find they have lost their natural elasticity, and have a soft doughy feel, arising from disease of the cellular membrane beneath. The following medicines were prescribed:

Carbonate of ammonia, 5 *grains*;
Decoction of bark, 1 *ounce and a half*;
Tincture of bark, 2 *drachms*;
Laudanum, 5 *drops*;

to be taken every six hours.

6. Much the same; the pulse has somewhat improved in strength, but the delirium continues.

7. Much better to day; he has passed a comfortable night, and has been free from delirium since yester-evening. The countenance is less sunk, there is more

heat of body, and the circulation is more vigorous. Mr. Travers observed, with respect to the delirium, it had, as was usual in these cases of constitutional irritation, a mild character. The patient got out of bed, talked incoherently, and walked about in an agitated manner, but still these actions were free from violence, and he yielded instantly to the request of his attendants on all occasions. Mr. T. said, that in many instances this symptom of delirium had been treated by depletion, but depending as it does on a state of debility, the symptoms were of course aggravated by a depletory plan of treatment. A free incision was made through the integuments above the elbow, in order to admit of a more ready discharge of matter. The former wound discharges copiously pus of a healthy character. A pint of porter was ordered to be taken daily, and to continue the bark and ammonia with the local applications.

9. Pulse moderate; tongue furred, but moist; countenance cheerful; bowels open, with castor oil. The wounds continue to discharge freely, and the integuments around are resuming their natural appearance, and have a more healthy feel. Poultices are applied, and the medicines are continued.

12. Still going on well. He is free from any constitutional disturbance, and the wounds have a disposition to granulate.

It would be unnecessary and tedious to give a daily detail of the progress of the wounds. It will be sufficient to remark, that from the date of our last report to the present period (June 17,) the patient has in every respect done well; the wounds are filled with healthy granulations, the surrounding integuments becoming united to the parts beneath, have regained their healthy and natural feel. The poultices are continued, and dry lint placed over the sores. The patient will soon be able to leave the Hospital.

In addition to the three foregoing, Mr. Travers admitted the following on Thursday, June 1st, of which we shall, according to our usual plan, present a brief notice.

Enlargement of a Testicle.

B. H., ætat. 40, a labouring man, has perceived the right testicle to be enlarged about six weeks. He is not conscious of having received any injury to the part, and says that he has not had clap recently. The testicle is enlarged to about twice its natural size; it is very firm, and not tender on pressure. The line of demarcation between the gland and epidydimis, cannot be distinguished; the cord is not thickened. Under the following treatment, the swelling has been much reduced, and the part is fast resuming its healthy feel.

June 3. Twelve leeches, and after their application, poultices to be put on for a day or two, then the following lotion to be used:

> *Solution of acetate of ammon.* 5 *ounces;*
> *Spirit of wine,* 1 *ounce.* Mix.

Five grains of Plummer's pill to be taken night and morning, and *a cupfull of decoction of sarsaparilla three times a-day!!*

7. Repeat the leeches.

Abscess over the Patella.

This occurs in a middle aged man; the integuments over the patella inflamed spontaneously, and matter formed. It is of course superficial, and not connected with the joint.

Scrofulous Ulceration at the Ancle Joint.

The patient in this case has an unhealthy appearance; the ulceration is superficial, but has the peculiar characteristics of a scrofulous sore. Black wash and poultices are applied.

Fistulous Sore near the Anus.

The patient, a young man, had an abscess formed at this part, after riding a long journey on horseback. There were two fistulous openings, which took their course towards the os coccygis, and were apparently unconnected with the gut. The sinuses have been dilated, and the case is doing well.

Case of Strumous Ophthalmia.

T. H., ætat. 19, of a strumous habit, has been subject to attacks of inflammation in the eye for several years. When admitted, he stated that his right eye had been inflamed for six weeks, but within a week preceding his admission, had become much worse.

On attempting to raise the lid for the purpose of examining the eye, the intolerance of light was so excessive, that he could not for a moment bear the impression. There appeared to be increased vascularity of the eye, but this vascularity was partial. A number of vessels were seen running towards the cornea, and extending over its margin. The cornea itself appeared to be altered in texture, and opaque; there was a copious discharge of hot scalding tears, and shooting pains about the temple and forehead; vision was much obscured. The patient had been cupped; leeches and blisters applied before his admission.

Mr. Travers directed a large blister to be applied at the back of the neck; a decoction of poppies to be applied moderately warm to the eyes, and the following pill to be taken every six hours:

Tartar emetic, quarter of a grain;
Calomel, one grain and a half. Mix.

From this plan of treatment, the patient derived the most decided benefit. In the course of a few days, the intolerance of light was much lessened, and the cornea appeared less opaque. The blister afforded great relief, for it was observed, that on its discharging freely, the photophobia was diminished.

On visiting the patient, June 14, (a fortnight after admission) we find the cornea still opaque, having, as it were, a milky appearance over its whole extent, and red vessels passing over it. He has continued to take the pills regularly every six hours; the gums are now sore, and he complains of griping pains in the bowels. He was directed to take the pills three times a day.

Three other male patients were admitted—Ulcer of the leg; ulcer of the knee, and fistulous sores in perineo; but they do not require any further notice.

A case in which Mr. Travers performed an operation for artificial pupil on Saturday, June 17th, we shall reserve until the result of the operation be ascertained.

The female cases admitted by Mr. Travers, were few in number, and of an uninteresting nature; they were—*Small encysted tumours on the face; abscess under the chin; impetiginous eruption*, and *disease of the ancle joint.*

Case of Severe Burn.

Amongst the accidents admitted during Mr. Travers' week, was a case of burn, which we mention for the purpose of noticing the *scientific* treatment adopted in the commencement.

The patient, a stout middle-aged man, came into the Hospital on Saturday afternoon, June 3rd. It appeared that he had a bottle of turpentine in his coat pocket, which was broken, and as he chanced to stand near a fire, the flames caught his coat already impregnated with an inflammable material. Before he could throw off his coat, he was severely burned, and on examination, when he came to the Hospital, the whole of the right nates, and the principal part of the back of the thigh were found to have suffered. The parts had a brown appearance, the cutis being, in fact, quite destroyed. The dresser in attendance, Mr. Niass, ordered *equal parts of linseed oil and lime water* to be applied over this *dead* surface.

This *efficient* application was continued for several days, until the patient was seen by Mr. Travers, who directed the application of spermaceti ointment, softened down with oil of turpentine, and spread on lint. The good effects resulting from the use of this stimulating ointment, were soon apparent in the separation of the sloughs, and the commencement of a copious healthy discharge. On the 14th (eleven days after the accident,) the surface of the sore was nearly covered with granulations, and Mr. Travers directed the following ointment:

Ointment of yellow resin, 1 *ounce;*
Calamine cerate, 3 *ounces.* Mix.

The patient was allowed a pint of porter daily, and a bark mixture was prescribed.

17. The surface is entirely covered with granulations, but they have the usual characteristics of granulations from burns. They are exceedingly irritable, and the difficulty of getting these sores to cicatrize is very great.

Mr. Travers, in his Hospital practice, does not employ any single remedy as an application to burns in the first instance, but is regulated by the state or condition of the parts, which of course depends on the severity of the injury. If it be a case of simple burn or scald, in which the cuticle is uninjured, he applies an evaporating wash. In cases where the cuticle is torn off, he applies a liniment composed of equal parts of *lime water and milk*, preferring milk to linseed oil. Lastly, where the parts are destroyed, Mr. Travers uses the turpentine. With respect to his constitutional treatment of extensive burns, he is of course regulated by circumstances, but for the most part he treats them on the stimulating plan. We have known Mr. Travers, however, prescribe venesection (we thought with great judgment) in a case of extensive burn, occurring in a plethoric man.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Abscess in the Liver, from which upwards of a pint of pus was discharged.

Robert Stanton, a porter, aged 50, and of rather a spare habit, was admitted into John's Ward, under the care of Dr. Latham, on the 30th of March, labouring under severe constitutional disorder.

He had a severe cough and hurried respiration, attended with scanty expectoration. He complained also of violent pain in his limbs; and in the right hypochondrium, extending to the opposite side. This latter pain he says is more severe at one time than another; but it is more or less always present. The man gave a very unconnected account of the origin and progress of his complaints, and therefore no reliance can be placed in it; it appears, however, that he was first attacked about six weeks ago with severe rigors, and that ever since he has been getting worse. Just below the ribs on the right side, a tumour about the size of a goose's egg, is to be felt; pressure on it only produces an inconsiderable degree of pain. He lies easiest on his left side, and there is some œdema of his lower extremities.

Stethoscope.—The respiratory murmur is heard over every part of the chest.

Ten leeches were ordered to be applied to the region of the liver, and the following pill to be taken every four hours:—

Quicksilver with chalk;
Compound Ipecacuanha powder, of each 2½ grains;
Syrup sufficient to form a pill.
Milk diet.

31. Has passed a more comfortable night than usual, and the bowels are less relaxed. Cough and respiration much easier. Pulse 104; stools watery; tongue much the same. Let a blister be applied to the pit of the stomach, and the pills be continued.

April 1. Has passed a restless night, and the countenance has assumed an anxious cast. He complains of great tenderness, on pressure being made over his abdomen; and the purging is much increased. The pulse 92, and stronger: and the tongue dry, with a brown streak in the centre. Ten leeches to be applied to the abdomen directly, and the pills to be repeated every second hour.

2. Somewhat better. The bowels are less purged, but the stools are clay coloured: the tongue is again moist, and the brown streak in the centre has entirely disappeared. Continue the pills as yesterday.

3. Pressure on the abdomen still occasions pain; the bowels have acted four times since yesterday, and the stools are more tinged with bile than before. Pulse 100, and soft; tongue rather dry; six leeches were ordered to be applied to the abdomen: and as he complained of some difficulty in voiding his urine, he was ordered to drink barley-water with mucilage; the pills to be continued.

4. Complains to day of great tenderness, accompanied with tension about the right hypochondrium; the tumour is becoming more prominent, and there is slight lancinating pain occasionally felt through it. Pulse 80; tongue moist; the difficulty in making water continues. Repeat the pills and drink.

6. Less tenderness and tension of the abdomen than yesterday: bowels less purged; and the tongue quite moist. His mouth begins to get rather sore. Continue as before.

10. Has passed a restless night; in consequence of the frequent calls to go to stool. The tumour is getting more and more prominent, and a very obscure sense of fluctuation has been, for the last two or three days, perceptible. The patient has been solicited to allow of its being punctured, and to day, Mr. Lawrence saw him for this purpose, but without avail; the most strenuous persuasions could not influence him to submit to this trifling operation. Continue the medicines, and let a linseed-meal poultice be applied to the tumour.

13. During the last twenty-four hours the lancinating pains in the abscess have been severe; but at present they have quite subsided. Since the application of the poultice the abscess has become much more defined. The stools that are passed at present are bilious and curdy. Pulse 90, and small; tongue very much loaded.

14. Looks much worse to day; the countenance is sallow and dejected; and the features have become extremely sharp and attenuated. Within the last day or two he has had severe rigors; and at present he is perspiring freely. As might be expected, he has become extremely emaciated, and greatly debilitated. The sense of fluctuation is still very obscure, although the tumour is now more prominent. Continue as before.

18. On examining the stools to day, they were found to contain a small quantity of pus. The difficulty of voiding his urine has nearly subsided. Pulse 90, and very feeble. He still refuses to have the abscess opened. Continue the pills every four hours, and let him take two ounces of lime-water with his milk.*

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* The doctor's motive in giving lime-water, is that (as was the case in the present instance,) it has the effect

The following notes by the doctor himself, we copy from his case book:—"From this time he passed into a state of hectic fever, with flushings and profuse perspirations. The tumour became more and more prominent in the region of the liver, and evidently contained fluid. The stools at the same time containing matter; still he refused to have a puncture made in the tumour, and he was left to his fate until May 1, when he allowed the tumour to be opened, and there issued from it more than a pint of well formed pus, unmixed with bile."

May 2. At present, the wound is discharging very freely. Pulse 96, with a moderate degree of strength. The night-sweats have left him. Ordered to have 4 ounces of wine daily, with strong broth, and to continue the pills.

3. The discharge from the wound has almost ceased. The bowels have acted several times; the stools are partly solid, and do not contain any bile. Pulse 92; tongue dry. Discontinue the wine, but let the pills be continued.

8. Evidently worse. A degree of dulness is observable about the eyes, and he appears to be fast sinking. Let the wine be repeated, and continue the pills.

From this time he gradually grew worse, until the morning of the 13th, when he died.

The body was removed through the neglect of the beadles, before an inspection could be made.*

Case of extensive injury to the Toes of both Feet, with amputation of the first and second of the left Foot.

Thomas L———, the subject of this inquiry, is a man of dissolute habits; 39 years of age. He was admitted into Baldwyn Ward, on the 24th of April, under the care of Mr. Vincent.

When brought to the hospital, he was in a state of inebrity, and therefore incapable of giving any correct account of the accident; the persons who accompanied him, however, stated, that while reeling down Long Lane, he slipped, and fell just at the time when a cart was passing; and before the horse could be stopped, the wheel passed over his toes. On examining into the nature of the injury, it was found that the first and second toes of the right foot were so completely smashed, as to preclude any hope of saving them; and they were in consequence removed at their articulation with the metatarsal bones. The great toe and part of the second of the left foot, were considerably bruised, and the soft parts in places lacerated. Poultices were ordered to be applied, and a dose of calomel and jalap (2 grains and 10,) to be taken directly, and this to be repeated if necessary. The following draught every six hours:—

Saline mixture, 1 ½ *oz*;
Solution of tartarized antimony, 25 *drops. Mix.*

April 26. The bowels have been freely open, and the tongue is but slightly loaded. The wounds look healthy. Continue as before.

29. Not so well. The surfaces of the wounds on taking off the poultices to day, look dark and unhealthy, discharging a yellow ichorous matter. The integuments contiguous to the injured parts, have also a livid appearance, and, here and there, may be said to present a gangrenous aspect. The countenance has assumed a sallow and dejected cast; the pulse is very feeble, and the tongue thickly coated. Skin very moist. Let him have half a pint of wine daily, and take 5 *grains of the quicksilver, with chalk*, every night. A yeast poultice to the part. Strong broth.

May 4. Rather better, an indistinct line of demarcation is observable around the cavity occasioned by the removal of the great toe; the gangrenous inflammation is subsiding: the surfaces of the wounds still have a dark and unhealthy condition. Pulse very slow and feeble; tongue moist: bowels open: sleeps well at night. Let him take the following medicines, and discontinue the former;

Calomel, 1 *grain;*
Pow. rhubarb, 6 *grains;*
Mix, and make a powder, to be taken every night at bed-time.

Sulphate of quinine, 3 *grains*;
Camphor mixture, 1 ½ *ounce*
to be taken every six hours.

6. The slight degree of separation observed on the 4th, has disappeared, and

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of keeping milk on the stomach, when from long use it has become nauseous to the patients.

* This is not the first time these *gentry* have shown their airs, and we are only surprised the medical officers should allow them to act with impunity in the manner they do. Frequently we have known a corpse left in the ward for nearly 24 hours before they have removed it.

the parts altogether look very dark and gangrenous. The circulation continues in a very languid state; and the tongue is loaded: bowels open. *Let the quinine be repeated every four hours.*

11. Since the quinine has been given more frequently, the consitution has rallied considerably; the pulse has increased in strength and the sores have to-day quite a florid appearance. The tongue is clean, and there is an inclination for food. Let the poultices, &c. be continued; meat diet.

15. Healthy granulations now begin to appear, and on the whole the patient is going on favourably.

20. No unfavourable symptoms; he sleeps well at night, and takes his food with an appetite.

29. The wounds are fast filling up. A degree of tenderness is felt on pressure being made on the integuments surrounding the digital end of the first metatarsal bone.

June 1. The part alluded to in the last report was slit up to-day, and a small discharge of matter took place, in other respects the man is going on very favourably.

10. The sores have now nearly cicatrized over, and in the course of another week the man will be sufficiently well to leave the Hospital.

Case of Necrosis, from gun-shot wound.—Operation.

Thomas F——, a fine young man, 23 years of age, became a patient of this hospital on the 3rd of May, in consequence of a gun-shot wound of the right thigh. He stated that he had lately arrived from the East Indies, where he had been engaged on board one of the Company's gun-brigs, in covering the landing of our troops at Burhampore, on the Rangoon river, at the first breaking out of the Burmese war. That while engaged at his gun, he received a musket ball in the right thigh, about its middle. He was informed by the surgeon who attended him, that his bone was fractured in three places. The man had as much attention shown him as circumstances would permit, but after remaining in the hospitals abroad for about twelve months, he obtained leave of absence, and came home. He then put himself under the care of different surgeons, but finding himself no better, he at length came to the hospital, and was admitted, under the care of Mr. Earle. There were three or four fistulous sores about the upper third of the limb. Mr. Earle could not detect any portion of loose bone by passing a probe down through either of them. These sores were continually discharging a thin sanies or glary kind of matter. Since his admission, several dozen leeches have been applied to the limb, in consequence of considerable inflammation which came on. The principle medicines that have been given, have been aperients, as calomel and colocynth-pills, &c., except about three weeks since, when he had Dover's Powder with calomel and antimony, on account of a rheumatic attack. From the length of time which the man had suffered from the injury, he was very solicitous of having his limb amputated, but Mr. Earle thought it might be saved by cutting down and ascertaining whether there was any diseased bone which was keeping up the irritation. On Saturday last, (June 10,) he had the man removed to the Operating Theatre for this purpose. Previous to the man's being put on the table, Mr. Earle informed the pupils of the nature of the injury, and of the "voyage of discovery," which he intended to make. The man was now brought in and placed on the table. Mr. Earle began by making a longitudinal incision on the outer side of the thigh, about four inches in external extent. After he had cut through the fascia lata, a small artery was secured, the vastus exturnus was then divided to an extent corresponding to the external incision, when Mr. E. began to feel about; presently we caught the words, "I have it," and a smile instantly lit up the countenance of the operator. A forceps was instantly called for, and a large piece of dead bone about an inch and a half in length was extracted; two smaller pieces were also withdrawn. The edges of the wound were not drawn together by adhesive straps, but allowed to remain open, and wet cloths kept applied over the upper portion of the limb.

11, 12. Has passed good nights, and is going on favourably. The limb is still enveloped with wet cloths. The wound is beginning to suppurate.

MIDDLESEX HOSPITAL.

Cancer of the Mamma.

G. J., the subject of this distressing malady, is a female of fair complexion and regular habits, 33 years of age. She states, that some years since, she had disease in the breast, which was considered to be of a cancerous nature, and she underwent an operation for its removal. A considerable time after the operation elapsed, when she discovered a small tumour in the opposite breast; this went on gradually increasing and became painful; at length she came to London from the country, and consulted Mr. Cline and Mr. Abernethy. The former of these gentlemen was of opinion that the disease should be removed by an operation, whilst on the other hand Mr. A. was strongly opposed to the operation being performed. Under these conflicting opinions the patient's mind became much harassed, and after remaining in London a few weeks, she at length applied to this Hospital, and was admitted under the care of Mr. Bell.

At this time there was an irregular scirrhous tumour occupying the upper part of the breast, and apparently unattached to the parts beneath; there was also a small hard tumour in the axilla, one or more of the glands in this part having become implicated in the disease. Under these circumstances, Mr. Bell sought the opinion of his colleagues as to the propriety of removing the disease by an operation.* The result of the consultation was, that an operation was determined upon, to which the patient readily assented, and it was accordingly performed by Mr. Bell. The tumour in the mammary gland was dissected out, and also the enlarged scirrhous gland in the axilla. For a few days after the operation the patient was feverish and passed restless nights; these symptoms, however, soon subsided, and the wounds gradually healed up in a favourable manner. The patient left the Hospital last week, the parts having quite healed; and although from long confinement in the Hospital her general health appeared to have suffered, yet on the whole she left in a better state than could have been expected.

Mr. Bell stated, that his reasons for operating in this case were,—1st, The great anxiety expressed by the patient to get rid of the disease, and her earnest solicitations to have the operation performed; 2dly, Because it would require many years before the disease could again recur, and to say the least, a *respite* would thus be gained.

Ulceration of the Scrotum.

Robert Lynn, ætat 36, a tailor, was admitted into the Hospital on the 6th of May, under the care of Mr. Bell. He had an irregular ulcer on the upper part of the scrotum, which in appearance so much resembled that malignant disease called chimney sweeper's cancer, that Mr. Bell was induced to pronounce it to be that disease. The man stated that he contracted a gonorrhœa some months ago; he did not take any medical advice, but relied on his own remedies. The usual symptoms of clap continued for some time, when a small abscess formed at the root of the penis. This subsequently burst, and matter was discharged. From this time an ulcer formed, which spread with considerable rapidity. At the time of admission it was of about the size of a crown piece; it had ragged and uneven edges, presenting here and there a puckered appearance, and extending rather deeply round the root of the penis. The whole surface of the sore discharged a thin unhealthy matter.

After his admission various applications were had recourse to, as hemlock poultices and lotions of various kinds. Alterative medicines were at the same time administered. Little change was effected in the character of the sore until a strong solution of sulphate of copper (commonly called *Bates's solution*) was applied. Plummer's pill was also prescribed, and bark. A short time after the application of the wash, the surface of the sore put on a healthy appearance, and since this time the parts have been gradually healing. The lower portion of the ulcer has completely filled up. The scrotum is much contracted by the cicatrization of the ulcer.

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* Of this circumstance Mr. Bell informed the pupils a few days since, when visiting the patient. How modest the man has become, to "seek opinions," and from two such colleagues!—a pretty search truly. The *Northern Lights*,—the "duo lumina scotorum," and matchless Joe, form indeed a galaxy of talent.

THE LANCET.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXXI.

Of Gall-stones.

Gentlemen,

The subject of *biliary concretions* or *gall-stones*, requires a little further notice.

The bile is at times preternaturally thick and viscid, so as to be disposed to coagulate or form concretions, of different degrees of hardness, and sometimes of a crystalline appearance; when, especially, the name of *gall-stones* is applied to them. These sometimes form themselves in the hepatic ducts, but generally in the *gall-bladder*, and often in great numbers, so as to fill completely its cavity. At other times, they are few in number and of large size, and then they almost of necessity remain, and are found there after death. Now while they remain in the gall-bladder, they appear to produce no uneasiness; at least they are often found after death, sometimes in considerable numbers, at others of large size, without their presence having been at all suspected, from any symptoms that existed during life; of this, you have before you some striking specimens.

But when these concretions enter the biliary ducts, they commonly, when of any size, excite spasmodic contraction, which may extend itself to the duodenum, or even the stomach itself; and possibly the diaphragm also, if we may judge from the extent and severity of the pain. This spasmodic contraction of the duct upon the calculus, at least where it is lodged in the *ductus communis choledochus*, will interrupt, more or less completely, the passage of bile into the intestine, and jaundice will then generally follow. Thus you will easily understand the *symptoms* that take place on these occasions, and which are the following:

The *symptoms*, indicating the presence of gall-stones, are pain suddenly arising at the pit of the stomach, extending commonly to the back and shoulders, and sometimes all round the waist at the margin of the chest; great flatulency at times; nausea, or actual vomiting; the pulse often preternaturally slow, and the body cold at first, with shivering, the coldness being succeeded by flushes of heat. In many cases, though by no means in all, jaundice appears after a few hours. The pain continues for a longer or shorter time, as for half an hour, or several hours; often abating for a time and again recurring, and then ceasing altogether, and that perhaps in as sudden a way as it made its attack. This sudden relief from pain generally proceeds from the escape of the concretion into the intestine, as may be often ascertained by a careful examination of the stools afterwards. If the pain declines more gradually and imperfectly, it may be that the spasmodic contraction has ceased, although the calculus still remains in the duct; in which case the spasm, and with it the pain, may be expected to be quickly renewed. After the paroxysm of pain has subsided, there is commonly extreme tenderness of the parts left behind; and sometimes actual inflammation follows, characterised by the usual symptoms. However completely the pain is removed, and that by the discharge of the calculus into the intestine, the symptoms are very apt to be renewed after an uncertain period, in consequence of fresh concretions forming; and thus the patient may continue to suffer returns, more or less frequent, for perhaps many years.

Theory.—The mere presence of biliary concretions, or gall-stones, whether lodged in the gall-bladder or in the ducts, is not in itself a disease, but only an occasional cause, and that an uncertain one.

The real disease in these cases, is the spasmodic contraction to which they give rise, by the irritation their presence occasions, and which, as I have just observed, is an uncertain and by no means constant effect. Now it is of importance to consider the circumstances which favour the production of biliary concretions.

The properties of the bile, when first formed, in regard to its consistency, as well as in all other respects, depend upon the state of action in the secreting organ, the liver. Every change, therefore, taking place in the qualities of this fluid, (except such as is occasioned merely by its stagnation in the gall-bladder,) is to be taken as a proof of an altered mode of acting in the liver Thus, in different modes of acting of this organ, bile may be secreted, or rather *formed*,—(for why should we not use a term of obvious meaning, instead of the equivocal one, *secretion ?*)—either in excess or in deficiency, or with qualities variously changed. One of these changes may be, and no doubt often is, too great consistency or viscidity, which will necessarily favour concretion. One general cause, therefore, of such a quality in the bile as disposes it to coagulate, is an altered state of action in the liver. This has been sometimes called a *torpid* state of the organ ; but this is assuming more than we really know; and it is always better to content ourselves with what we do know, than run the risk of falling into practical error, by the admission of points of which we have no sufficient proof. We only know that the action is *changed*, not that it is simply *diminished*, as the term *torpid* implies.

Another cause of biliary concretions, is the change which the bile, though perfect when first formed, undergoes by remaining for a time in the gall-bladder; during which, the more watery parts are absorbed, and the viscidity of the fluid altogether increased. So that there are two points to be attended to in the management of these cases, with a view to the prevention of future attacks ; first, the state of action of the liver ; and secondly, the undue retention of the bile in the gall-bladder.

The object of *treatment* in cases of biliary calculi, is two-fold ; first, the relief of the present symptoms ; secondly, the prevention of future attacks.

The pain attending the passage of gall-stones is often so extreme, as to call imperiously for relief of the most prompt and active kind. The immediate cause of the pain being the spasmodic contraction of the ducts, the most powerful *antispasmodics* are required, especially *opium*, and that in considerable doses. *Ether* and other *stimulants*, may be usefully conjoined with this. The warm bath, or fomentations applied to the region of the stomach, are also proper. The act of *vomiting* is a likely means of taking off the spasm ; when vomiting, therefore, does not occur spontaneously, it may be often usefully induced by the employment of *emetics. Purgatives* have an effect of the same kind, and are always properly used in combination with the *opiates* and *stimulants.* Castor oil is perhaps one of the best purgatives for the purpose. The spasm being taken off by any of these means, there is a probability that the calculus may pass onwards into the intestine, when there will be an immediate relief from pain.

Inflammation often comes on as a consequence of the pain experienced, and which is known by the heat of parts, the tenderness to the touch, furred tongue, and other febrile symptoms. When these are observed, it will generally be proper, unless the patient should be greatly reduced in strength, to take blood away from the arm. And you should recollect what I before observed to you, that *blood-letting* is of itself one of the most powerful, and often the safest, of *antispasmodics ;* especially when it is followed by fainting.

This treatment is merely *palliative*, and by no means sufficient for the prevention of future attacks ; indeed, in some respects, it is rather adverse to the obtaining permanent relief; *opium* in particular, by inducing constipation, and, probably at the same time, retention of the bile in the gall-bladder, is likely to increase the disposition to form concretions ; while *stimulants* are manifestly objectionable in a general point of view. The less recourse is had, therefore, to merely palliative means, the better. You will find it much more useful to aim at the prevention of future attacks, than merely to relieve present symptoms. Now this is to be done, as I have already observed, by attention to two points ; namely, the state of action in the liver, and the undue retention of the bile in the gall-bladder.

With regard to the first point, I may observe, that if the action of the liver be changed, the condition of the secreted fluid, the result of that action, will necessarily be so also. Now if we increase the secretion of bile, this fluid, as in other cases, will be rendered at the same time of a thinner or more watery consistence, and, of course, less disposed to concrete, The formation of bile may be increased, In the first place, by *emetics*, which therefore may be properly employed for the purpose, from time to time. As, howver, we are necessarily limited in the use of *emetics*, on account of the violence of their operation and the distress which they occasion, it is desirable to resort to other means of accomplishing the purpose: and this may be done by *purgatives*, which have an evident effect in increasing the secretion of bile; while, at the same time, they admit of being used with considerable frequency, without injury to the general health, and especially if the *saline springs* are resorted to for the purpose. A watery, vegetable, and acescent diet, will be generally proper on these occasions. *Mercury*, from its power of changing the state of action in every part of the vascular system, seems well calculated to be of service here; and, in fact, I have more than once observed, that when a slight degree of ptyalism has been produced, and kept up for some weeks, the symptoms indicating the passage of gall-stones, though before frequent, have not afterwards recurred.

The *second* point, namely, the undue retention of the bile in the gall-bladder, is scarcely of less moment than the former. This should be guarded against by a good deal of active exercise, such especially as, by pressing frequently, though by no means constantly, upon the hepatic region, is likely at once to increase the formation of bile, and to promote its discharge from the gall bladder into the intestine: of this kind particularly is horse-exercise. The utility of active exercise of all kinds is rendered the more probable from the fact, that it is in sedentary and corpulent persons, especially females at or about the period of the cessation of the menses, and who *live well*, as the expression is, that such affections are the most frequently observed. The necessity, or at least the propriety, of an abstemious mode of living, is sufficiently apparent: as that is of an habitual use of a large quantity of watery liquids, which may be reasonably expected to have some effect in diminishing the consistency of the different secretions.

I need say nothing of *dissolving* biliary concretions, while lodged in the gall-bladder or in the ducts, for we have no power of doing this. There are, no doubt, means of dissolving them when out of the body; but they cannot possibly be brought in contact with the concretions during life.

Of Diseases of the Spleen.

The *spleen* is seated in the left hypochondrium; it is a very vascular structure, but of variable size. Many different opinions have been, and indeed are now held, as to the function of this organ. As no excretory duct has been discovered in the spleen, it cannot very well be considered in the light of a secreting organ. Some have considered its function as preparatory to that of the liver; others have looked upon it as a diverticulum to the blood sent to the stomach; the blood vessels of the spleen being full when the stomach is empty; and *vice versa.* Mr. Hewson considered it as the founder of the red particles of the blood. I believe it will be better at present to confess our ignorance altogether upon this subject. With respect to the diseases of this organ, they are, as far as we understand them, of a very simple nature; namely, inflammation either in an acute or in a chronic form, and which is termed

Splenitis.

Splenitis, or inflammation of the substance of the spleen, may in general be detected by pain and tenderness to the touch in the region of that organ, that is, immediately under the ribs on the left side. Sometimes the part may be felt enlarged and indurated, and even descending by its weight as low as the ilium. The disease, when acute, may be attended with a disordered state of stomach. An enlarged and indurated state, both of the liver and spleen, is apt to take place during long protracted *intermittents;* this has been vulgarly called *ague-cake.* Such cases not unfrequently end in dropsy.

The treatment of these affections of the spleen is precisely that of *hepatitis*, according to the degree and other circumstances of the disease.

Diseases of the Pancreas.

Little need be said upon this subject because it is hardly possible to discover the existence of disease in this organ during life, so as to distinguish it with certainty from that of the neighbouring parts. That the pancreas is liable to inflammation, and that in various degrees, may be easily inferred from analogy. Such a state might be suspected from the occurrence of deep-seated pain in the epigastric region, increased upon pressure. If the organ were enlarged or hardened by the disease, it might perhaps be felt upon examination, at least in emaciated subjects. It would be very likely to disorder the functions of the stomach.

The accuracy of our diagnosis in such a case, would be of no great importance, as it would require only the common treatment of inflammation; which it is unnecessary therefore to again particularize.

Of Diseases of the Peritonæum.

The general cavity of the abdomen is lined by a membrane of the description termed *serous*, on account of its secreting a fluid that resembles, in most of its properties, the serum of the blood. This membrane is called the *peritonæum*, and is reflected from the parietes of the abdomen, over the different viscera lodged in that cavity, so as to give them their external covering. The omentum, mesentery, mesocolon, and the suspensory ligaments, as they are called, of the liver, &c., are but doublings of this membrane. Hence it is altogether of great extent.

Like all other parts, the *peritonæum* is liable to inflammation and its consequences: these I shall now proceed to describe to you.

Of peritonitis, or inflammation of the peritonæum.—This disease, when acute, is attended with great pain, and as the inflammation has a disposition to spread, the pain is rarely confined to any particular spot, but is generally diffused over the whole cavity. It is aggravated upon the slightest pressure; even the weight of the bed-clothes is often intolerable. The skin is not only preternaturally sensible on these occasions, but in some cases is distinctly reddened. The abdomen feels hot to the touch if the disease has existed long, and becomes tense and swollen. The patient bends his body forward, in order to relax the abdominal muscles as much as possible. The functions of the bowels are performed with more or less of irregularity: generally, there is constipation, but in some cases diarrhœa. The constipation, when it occurs, readily yields to purgatives, which is not the case in *enteritis*

The system is much disordered by this inflammation. The tongue is dry and furred, and becomes brown as the disease advances; the pulse is rapid, small, and wiry. In severe cases, the stomach is much disordered, with nausea and vomiting; and the diaphragm also, producing hiccuping.

Peritonitis is distinguishable from *enteritis* by the pain and tenderness being more diffused and by the constipation being more easily relieved; the pain and other symptoms continuing. Whereas in *enteritis*, as soon as the constipation is perfectly removed the danger is generally at an end.

Peritonitis may terminate in different ways; as by simply subsiding, leaving the part in its natural state: or, secondly, by adhesion, more or less extensive, and so as at times to divide the cavity of the abdomen into different sacs, as it were: thirdly, it may terminate in what is called *effusion*, that is, preternatural accumulation of fluid in the cavity, giving rise to abdominal dropsy, or *ascites*. Dropsy, however, is more likely to follow chronic, or slow-acting inflammation of the peritoneum. In persons dying of acute *peritonitis*, there is generally found an accumulation of sanious or bloody fluid, with coagulable lymph, and sometimes puriform matter

The *causes* of this disease are the common ones of inflammation in general: as *the taking cold;* blows, strains, wounds or other injuries of the part; in addition to which, may be mentioned *parturition*. When *peritonitis* takes place soon after child-birth, and the patient is at the same time exposed to the causes of *idiopathic fever*, the disease is then especially called *puerperal fever*.

Prognosis.—Peritonitis, when violent and extensive, is a highly dangerous disease: and more so when it occurs in weak and irritable subjects; and also when combined with *fever*, especially in lying-in women.

Treatment.—After what has been already said upon the treatment of inflammation in general, little need here be added; the importance of the disease requires a prompt and active use of remedies; governed, of course, by the circumstances of the case. *Purging* is particularly advantageous, though still inferior to *bloodletting*, which it must not be allowed to supersede the use of. Much has been said of the advantage of giving *calomel* and *opium* combined, in these cases. My own experience does not allow me to speak with confidence upon this point. *Blistering* the abdomen is an important, and often useful remedy, I believe. When warm fomentations have failed to do good, and when the abdomen is becoming tense and full, I have seen the continued application of cold water very serviceable. In *puerperal fever*, the *oleum terebinthinæ* in doses of two or three drachms, has been recommended upon high authority, as a remedy of great value. *A priori* one would not have supposed it well adapted to such a purpose. But I can say nothing of it from my own experience.

With respect to the consequences of *peritonitis*, one of these, *adhesion of surfaces*, may be productive of much inconvenience, by restraining the freedom of, motion of the intestines, which is necessary to a perfect performance of their function. But it admits of no relief from art. For the treatment of preternatural accumulation of fluid in this cavity, (*ascites*,) I must refer you to the *general doctrine* of dropsy, already given. I shall only observe here, that when attended with marks of inflammation, which is no uncommon occurrence, an *antiphlogistic* plan of treatment is required, of which *blood-letting* may often usefully make a part. Indeed, I have seen it alone cure many of these cases; but only when the disease was recent.

I cannot quit this part of our subject, Gentlemen, without adverting to the undue importance attached, by certain modern pathologists of high reputation, to the *digestive organs*, or as it is the fashion to term them, the *chylopoietic viscera*, (including of course the *liver*,) as the supposed source of a great number of diseases, and those of the most opposite natures, but especially affections of the brain or *nervous system*. Indeed, nothing appears to be necessary to establish such a supposed connexion and dependence, but the slightest degree of imperfection or disorder in the secretion of bile, or in the performance of the digestive function in any of its parts. Another unfounded notion attached to this, is a sort of *specific* power supposed to be possessed by *mercury*, in affections of the liver, and in restoring *healthy secretions*, as the expression is.

With respect to the pathology above alluded to, the *effect* appears to me to be taken for the *cause;* in consequence of which, the former is alone attended to in practice, while the latter is overlooked or neglected, or not treated with adequate attention. As to any *specific* power possessed by *mercury*, either in the shape of *calomel* or the *blue-pill*, the opinion may be very safely rejected, because it rests upon nothing like satisfactory evidence. The notion of a *poison* (such as *mercury* is, and often proves itself to be,) restoring *healthy action*, and *regulating the secretions*, at least in a direct way, is too absurd to be dwelt upon. Like other powerful agents, it may occasionally interrupt the course of various diseased actions, and no doubt those of the liver as well as others; but it is far too indiscriminately used, both for this and other purposes. It is very necessary you should be sceptical with regard to the reports made on such subjects.

REVIEW.

An Inquiry into the Seat and Nature of Fever, as deducible from the Phenomena, Causes, and Consequences of the Disease, the effects of Remedies, and the Appearances on Dissection.—By HENRY CLUTTERBUCK, M.D., Member of the Royal College of Physicians, Senior Physician to the General Dispensary, &c. 8vo. pp. 494. *Second Edition.* London, 1826, Anderson.

THE former edition of this Work appeared nearly twenty years ago, and although the antiphlogistic or cooling plan of treatment had at that period more or less obtained, and the author's doctrines in their full extent have been but feebly supported; it is easy to observe that they have considerably influenced the practice of physicians, contributed much to discourage the indiscriminate use of cordial and tonic medicines, and to establish a rational method of treatment in febrile diseases. Although few will go the length with our author to assert, that in every case of idiopathic fever the brain is inflamed, it cannot be denied that delirium, or some degree of mental alienation, indicating, at least, some *functional* derangement, or *erethism*, as it has been called, of that organ is usually present. How far does this state differ from inflammation, which is often transitory, evanescent, and, to the dismay of the morbid anatomist, leaves not a trace behind! Bichat is a strong authoritory upon this point; he says (*Anat. Gen.* Vol. I. 570,) "A serous membrane may have been considerably inflamed during life, and yet present nearly a natural appearance after death; and it is just the same in erysipelas. I should frequently," he adds, "on dissection have been induced to pronounce the non-existence of an affection which had actually taken place. The same remark is applicable to the cellular tissue and mucous surfaces, affected with inflammation." Wanting this knowledge, as he remarks, he was often led into error respecting the intensity and even the existence of acute inflammation. The fact is well established' and therefore the objection that the brain often appears healthy after death from fever, which has been urged against our author's theory, cannot be maintained; and if morbid appearances do present themselves to the anatomist, it must not be inferred that they caused the symptoms which were observed during life, but are to be received as evidence only that disease has existed in the part, or, in other words, of an effect.

> "This," as the author justly observes, "is clear, when we refer to cases of *epilepsy*, *mania*, or other periodical affections of the brain; where alterations of cerebral structure are frequently found, which, having once taken place, must of necessity be permanent, although the symptoms are of occasional occurrence only. And the same conclusion may be drawn from the great similarity observed in the morbid appearances, after different diseases of the brain; so that in fact it would puzzle, I believe, the best anatomist to indicate, from *post mortem* appearances merely, the disease under which the patient had laboured; or, on the other hand, to predict, with any tolerable certainly and precision, what the appearances would be after death, from any given set of symptoms manifested during life. The essence of disease, in short, consists in something far more subtle and fleeting than the gross changes that are to be detected by the knife of the anatomist."

Pathological researches, observes Dr. Goode, rarely give the student "any information concerning the elementary or chemical changes that have taken place in the animal fluids; and may lead him, in a thousand instances, to mistake effects for causes, the results of symptoms or accidents for that of idiopathy, even in morbid changes of structure," implying that as we know nothing of the first link in the chain of diseased action, that is, the state bordering on, and interchanging with health, so we cannot, in any rational manner, run through the series of changes up to dissolution, or draw any practical inference from what may be found afterwards.

It is true that the study of pathological anatomy has sometimes led to the neglect of symptomatology, and to the introduction of bolder plans of treatment than circumstances should appear to warrant, but upon the whole, it is the proudest distinction that modern medicine can boast of, and, more than any thing else, a cause of the present advanced state of surgery. Generally it will neither support nor discountenance the author's hypothesis, nor indeed does he seem to rely much upon it, for he says (Pref. p. 23.) "I do not know how to explain the salutary effects of *bloodletting* in the cure of fever, now so generally admitted, without referring to the supposed inflammatory nature of the disease."

We have reason to know that bloodletting as here recommended, has been sufficiently successful in the practice of Dr. Clutterbuck, and that with some practitioners it has been improperly employed, and carried to a dangerous excess. While therefore we recommend the work to the notice of the profession, we intreat our junior friends to study it attentively, ere they employ that general plan of treatment which, *prima facie*, it might appear to inculcate. Dr. Clutterbuck's ideas of fever have been extensively circulated through the medium of this journal, which is our excuse for the hasty view we have taken of the present erudite and clever performance.

FOREIGN DEPARTMENT.

ANATOMY.*

Case of Transposition of the Thoracic and Abdominal Viscera, complicated with Hydrocephalus Internus. By Professor Naegele of Heidelberg. (Heidelb. Klin. Jahrb. 1825.)

A Jewess, 18 years of age, was admitted towards the end of her pregnancy, into the lying-in institution belonging to the university of Heidelberg. Soon after admission, labour pains came on ; the mouth of the uterus became dilated, but it was ascertained, that from the size of the child's head, there were little hopes of its being able to pass through in the natural way ; the umbilical chord pulsated no longer, and the perforation was on these accounts resolved on. This operation allowed of the escape of an enormous quantity of serum, and delivery took place without any further assistance from art. The fœtus presented externally, excepting in the head, the proportions and appearance of a well-formed child ; it weighed about seven pounds. The conjunctiva was observed to form a *cul-de-sac*, which being continued over the eye, covered it entirely; a disposition which tends to confirm the opinion of those anatomists, who think the conjunctiva continued over the transparent cornea. The cornea was altogether opaque, the other parts of the eye were in the natural state. There was a separation of the upper lip forming the hare lip, complicated with a division of the soft palate.

Interior of the Cranium.—Considerable quantity of serum effused under the dura mater. After the separation of the two hemispheres, the corpus callosum was found quite detached, and the lateral ventricles very much distended by a collection of serum ; the optic nerves were extremely small ; the cerebellum, medulla oblongata and spinal marrow presented no anomaly.

Thorax.—The right lung had only two lobes, whilst the left had three. The base of the heart is situated behind the sternum, and the cartilages of the third and fourth left ribs ; its apex was pointed towards the cartilage of the fifth right rib. The aorta proceeded from the fore part of the *right* ventricle, then turned down on the right side of the spine, having first given off the arteria inominata ; then the right common carotid, and, lastly, the right subclavian. The right auricle received the pulmonary veins, and were furnished with the mitral valves. The pulmonary artery arose from the *left* ventricle, and gave off at its bifurcation the ductus arteriosus, which was continued to the concave part of the arch of the aorta, on the same side of the origin of the right subclavian. The left auricle received the venæ cavæ, and was furnished with three semilunar valves.

Abdomen.—The liver weighed only two ounces and a half, and was situated in the left hypochondrium, its largest lobe occupied exclusively that region, whilst the smaller lobe was directed towards the right side, and covered the vena porta, and a part of the stomach. The gall bladder was found, as usual, on the concave surface of the liver. The stomach occupied the other hypochondrium ; its cardiac extremity was directed towards the right, and the pylorus the left side ; the spleen was also on the right side. The cœcum was situated in the left iliac fossa, and its appendix vermiformis was in the same direction. The colon, on leaving the cœcum, was continued towards the large lobe of the liver, then transversely from left to right, forming the sigmoid flexure in the right iliac fossa, and at last descended into the small pelvis on the right side of the sacrum. The same change of situation was observed in the vessels, the aorta being a little towards the right, and the vena cava towards the left side, and so on.

It is not rare to meet with transposition of one or a few parts, but this cannot be said of cases like the above, where change of situation extended to all the thoracic and abdominal organs, and where it was accompanied with anomalies and change, such as were found on the face and brain. The above fact may be compared to that which Torrez has inserted in the *Memoires de Mathematique et de Physique presentés a l'Acad. des Sciences*, T. I. p. 136.

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* Archives Generales, May 1826.

Contributions to the History of the Development of the Human Fœtus, during the first three weeks after Conception. From Dr. Pockels' Brunswick (Isis. Edited by Oken, and published at Jena. Dec.* 1825.)

Accurate descriptions of the human ovum have generally been confined to a period at which important parts are no longer to be observed. From this cause have arisen the numerous disputes on the existence of the *vesicula umbilicalis*, on the presence of the intestines in this organ, the unsatisfactory views on the formation of the umbilical cord, as well as the complete misunderstanding of the most frequent cause of the death of embryo, and the abortus which takes place in the earlier months of pregnancy. Within the las few years, from among more than fifty human ova in the first six weeks of pregnancy, Dr. Pockels has had an opportunity of preserving four perfectly formed, which came away between the eighth and sixteenth day after conception. They were taken out of the *tunica decidua*, and the blood adhering between the layers of the chorion being removed, they were placed for some hours in fresh water. The examination was conducted under water, in the bottom of a black basin; the ova were so fastened, that they might not be moved by the water, and that minute observations with magnifying glasses might be made. The results of these observations are for the most part new, and, as Dr. P. thinks, of no slight interest in the history of the development of the human embryo. They appear to him also so clear, as to supersede the necessity of diffuse demonstrations; and after enumerating what, up to the present time, is known on the subject, he briefly gives the results of his own investigations.

1. The naturally formed ovum is, up to the 14th day after conception, of the size of a nutmeg or small walnut. It lies imbedded with the chorion in the *tunica decidua Hunteri*; and after opening this coat, it may be removed from its bed without tearing the layers of the chorion. There is no connexion whatever between the two coats through the medium of vessels. The cavity of the chorion contains a kind of red transparent fluid, of the consistence of the white of an egg; a delicate colourless membrane traverses the fluid in different directions, very similar to the structure of the *humor vitreus* in the eye. Of the coats which are said to line the chorion, in particular the *allantois* (*allantoides*), Dr. P. never saw any clear trace.

2. In this albuminous kind of fluid contained within the chorion, lies the small bladder-like amnion; in the first fourteen days after conception it is between the size of a pea and that of a bean, generally pyriform, sometimes however globular. From want of practice in these examinations, the amnion is, on account of its small circumference and its transparency, very easily removed from the surrounding fluid with the chorion, and then it is supposed that there is an ovum without an embryo; this was the case formerly with Dr. P. In order properly to lay it bare, the albuminous fluid, with its membrane, must be removed with great care, by means of forceps and scissors, then a small white body, the embryo and the organs connected with it, together with the bladder of the amnion, become apparent. The amnion is usually, by means of its pyriform peduncle, slightly connected to the chorion at one point, through a little condensed membrane, and projects with its conical extremity into the albuminous fluid. The parietes are quite transparent, and it contains a clear fluid.

3. The embryo appears to the naked eye, even in *ova* only fourteen days old, as a yellowish white body, scarcely a line (one-twelfth of an inch) in size, in the middle flat and pressed together; at both ends thicker and a little rounded, and has the consistence of jelly. The embryo lies, up to the 12th day after conception, external to the amnion, with its back in a flat depression, on the outer surface of the amnion, and connected to it by a clear cellular membrane; and at first it is so placed, as to admit of being raised from the amnion, without the amnion being opened. Its anterior surface is turned towards the chorion.

4. Somewhere about the eighth day the embryo adheres by its back to the external surface of the amnion, and sinks in the progress of development into the cavity of the omnion. Towards the sixteenth day the embryo lies in the cavity of the amnion, close on the inner surface of this bladder, without a navel-string. The head and posteriors may be recognised as small white projecting knots, the back is still concave. During the advancement of the process of evolution, the embryo sinks farther into the cavity of the amnion; the septum on the anterior surface becomes elongated.

5. Before, and also a short time after the passage into the amnion, there are

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* Edinburgh Med. and Surg. Journal. Vol. XXV. No. 87.

two important organs in connexion with the embryo, which are also situated external to the amnion, viz. the *vesicula erythroides*, and the *vesicula umbilicalis.*

6. The *vesicula erythroides*, a part of the human ovum, up to the present time quite overlooked, is a kind of small bladder pressed together, rather long, and of a pyriform shape, the rounded end of which rests on the amnion over the lower part of the embryo; and its smaller end opens into the abdominal part of the embryo, but a little before this it is slightly curved and dilated. In ova about eight or twelve days old, it is three times as long as the embryo; and in the fourth week after conception, is no more visible. It can very easily be raised with the embryo from the external surface of the amnion; sometimes, however, it is so firmly connected with the amnion, that it is difficult to separate the one from the other.

7. The *vesicula erythroides* is transparent, of a milk-white colour, and in its parietes, which, in proportion to the size of the vesicle, are large, there can be seen a number of small red globules spread about in all directions, but which, however, soon lose their colour in spirits of wine. There are several groups in the form of a double string, interrupted however, in which at first the yellowish white globules can only be observed. Immediately after the entrance of the embryo into the cavity of the amnion, this string or cord (*Strang*) appears to the naked eye as a vermiform cord lying in the hollow of the *vesicula erythroides*, which, in the middle of the vesicula, divides itself into two canals, which are only to be observed with the help of very strong magnifying glasses, and thus passes into the abdomen of the embryo.

8. On the passage of the embryo into the cavity of the amnion, the broad end of the *vesicula erythroides* separates itself from the amnion, follows the abdomen of the embryo that retracts into the sheath formed by the amnion, fills it quite out, and in the human ovum this *tunica erythroides* becomes the umbilical cord. This occurs about the third week; and in natural ova at this period after conception, the *vesicula erythroides* is no more to be found entire, lying on the amnion. On the contrary, one often sees in the natural ova, even at the fourth and fifth week, near the insertion of the umbilical cord, the broad but more obliterated end of the erythroides as a white lamella, opposite to the vesicula umbilicalis, resting on the amnion, and passing over into the sheath of the navel-string.

9. The vermiform string (sect. 7.) formed in the *vesicula erythroides,* draws itself up into several turns or folds towards the abdomen of the embryo; its simple rounded remains in the VESICULA ERYTHROIDES; its two shrunk up canals surrounded by the *erythroides* go into the embryo; and the cavity of the *vesicula erythroides* becomes gradually obliterated from its broad end towards the abdomen of the embryo. On the abdomen, there remains in the regular state, up to the tenth or eleventh week, a small hole of the VESICULA ERYTHROIDES, in communication with the cavity of the abdomen, and here are found very late some of the folds of the intestines, as is now sufficiently well known. About the 20th day these bent-up strings pass over into the embryo: and now the middle part of the embryo does not appear any more flat, the back no longer concave, the abdomen projecting and filled.

10. The most accurate possible observation of the above mentioned gradations in the formation of this vermiform string, of its passage into the abdomen of the embryo—its partial remaining behind in the abdominal extremity of the navel-string, as real intestines, places it, according to my opinion, beyond all doubt, that the fact discovered by OKEN, in the mammalia, also occurs in the human embryo; viz. that the intestines, in part, at least, arise in the *vesicula erythroides*, in the human subject; not, however, out of the coats of the erythroides, but in its cavity.

11. The *vesicula umbilicalis* is the second essential organ external to the cavity of the amnion, which stands in connexion with the embryo. It is a globular vesicle, rather larger than the embryo, rests a little above the top of the head of the embryo, loosely attached to the amnion. It is generally of a yellowish white colour, transparent, sometimes completely so, and clear as water, filled with a clear fluid, which does not become turbid in spirits of wine. I have never been able to observe a trace of red globules, and much less vessels in or upon it. It increases in size up to the existence of the navel-string, in proportion with the embryo; but then maintaining, at the utmost. two lines in diameter, it does not increase any more.

12. From the vesicula umbilicalis, there proceeds an extremely fine canal, about one to three lines in length, appearing to the naked eye as a delicate white thread, close over the embryo into the vesicula erythroides, where this becomes curved and dilated. Immediately after the real existence of the intestines (sect. 9.) there may be seen, by the aid of powerful magnifying glasses, two delicate threads going

from the canal into the vesicula erythroides, one of which extended towards the embryo; the other, however, appeared to extend in a contrary direction, but which, on account of the great fineness of the parts, I could not with certainty observe.

13. After the existence of the umbilical cord, the *vesicula umbilicalis* unites with the external surface of the amnion; and as the amnion becomes more distended by fluid, the *vesicula umbilicalis* separates itself more and more from its original point of attachment from the insertion of the navel-string, with proportional elongation of the canal, which stands in connexion with the *vesicula erythroides*. The *vesicula umbilicalis* becomes obliterated and converted to a white round spot, and even exists in this state sometimes to the end of the third month of pregnancy. The fine canal, both of whose branches pass over with the folds of the intestine, through the *vesicula erythroides*, into the embryo, forms the omphalomeseraic vessels, which are to be seen as late as the ninth week; it becomes obliterated with the *vesicula umbilicalis*, and changed to a very fine white thread, that runs in the chord to the embryo, and divides itself at the mysentery into two branches. I have never been able, either in this canal or its branches, to discover a trace of red blood.

14. Both organs, the *vesicula erythroides*, and *vesicula umbilicalis*, are essentially necessary to the development of the embryo. It is probable that the *vesicula umbilicalis* in the human ovum, is similar to one of those vesicular distentions, from which the tunica erythroides of animals springs*, but that in the human subject it appears as a particular organ. It is probable that its fluid is employed in the development of the embryo, up to the formation of the umbilical vessels; that this process partly takes place by the vasa omphalomeseraica, which at the same time open with the formation of the intestine, into the *vesicula erythroides*. It is further likely that the proper umbilical vessels develop themselves into the parietes of the vesicula erythroides, arising either from the embryo, or taking their origin in the parietes of this organ.

15. We find proofs of these views in the examination of unnatural human ova. When both organs are wanting, and perhaps from the commencement, then the embryo is found like a small stria, which is scarcely visible, or as an irregular lamella (Blattchen,) hanging by an extremely delicate thread, into the cavity of the amnion, which is unproportionally distended with fluid. The embryo is often so small, that it is sought for sometimes in vain in the large bladder; sometimes there is only a very small thread present, as the remains of the umbilical cord; sometimes also the diseased ovum is quite empty. If the *vesicula erythroides* adheres too firmly to the amnion, then the umbilical cord is like a short thin thread, or a sheath filled with saline matter, in which no trace of the folds of the intestines is to be found, but some vessel-like threads going from the embryo to the centre, the rudiments of the umbilical vessels are to be seen. The embryo has in these cases always an empty, either transparent, or pressed together, belly; it is always deformed, and appears only by its own peculiar powers, sparingly to vegetate, until it is expelled from the uterus. The *vesicula erythroides* is found in such diseased ova, proportionally very large, extending as a snow-white line, from the point of insertion of the navel-string, from one to two inches over the amnion, with the outer surface of which it is firmly connected. By the powerful distention of the amnion bladder, the *vesicula erythroides* in these cases, is as long as the thread of the *vesicula umbilicalis*. The *vesicula, umbilicalis* disappears, according to Dr. P.'s observations, either entirely, or it becomes obliterated with its canal too early, if the *vesicula erythroides* does not enter into the sheath of the umbilical chord. The only remnant which is then found of it, is a white lamella, adhering fast to the amnion, easily, however, overlooked, from which a thread extends itself towards the insertion-point of the navel-string, but frequently before the point becomes lost in the amnion.

The *vesicula erythroides*, the existence of which, in the early state of the human embryo, it is the object of Dr. Pockels' paper to show, was noticed by Everard as existing in animals, in his work entitled "Novus et Genuinus hominis Brutique Animalis exortus;* and we find an engraving of it in Needham's *Observationes Anatomicæ*†, under the name of *corpus glandulosum Everhardi quod fœtum utero con-*

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* Oken Beyträge, Heft. I. Tab. III. fig. 3. x. y.

* Melib, 1661.

† Leyden, 1743.

nectit. Dr. Pockels, however, is the first to assert its being present in the human embryo, a point which naturally requires further investigation before a decided opinion can be given on it. With respect to the *vesicula umbilicalis,* an engraving of which was first, we believe, given by Albinus * in 1754, and afterwards by Wrisberg † in 1764, we will just state that its presence in the human embryo is now admitted by nearly all the Continental anatomists. The late Osiander in Gottingen certainly denied its presence; and, in the beautiful collection of human embryos which he left behind him, it is not to be seen; but it could only have happened that these were malformed, or that from some accident the *vesicula* was removed, for it has fallen to the lot of almost every anatomist in modern times to see it, and its existence is placed beyond all doubt.

Philomatic Society.

M. de Blainville communicated to this society at its sitting on the 15th of April, that Spallanzani had observed, that among the infusorial animals, those belonging to the two classes designated by him the *rotiferes* and *tardigrades,* had the power of being recalled to life on being plunged into water, even if they had been dead some time. The possibility of this fact has been doubted in modern times, but M. de Blainville possesses one of these animals which he has resuscitated *twelve times,* after having kept it sometimes in a state of a desication, from the effects of which it appeared completely dead.

PATHOLOGY

*Case of Psoriasis Guttata (Batemam) or Dartre squammeuse lichenoide. (Alibert.) By M. Philouze, interne de l'hopital St. Louis.**

A man, sixty-eight years of age, by trade a perfumer, of a bilious temperament, and a spare habit, was attacked with an hydrocele of the left side, at the age of forty-two, for which he was operated on by incision. A short time after recovery from the operation, the same disease showed itself on the right side, together with a cutaneous affection, which had made considerable progress. From this time, his health became broken up, the upper and lower extremities became swollen, and these, together with a great part of the trunk, especially the lumbar region, presented a considerable number of pearl-like scales, round, and for the most part easily detached from the skin, which was red, smooth, and dry beneath. Here and there were some small buttons, without any change of the colour of the skin at their base, and covered with very thin white shining scales. On removing the scales, the tops of these small buttons appeared very red. The disease had, according to the patient's account, commenced with similar buttons on the wrist, that it had afterwards extended to the fore, and upper arm, and the other parts which we have mentioned. His health became worse, an affection of the chest came on, from the effect of which he died.

Inspectio Cadaveris.

Some old adhesions of the lungs to the pleura-costalis, were found, bronchitis, and pneumonia of the left side, together with great organic change of the stomach. The skin was pale, slightly yellow; the scales less shining or brilliant than during life; the subjacent parts presented no redness, and there was no elevation of the surface of the skin. Several portions of it covered with scales, in the different stages of their formation, were submitted to maceration in water. At the end of fifteen days, the epidermis separated with the greatest ease, and we discovered that the scales, even those the least advanced in their development, were separated from the cutis by a thickened layer of the epidermis. This was also the case with the scales of longer standing. From this it appears, that the scales are formed on the external surface of the epidermis. May this not also be the case with all the true squamous affections, such as the *lepra psoriasis*, and *ichthyosis* of Bateman. If these scales are not a disease of the epidermis, as Bateman thought they were, but rather the result of a slight inflammation of the superficial layers of the dermis, according to the opinion of M. Biett, which appears to us the most probable; then the epidermis is an unorganized body, and the morbid secretion traverses it as the perspiration in a state of health does, and deposits itself on the external surface of the epidermis, merely covered by a slight lamella, which on the one hand becomes connected with the skin, and on the other distends itself in the scab, increases in size, and breaks when the latter detaches itself.

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* Academ. Annot. Liber. 15, Leidæ.

† Descriptio Anat. Embryonis Obs. illus. Gott.

* Nouvelle Bibliotheque Medicale, April.

Extract of the Report by M. Robert, on the preceding Case.

An attentive examination of the anatomical specimens presented by M. Philouze has convinced us of the accuracy of his observations, but the explication which he gives of the formation of the scales does not appear to us to hold good. The slight permeability of the epidermis, tells against his opinion, and moreover he left us to divine of what the lamella consists which covers the scale, and which is connected with the epidermis at its circumference. The following appears to me to be the mode of their formation; the irritation of the superficial layers of the skin of the mucous body determines to its surface, and under the epidermis the exhalation of an albuminous matter, in the same way as the application of a blister, determines under the epidermis the accumulation of a certain quantity of serum; this exudation soon dries. But the mucous body on which it rests, and which has the property of reproducing its epidermis with great facility, cannot remain long time thus denuded; a new pellicule is rapidly formed, and the albuminous layer is then contained between two layers of the epidermis; the one old and external, the other internal and of new formation.

*Otorrhœa.**

MM. Itard, Bagneris, and Boisseau, read a report before the Academy, on the 11th of April, on a case which had been transmitted to it by M. Pichot, physician at Bercy. The case was that of a young girl, who, after having been cured of crustæ lacteæ, which she had from her infancy, was attacked with an otorrhœa, and partial deafness. A marked amelioration was obtained by the use of revulsions to the skin, and injections of the decoction of saponaria into the meatus, from the use of which, a cure was nearly produced, when all of a sudden, pains in the ear with fever came on, and a copious seropurulent discharge by the meatus auditorius; the orifice of which was swollen, and the bottom filled with a kind of polypous excrescence. Repeated applications of leeches behind the angle of the jaw, produced a cessation of the symptoms; but on the eighth day they re-appeared with increased violence, accompanied with convulsions and other symptoms of encephalitis. These did not yield to any treatment, and on the thirtieth day the patient died, after having a few hours before discharged by the ear, with a kind of explosion, a great quanty of fœtid pus.

On opening the body, a softening of the left cerebral hemisphere was found, in the centre of which were three ounces of pus. The membrane lining the external meatus and internal ear, were of a red-brown colour, and covered with pus. No communication was detected between the disease of the brain, and that of the ears; the bones of the cranium were entire. The author of the case thinks that the imprudent cure of the tinea produced by metastasis the inflammation of the ear, then that of the brain; and that the inflammation spread by continuity from the first organ to the second. The reporters do not coincide with the first opinion, and as for the second, the *post-mortem* examination contradicts it, since the bones of the cranium interposed between the two organs were sound.

Academy of Medicine. Sitting of the 13th of April.—Ossification of the Retina.

M. Reveillé Parise together with M. Demours made a report on a case of ossification of the retina, presented by M. Manoury, surgeon, at Chartres. The subject of this case was a man sixty-seven years of age, and blind from his fortieth year, in consequence of wounds received in the eye. The man having died of pulmonary catarrh, M. Manoury dissected the eyes with care; they had, however, been atrophic for a long time previous to his decease.

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* Archives Generales, May.

The right eye was no more than the quarter part of its ordinary size, and had lost its original form; the cornea was not more than half a line of extent in all its diameters, had increased in thickness, and lost its transparency. Internally the eye was empty, and the iris, the structure of which could scarcely be discovered, adhered to the posterior surface of the cornea. The left eye had lost half of its natural size, the cornea was thicker, smaller, and opaque; at the fore and outer part, the eye presented a deep cicatrix, the effect of one of the wounds. But at the bottom of this (left) eye was an ossific body, concentric to the other membranes, of the thickness of the sclerotic in some parts, thicker in others, presenting two surfaces, the one external and convex, the other internal and concave. The first, covered by the choroid, which, however, did not adhere to it, had the appearance of the parietal bones deprived of their periosteum. The second was smooth, polished, of a fine white colour, transparent in half of its extent, and rough in the other part. M. Manoury recognized that this ossific body was the retina ossified; in fact it was penetrated at its centre by a hole through which the optic nerve passed without being at all adherent to it. The reporters remark that ossification of the retina although rare, has been already observed by Haller, Morgagni, Scarpa, and lately by M. Magendie.

Œsophagitis accompanied with symptoms of Hydrophobia, by Dr. Pfeufer, third physician to the general hospital at Bamberg. (Heidelb. Klin. Jahrb. 1825.)

Y. Kneis, ætat. 48, of a sanguineous temperament, diminutive stature, but strong and robust, had always enjoyed a good state of health. About a year and a half ago, a small dog seized him by the calf of the leg, an accident to which he paid but slight attention, as all mark of the bite disappeared in a few days, and the dog presented no morbid symptoms. But at the distance of time first mentioned, he was engaged in some hard work, during which he drank considerable quantities of beer and spring-water. In the evening of the same day, he felt great difficulty in swallowing liquids, weight in the extremities, and such a coldness all over as to compel him to go to bed. On the following day the same symptoms still continued, for which a medical man who was called in, prescribed some opening pills. On the third day he was brought to the hospital; the pulse was small, but quick; the pulsation of the heart at some times very rapid, at others quite suspended. Skin hot and dry, great thirst, tongue dry, and covered with a yellow fur. Deglutition of solid substances easy, but the sight of liquids, even at a considerable distance, excited horrible convulsions. Bloodletting, calomel, belladonna and frictions along the spinal cord, were ordered, but these produced no effect; the disease increased in violence, and on the sixth day after his admission he died.

Inspectio Cadaveris.—Extreme softness of the cerebral substance, unusual size of the pineal and pituitary glands; spinal marrow healthy; salivary glands indurated and increased in size. Some gangrenous spots were observed in the larynx and pharynx. The thyroideal gland was larger and softer than in the natural state; it was of a deep brown colour, and interspersed with black spots. The œsophagus was inflamed in the whole of its extent, and presented some traces of gangrene; the same alterations were observed on the diaphragm; the mucous membrane of the stomach and the duodenum were very red, and the pancreas had undergone the same alterations as the salivary glands, and presented certain marks of inflammation.

SURGERY.

Sutures in Wounds of the Bladder.

Reports of MM. Maingaut and Amussat, on a paper of M. Pinel Grandchamp, entitled "Experiments on animals, tending to establish the advantages of the suture for the purpose of obtaining reunion of wounds of the bladder, and preventing extravasation of urine."

The author of these experiments employed with success the suture of the bladder, having first made a wound in that organ, on dogs, cats, guinea pigs, and rabbits, and in these animals the wound was made in the most depending situation of the bladder. In the first series of experiments on 21 dogs, twelve were entirely cured, four are in a fair way of recovery, and five died. In the second, nine out of ten succeeded, and in the third only three out of seven. The commissioners of the sitting killed several dogs which had been operated on by M. Pinel, and had recovered, in order to ascertain the state of the internal parts. 1. In three dogs operated on two months before by M. Pinel a complete cicatrix was formed, and in one of the dogs a fold of intestine had become adherent to it. 2. In two others the suture which had not been removed *formed the nucleus of a stone*, the bladder was thickened and inflamed, the cicatrix was firm. 3. In another which had been operated on fifteen days before, and from which the suture had been removed on the third day, the cicatrix was nearly complete. 4. In another dog operated on fifteen days before, the bladder had contracted adhesions with the omentum; the cicatrix was incomplete, and the urine flowed through the wound. From these and similar experiments they conclude that the suture ought to be removed in a few days after its employment, for without this employment it might give rise to the formation of a calculus; in the second place, that if the wound even of the bladder should not be cicatrized when the suture is withdrawn, the vessels contract adhesions with the parietes of the abdomen which prevent all extravasation; that in man the edges of the wound of the abdomen may be kept open in order to let the suture remain longer and withdraw it later, and lastly, that the experiments of M. Pinel lead us to believe that this practice may be applied to man.

N. B. The suture used was that commonly known under the name of Pelletior's suture.

Spina-Bifida.

There is a case of supposed *spina-bifida* mentioned in the *Revue Medicale* for May of this year, which was cured by scarifications. If this case was one that left no doubt on the mind of the reader that it was *spina-bifida*, the cure, and the means adopted for the cure, would not fail to prove of the highest interest to the profession; but for our part we have doubts as to the authenticity of the case.

Aneurisms.—M. Baron Larry presented the Academy two soldiers, recovering from aneurism—the one was varicose aneurism of the external iliac vein, which had come on after a wound made by the point of a sword. The other an encysted, or false aneurism of the right common carotid near to the arteria innominata, and produced by a sabre wound. These two patients were treated first by Valsalva's plan, by ice, and afterwards by moxas applied as near as possible to the seat of the disease.

Rupture of the Intestines, followed by Emphysema.

There is a curious case of rupture of the jejunum, in the *Archives Generales* for May, occasioned by a contusion of the abdomen, which was followed by general emphysema. In general, infiltration of air into the cellular tissues, especially when it is considerable, arises from wounds of some part of the air passages, but in the case to which we allude there could not be discovered the slightest trace of such lesion.

THERAPEUTICS.

On the use of Belladonna as a Prophylactic in Scurlatina. (Rust's Magazin, far die gesammte Hielkunde, xx vol. p. 182.)

Several notices have been published of late, particularly in German journals, regarding the prophylactic virtues of the extract of belladonna in epidemics of scarlatina. The following experiments made at the orphan hospital of Langendorf in Prussia, by Dr. Randhahn, physikus of the place, is one of the strongest facts in favour of the alleged property. In one of the apartments of the hospital two children were attacked by scarlet fever, in February 1825, and 160 others were exposed to it. A solution of three grains of the extract of belladonna in an ounce of a vinous infusion of cinnamon, was given to each, in small doses, during the whole month of February. Up to the 21st of April, when the report was made by the physician, not a single case had occurred among them, and even two who lived in the same chamber with those affected did not suffer.

Hufeland on the Radix Caincœ, as a new remedy against Dropsy. (Hufeland's Journal, February, 1826.)

The materia medica has acquired a very valuable acquisition in the Radix Caincœ, an important remedy against dropsy. In a letter from M. Von Langsdorf to Professor Kluge on the use of the Radix

Caincœ (Chiococca racemosa Martii,) we are informed that the root of this plant is celebrated in Minas Geraes in Brazil, as a very efficacious medicine. Its properties are a drastic not debilitating, but tonic purge, a good diuretic and a most active enemenagogue. On account of its pungent and nauseating smell and taste, it often causes vomiting, although no emetic principle has as yet been discovered in it. In irritation of the nerves and hysteric cases, this medicine has also been found efficacious, but its principal property is that the root has been proved to be a radical remedy in dropsy. It is used in the form of an infusion, about two drachms of the root to a pint of boiling water; this is allowed to rest over night and is taken in the form of tea once or twice a day; or to commence with two table spoonfuls, three or four times a day, of a decoction of two drachms of the root boiled in a pound and half of water down to eight ounces.

It appears, therefore, that this medicine belongs to that class of antihydropic remedies, which by their resinous drastic qualities produce alvine evacuations, as well as a secretion of urine, as for instance gamboge, elaterium, colocynth, bryony.

Remarks on the Antisyphilitic Decoction of Zitmann. By Professor Chelius. Heidelberg. (Heidelberger Klinische Annalten, No. I. 1825.*)

The author, after noticing the different means employed up to the present time, against syphilitic affections, comes to the decoction of Zitmann, of the superiority of which over all the other therapeutic agents of the same class his own experience has firmly convinced him. The decoction of Zitmann was employed towards the middle of the last century by him whose name it now bears, and the composition of it remained a secret till 1795, when Theden made it known. Notwithstanding the success which Theden obtained from its employment, this pharmaceutical preparation soon became forgotten. Professor Chelius having witnessed during the last ten years, its efficacy in the most inveterate cases of syphilis, has, since that period, made use of it not only in this disease, but in scrofula and other affections of this kind. All his pupils who have observed the good effects which he constantly experiences from the employment of the decoction of Zittman at the surgical clinic of Heidelberg, have had recourse in their own practice to the same remedy. The principal advantages which it offers are, 1st. It cures (*a*) all recent venereal affections; (*b*) all those which have resisted mercury in other forms; (*c*) the symptoms occasioned by this metal. 2d. The cure is not protracted longer than ten or twenty days. 3d. The treatment, far from affecting the general health of the patient, increases its vigour and strength. Persons particularly weak and rickety, bear it without experiencing any unpleasant symptom. 4th. Zitmann's decoction, by its moderate price, is within the reach of every patient. (Here several cases follow, Illustrating the excellence of this remedy.)

We will now point out the composition of the decoction, and the mode of administering it.

1. *Strong Decoction.*

℞ Rad. Sarsap. ℥xij.
Coque ex aq. font. ℔xxiv. per ¼ h.
Add celum. sacch. ℥jss.
Mercur. dulc. ℥ss.
Cinnab. antim. ʒj.
In nod. ligat. subfine coct. admisce:
Fol. sennæ, ℥iij.
Rad. liquor. ℥jss.
Sem. anis. vulg. fœnicul. a a ℥ss.
Col. lib. xvj.

2. *Weak Decoction.*

℞ Resid. decoct. fort. } a a ℥vj.
Rad. sarsap.
Coq. cum aq. font. lib. xiv. subfin. coct. adde.
Pulv. cort. citr. }
—— cinnam. } a e ʒiij.
—— cardam. }
Rad. liquor, ʒvj.
Colat. ℔xvj.

The patient commences by taking 12 of the following pills:—

℞ Hydr. subm. gr. xxiv.
Rad. jalap. pulv. ʒjss. into 80 pills.

The four following days he drinks in the morning a bottle (℥viij.) of *strong* decoction, slightly warmed, and in the afternoon the same quantity of *weak* decoction at the usual temperature. On the sixth day the use of laxatives is to be repeated, and the four following days, that of the decoctions as before; at the same time the patient is limited in diet to two ounces of lamb or roast veal, with a similar quantity of white bread per diem, and on the day of purgation some soup only. It is important that the patient should remain in bed during this treatment, and also remain quiet a few days afterwards, drinking at the same time some sudorific tisane, and observing a strict diet. If after this the symptoms have not entirely thrown off their syphilitic character, a second course of the same treatment must be adopted, but in the majority of cases, ten or twelve days are sufficient to remove the symptom, or at least to modify them so that they require no further treatment.

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* Archives Generales. May.

INFANTICIDE.

To the Editor of The Lancet.

Sir,—The ready admission and extensive circulation which you gave to my paper on simple and contaminated puncture, induces me to request admission at your discretion to some remarks on the crime of infanticide, the perpetrators of which now almost always escape conviction from the very erroneous impression made on the minds of judges, and those legally concerned, by a very excellent paper of the late Dr. William Hunter, in the medical transactions of the College of Physicians.

My remarks were originally intended for one of the numbers of the Medical Spectator, if health and spirits had enabled me to continue that publication with due regularity. I am, Sir, with best wishes for the continued success of the very useful and popular work, The Lancet,

Your obedient servant,
John Sherwin, M.D.

Bath, June 27.

The long suspension of the Medical Spectator having put a stop to the favours of my old and numerous correspondents, it is with great pleasure that I acknowledge and subjoin the following, from one with whose communications I have, on former occasions, many years ago, been often indulged.

Sir,—In the character of Medical Spectator which you have formerly well supported, I trust you will not be averse to receive and publish the following

Remonstrance.

The public papers have lately informed us Sir, that a learned judge, upon a bench of criminal justice, has asserted that the lungs of a new-born infant floating on the surface of water, is no longer deemed a proof that the child had been born alive. Nay more, that this test is now completely exploded as a vulgar error. Permit me, Sir, to remonstrate with the learned judge, for the vulgar error is now, most assuredly, on the contrary side. Ever since the publication of the late Dr. William Hunter's excellent paper in the Medical Transactions, it has been the fashion, even with medical witnesses, to decry this old and excellent criterion. Yet all that Dr. Hunter's observations have established is, that in consequence of putrefaction, the lungs of a still-born infant will float, and consequently that the criterion is not always to be received as demonstration, without proper caution.

Let any one, Sir, try the experiment and he will find the following to be the real facts: A portion from the lungs of a still-born child, or any other animal that has not breathed, will sink in water; but if the animal have breathed vigorously, a similar portion will float lighter than a cork or a feather; and no mechanical compression will afterwards deprive it of this property. Such a portion taken from the lungs of a still-born child must be in high state of putrefaction before it will float; and the floating, even in the highest state of putrefaction, will be very imperfect, when compared with the buoyancy of the lung of an infant that had enjoyed respiration. The difference is such, Sir, that it will scarcely be necessary for the medical examiner to make use of his nose; which may always tell him to what cause the floating of the lung of a still-born babe ought to be ascribed.

In every case of this kind that may come before a jury, a well informed judge or councellor will undoubtedly ask the question whether or no any attempts have been made to restore or to excite animation, by artificial respiration? Because in that case, a portion of the lung of a still-born infant will, most certainly, float as light as a feather; exactly in the same manner as it would have done if the child had been born in the most healthy state of animal existence.

I conceive, Sir, this to be a fair case for the animadversion of the Medical Spectator, and remain, with the best wishes for the success of his resumed lucubrations,

Sir, your obedient servant,
E. R.

THE LANCET.

London, Saturday, July 8, 1826.

NOTHING is more calculated to lessen the influence of the Press, than frequent actions for libel; nothing, in fact, is more decidedly calculated to destroy the power of that mighty engine, than the practice of dragging public writers into courts of law for occasionally expressing themselves in harsh or severe terms on men and measures; of men *personally*, it is not the business of a critic to speak. The *man* should only be reached through the medium of those materials which are by common consent constituted public property; such as his duties in public institutions, or his published works, whether periodicals, or his more elaborate essays. Had the attacks of JOHNSON been confined to our public conduct, on the execution and character of THE LANCET, or even literary personal squibs, however severe they might have been, we should not have complained. These are the weapons which contending writers might sometimes be permitted to employ, but the libels of JOHNSON, altogether divested of argument, are so horrible, of so atrocious a nature, so directly levelled against our *private* character, and so well calculated to excite against us a feeling of universal detestation, that we felt it to be an imperious duty we owed to ourselves, to our family, to the profession, and to society, to institute those proceedings which were reported in our last Number, which terminated in the discomfiture of the malignant libeller, and will brand him to all eternity as a literary assassin. Let it not for a moment be supposed, that we appealed to a Court of Law with a view to obtain pecuniary damages as a *compensation* for the injuries we had sustained. This is a principle we abhor, and we think but meanly of those who attempt to brighten their reputation by the lustre of gold; money *can* be no compensation for the destruction of *private* character. As a general rule, it may be said, that *attacks* on the conduct of *public* men, are severer inflictions on the supporters of the system which upholds them, than on the subordinate agents The materials being here presented to the view of all, it can easily be seen whether the strictures are just, and if they are not, the arguments of the critic revert with double force upon his own head, and from the obliquity of his perception, he, and he alone, becomes wounded by the shafts of his own ridicule. In the first case, the public character, however much his conduct might have been traduced, does not suffer; but, let his reviler stimulated by some secret motive of malice, follow him to his home, and throw the poisoned chalice into the bosom of his family, by holding him up to the bar of public opinion as a loathsome criminal, as a human monster, as a creature who has rent asunder all the ties of social life; in that case, how is the victim to obtain an adequate recompense for his injuries? Can money act as a soothing balm to his wounded feelings, and the lacerated bosoms of his relatives? No; and it would be equally unsatisfactory, were the traduced to immolate on the altar of justice the unprincipled destroyer of his peace. A man may be a most inefficient and miserable creature as a HOSPITAL SURGEON; and yet, in the private relations of life, he may be an excellent a most worthy member of society; JEMMY JOHNSON may be a most unworthy and stupid editor of a very stupid Journal, and still be a very affectionate father, a very tender husband, and a sincere friend.

In what way then is a man to act when he is denied, by a despicable and cowardly antagonist, the possession of every social and moral attribute—in other words, how could we on this occasion dispel the suffocating fœtor of this poisonous literary FUNGUS? How were we to cast from us the *sloughings* of its malignity?—knowing, as we did, the falsity of his accusations, we had but one course to pursue, viz. that of bringing him to the bar of public justice, and there demand of him to produce evidence of the truth of his most infamous accusations; this we did, and what was the conduct of our slanderer? He shrunk from the conflict, and pleaded NOT GUILTY—he did not *dare* an attempt at justification, well-knowing that he had not a scintilla of evidence wherewith to support his unmanly and fiend-like assertions—"Banished the practice of a profession which he has disgraced," said Johnson, "vide Secret Memoirs of the House of Argyll, and of extinguishing debts by means of fire engines,"—now we ask any rational man, could a charge of arson be more distinctly made than this? and yet Mr. Serjeant Vaughan tells us "he did not mean that he had caused the fire, for that imputation the defendant distinctly disclaimed," of such a defendant what opinion are we to entertain? Although Mr. Serjt. Vaughan *for the defendant* denied it, yet that hired bravo himself immediately afterwards, by inuendo, conveyed the same detestable imputation. The servant stated "that he left Mr. Wakley about 11 o'clock at night, and that he did not see him again till six o'clock the following morning, when he was at Mr. Parker's;"—*therefore*, says this acute reasoner, "he was in the fire all night," that is, *because he was at No.* FIVE *at eleven o'clock at night, and because he was seen at* THIRTY-FIVE *at six o'clock the following morning*, THEREFORE, he was at No. FIVE the whole of the night. A writer, certainly not a very celebrated one, has said "that wit is a thing neither to be defined nor understood;" we will merely add that Mr. Serjeant Vaughan's wit appears to be precisely of this description. Under Johnson's plea of NOT GUILTY, we maintain that the cross-examination by Mr. Serjt. Vaughan, which was permitted by the Chief Justice, was decidedly illegal—had Johnson put in a plea of justification, then the examination would not only have been legal, but in strict accordance with justice. Under the first plea, according to all the authorities on the law of libel, evidence of the truth or falsehood of the accusations *was not admissible.* A law, although not acted upon in our case, was recognised as correct by Lord Chief Justice Abbott on the day subsequent to our trial, in the cause of *Robinson* v. *Clement*; it was an action by an Attorney against Mr. Clement, the Proprietor of the Morning Chronicle, for some defamatory observations contained in a speech of Mr. Scarlett, published by the defendant in that paper. The defendant pleaded not guilty; on the trial the reporter of the Chronicle was called, and asked by the defendant's counsel, if the report which contained the alleged libel was *correct*; upon which Mr. Gurney immediately rose and objected to the question:—

The Lord Chief Justice.—"The objection is well-founded; we cannot hear any thing of the truth of the report; if it had been the defendant's object to prove *that*, he should have pleaded a justification; under this plea of not guilty, of course the plaintiff cannot be prepared to meet such evidence as is now tendered."

Thus law in the Court of King's Bench and in the Court of Common Pleas, appear to be very different commodities. Although we are aware that the Common Pleas has been on some occasions a little crooked or so, yet upon such a simple every day matter as this, we fully expected it would have been straight forward and that no difficulties would have presented themselves. Had we known that any evidence would have been adduced on the subject of the fire, we would have overwhelmed the Court with witnesses; and, as a specimen of what we could have done, we will here insert some of the depositions which were made after the night of the 26th August, 1820; but before we do so, there is one circumstance connected with the first trial respecting this calamitous and mysterious fire, which, in itself, speaks volumes of *convincing* truth, and which one would suppose would be sufficient to silence every tongue of that viper Slander, if they were as numerous as particles of sand on the sea shore. On that trial the profession is already aware that the Jury gave a verdict for the FULL amount of the insurance, and immediately after it was over, (and it is this circumstance to which we wish to direct the particular attention of the reader,) one of the Jury (which was special,) Mr. Gillman, called upon Mr. Ivatts, now of the Guildhall Coffee House, King-street, Cheapside, to whom we were sent for on the fatal night in question, and stated, that he never saw so infamous a defence to an action in the whole course of his life, and that " although he was HIMSELF A PROPRIETOR IN THE OFFICE, yet he had awarded every sixpence asked." Can any circumstance speak more powerfully in our favour than this? We will now insert two or three of the depositions we have just alluded to, and we will put it to JEMMY JOHNSON, and to his equally renowned brother editor, JEMMY COPLAND, who, it will be recollected, wantonly thrust himself into this fire, (and preciously he has been burned for his temerity,) whether the malicious reports of Hole and Corner Surgeons, narrow minded, exposed, and expiring College Examiners, and the interested, envious, and revengeful accusations of the FUNGOID editors of morbid, medico-fudgico journals, ought to have more weight with the public, than the calm, deliberate depositions of gentlemen of high character, and who were not only eye-witnesses of the fire, but two of whom (Mr. Hodgson and Mr. Thompson the next door neighbours,) were severe sufferers by the calamity, the latter gentleman having been the landlord also of the burned house.

Deposition of G. Thompson, Esq., Freeholder, and Proprietor of Mr. Wakley's house.

I, George Thompson, being alarmed by the watchman's knocking at the door, between one and two o'clock on Sunday morning, the 27th August last, drest myself with precipitation and ran into the street, when I perceived Mr. Wakley's house, the premises adjoining mine, to be on fire, and the front door open. When I immediately returned to my own house to endeavour to preserve my property, and exclaimed to Mrs. Thompson, " I am afraid poor Mr. and Mrs. Wakley cannot escape;" about three quarters of an hour after this period, I perceived Mr. Wakley at my parlour door in the passage in a state of exhaustion, covered with blood and dirt, whom I led into the room and gave some wine and water, which seemed a little to recover him, for he appeared as one lost in misery and distraction. Mr. Parker, of 35, in the same street, being with me to assist in the removal of my furniture, I exclaimed, " for God's sake, Mr. Parker, take care of Mr. Wakley, and never mind my house." They both then got over to Mr. Parker's house, where Mr. Wakely was put to bed. The deponent then called on Dr. Luke, requesting him to go to Mr. Parker's house, to see what assistance he could render to Mr. Wakley. About four o'clock in the morning, when the roof of Mr. Wakley's house had fallen in and I was convinced my premises were safe, I went over to Mr. Parker's to inquire after Mr. Wakley, who then informed me he had been knocked down at the bottom of his own kitchen stairs, by some person or persons unknown, and when recovered from the effects of the blow, and finding himself surrounded by flames, he crawled into the back-kitchen, and made his escape through the sky-light to the yard, and climbed over the fence wall that divided our premises, and entered into my house about the time I found him. On my return from Mr. Parker's, I examined the sky-light on Mr. Wakley's premises and found it broken exactly as he had described it, and further, the marks of his feet and knees were visible on the side of the fence wall, where he had crawled down on my premises.

(Signed) GEORGE THOMPSON,
(Witness) *Mary Hart.* *No.* 6, *Argyll-st.*

Deposition of S. Parker, Esq. 35, *Argyll-st.*

About half-past one o'clock on the Sunday morning of the 27th August last, I was awakened by the springing of the watchman's rattle, a loud knocking at my door, and the cry of fire. On looking out of my window, the chimnies of Mr. Wakley's house were smoking; before I had drest the flames gushed out of the two parlour windows, and shortly after at the street door. I went immediately over to Mr. Thompson's, next door to Mr. Wakley's, to assist him in securing the valuable part of his property; when this was nearly effected I was informed Mr. Wakley had not been seen, and had most probably perished. I accompanied Mr. Thompson, jun., to the top of the house, we called out there at all the windows and the upper back leads, in hopes of Mr. Wakley hearing us; when we descended, I parted from Mr. Thompson, jun. in the back passage of his father's house, and I found Mr. Wakley, I believe supported by Mr. Thompson, sen. Mr. T. requested me to take care of him and pay no further regard to his property. Mr. Wakley was in a most dreadful state; his senses were obiviously deranged, and the horror and dread he exhibited, imagining all around him to be the murderers, were excessive, he had shiverings or rather tremblings, apparently the effect of mental horror, as they were accompanied with gestures and clenching of his hands, which caused me to hold him firmly, lest I should suffer violence; a profuse perspiration covered his face, and he showed symptoms of great agony. His hands, face, shirt, and cravat were much covered with blood and dirt, and the blood gushed from his left ear and trickled down his neck. One of Mr. Thompson's servants brought some water which he drank greedily, and with great difficulty I restrained him from drinking of it too copiously, I then washed his hands and face, when he became more composed. SAMUEL PARKER.
(Witness) *Charles Parker.*

Deposition of R. Campbell, Esq. 36, *Argyll-st*

On Sunday morning, about one o'clock, or some short time after, I was awakened by a great noise in the street, Mrs. Campbell immediately got up, and went to the window, which she opened, and looking out, exclaimed, there are robbers in Mr. Hodgson's house! upon which I arose, walked to the window and perceived a man, with a large loose bundle under his arm, coming rapidly down the street, followed rather tardily by a man, whom I supposed to be a watchman; I called out to him, "Why don't you catch the rascal," but in a few minutes lost sight of the man in Argyll-place. I then looked up the street, and perceived a great smoke at the house adjoining Mr. Hodgson's, and shortly after saw flames.

(Signed) ROBERT CAMPBELL.
(Witness) *W. Gardiner.*

Deposition of Mr. Campbell's Butler.

I, George Murray, butler to Robert Campbell, Esq., of 36, Argyll-street, being alarmed by the watchman's rattle on the Saturday night of the 26th of August, about one of the clock, got out of bed to the area-gate, and saw a hackney coach opposite to Mr. Wakley's house, and immediately perceived a man come out of Mr. W.'s house with a bundle under his arm, he passed deponent, and went through Argyll-place into King-street. I very soon after saw the servants escape naked, from the said house then in flames. The said servants came to No. 36, and I, the said deponent, supplied them with clothes. (Signed) GEORGE MURRAY.
(Witness) *W. Gardiner*, 36, *Argyll-st.*

4, *Argyll-street*, *Sept.* 21, 1820.

SIR,—Having been informed that you are the gentleman who, with the consent of Mr. Wakley and his friends, has undertaken to collect all the known facts respecting the horrid transaction which occurred in Argyll-street, on Saturday night the 26th August, when Mr. W.'s house was totally destroyed by fire, and himself attempted to be assassinated; as a refutation of the malicious reports which have been circulated against the character of the sufferer, permit me to add my opinion to the testimonies of my respectable neighbours, that Mr. Wakley has been vilely traduced by some malicious individuals on this unfortunate catastrophe, which, from the irreparable injuries he has sustained, ought to have excited universal compassion. J. HODGSON.
To W. Gardiner, Esq.

Now, JOHNSON! do you not *blush?* If so, pray hasten to your friends, and by exhibiting that index of a disturbed conscience, convince them, that however much appearances might have been against thee, thou art not a brute.

PHYSIOLOGY.

To the Editor of THE LANCET.

SIR,—Having been for some time dissatisfied with the generally received theory of the vessels termed absorbents, I have been induced to perform a series of experiments, two of which I now send you. You will perceive, at the conclusion of each, from my remarks my opinion of them, and what I conceive them to be.

Should there be any thing novel in them, or in anywise tending to remove the doubts which have so long existed respecting those vessels, and it receive your approbation, or be in any measure accelerative of science, their insertion in your widely-distributed and very useful publication will confer an obligation on,

Sir,
Your obedient servant,
R. VINES, Assistant Demonstrator.

Veterinary College,
June 28, 1826.

FIRST EXPERIMENT.

Having kept a dog for some time without food, I gave him a pint of milk and water, and immediately introduced a tube into the trachea and secured it; then, with a sharp-pointed probe, I pierced the spinal marrow, between the occipital bone and first cervical vertebra, which produced a partial insensibility. I then applied a small pair of bellows to the tube, and by means of them kept up respiration artificially. I then opened the abdomen and exposed the intestines and stomach. Finding the peristaltic motion of the intestines going on, and the blood circulating through them, I divided the sternum, and laid open to view the heart and lungs. I next divided the thoracie duct, from which issued about a table-spoonful of white fluid into the cavity of the chest. Having kept up respiration for one hour and twenty-five minutes, I severed the hepatic duct, entering the duodenum, and from the gall bladder immediately issued a quantity of bile. The circulation of the blood in the intestines then began to diminish and the peristaltic motion to cease, and in a few minutes ceased altogether, and with it the circulation through the lungs.

Examination after Death.—On opening the stomach I found two tea-spoonfuls of coagulated milk, and a small quantity of gastric juice. The duodenum, and other intestines, were covered on their internal surfaces with a small quantity of mucus mixed with bile. There was but a small portion of fæces in the colon and rectum. I then collected the contents of the intestines, stomach, and thoracic duct, and found about one third of a pint of fluid.

From this experiment it appears to me, that absorption must have taken place by the mesenteric veins, as well as by the lacteal absorbents.

It may not be amiss to mention, as a proof of the function of the different organs being kept up, that the bladder became filled with urine during the experiment.

SECOND EXPERIMENT.

Some days afterwards, being at a slaughter-house with some of the pupils, we selected for examination a young mare, which was brought to be destroyed on account of a disease in her foot. Being struck on the head, and having fallen, her throat was immediately cut. We then proceeded to dissect the abdominal viscera. On detaching the cœcum from the colon, I observed the lacteal vessels situated in the mesentery and surrounding the lymphatic glands, near the spine, among the adipose substance, were greatly enlarged and carrying red blood, whilst those near the small intestines were much diminished, and carrying a transparent fluid. I then examined those on the concave surface of the liver, and found them carrying red blood likewise. Those vessels which pass through the glands were full of blood.

I at first thought it must be disease of those glands, but on close inspection I found they were in perfect health, and that the animal was living on her fat, converting it into red blood. A strong ligature was then passed round the superior part of the mesentery, above the mesenteric glands, as near the spine as possible, to prevent the fluid escaping. The intestines were then removed, with the liver attached to the stomach and duodenum. These parts were sent to the College for inspection.

I then examined the thoracic duct, and found it contained red blood; then the lymphatics in the lungs, and various other parts of the body, and found them carrying a transparent fluid, those which transmitted red fluid only existing in the adipose substance in the mesentery.

Every organ in the animal was in perfect health, except her foot. The stomach and intestines contained only a few ounces of food.

The parts being removed, (those above mentioned,) I proceeded to inject quicksilver into those vessels on the concave surface of the liver, previously forcing out the blood, but found the resistance which the valves offered so great, as to require the force of my thumb nail above the quicksilver; I then withdrew the tube and made the vessel secure. Following two of the largest vessels I opened them, and passed the quicksilver both ways. I found it go to that which I had previously injected, and between the fissures of the liver to its convex surface into their most minute ramifications.

I next examined the mesentery of the small intestines, and endeavoured to introduce quicksilver into the lacteals arising from their surface, but in consequence of their diminished size I was not able. I then selected one of the mesenteric arteries near the intestines, introduced the tube, and made it secure; then passed a ligature round the intestines, about three inches on each side of the artery. I then put a portion of mercury into the tube, and soon perceived it pass into the peritoneal covering of the intestines, and from thence into the lacteals. By elevating the intestines it passed up towards the superior part of the mesentery, and united with those lacteals containing red blood, and from over the surface of the lymphatic glands.

I then found it a convenient opportunity to examine the structure of these supposed glands, and I found that they were made up of a number of convoluted vessels, united together by cellular membrane, lying between the folds of the mesentery and surrounded by a quantity of adeps; as, for instance, suppose six or eight of those vessels pass in to form a gland, and after inosculating together for some time they pass out as two or three; others pass over these, and after winding themselves in various directions pass out in a similar manner. These all proceed towards the thoracic duct. On cutting into one of these glands when distended with a fluid, it has the appearance of cellular structure.

From the above I think I am justified in concluding, that the lacteal and lymphatic absorbing vessels, or the absorbents as they are usually termed, are nothing more than transparent veins, arising from seriferous arteries and all the serous cavities in the body, strong and elastic in their coats, much more numerous than the large veins, their circulation much slower, supplied with a great number of valves, and as they proceed towards the trunk and unite together, they inosculate in a most curious manner, putting on the appearance of glands. This wise and singular contrivance of nature is for the purpose of assisting the valves to raise the column of fluid, previous to its entering the receptaculum chyli, which then passes along the thoracic duct o. the horse, in a horizontal direction, till this duct enters the left jugular vein: here then there is no further use for the glands. It is also my opinion, that the circulation of the fluid in those vessels is carried on entirely by pressure, and that they are the lowest order of blood vessels in an animal body, as in man and the higher order of animals there are three kinds of blood, viz., bright scarlet, red, and transparent, or white, consequently there are three circulations, and these three unite and form one grand circulation, which is carried on by means of the lungs and atmospheric air.

THE VETERINARY COLLEGE.

To the Editor of THE LANCET.

SIR,—The medical profession is already greatly indebted to you, for the faithful exposure of so many existing abuses in the College of Surgeons. Had you not so zealously represented them to the public, (for they have been long known to the profession,) we might still have been drivelling on without our present certainty of their effectual removal. The liberality and care you have always observed in the investigation of such shameful oppression, have induced me to solicit your powerful aid in a cause where the members of a profession are equally insulted and injured by a tyrannical few; who, like the autocrats in Lincoln's inn, are also self-elected. I allude to the Veterinary Profession; and were I to attempt a description of the morbid organization of its College, and the diseases consequent upon its present economy, its pathology would be trespassing too greatly on your pages, sacred to more valuable information. Yet I trust you will attach sufficient importance to the subject to allow me, through the medium of THE LANCET, to appeal to the Medical Professors, who are Veterinary Examiners, upon the injustice of their determined exclusion of competent Veterinary Surgeons from the Board of Examination; and yet do these worthies, after cramming themselves with a substantial dinner at the Freemason's Tavern, paid out of the examination fees, and pocketing the surplus, if there be any, pretend in their siesta to judge as to the veterinary acquirements of each candidate—mockery peculiar to that part of the town. There are many members now practising, who have passed that ordeal, who can neither read nor write, men who would never have thought of presenting themselves at the College, had they not known the Professor's enormous fee (twenty guineas) for admittance, would procure them all they required.

It may be argued, that Mr. Coleman is there to determine what the other teachers cannot pretend to. But is it just, that he whose interest it is to admit pupils, should alone be their teacher and examiner; would such members as are in it have ever been admitted, had the present Examiners displayed that care for the welfare of the profession, which it was their duty to exercise? As a Member of the College of Surgeons, I am already greatly indebted to you, though I fear the force of bad example so long and so unjustly continued in that College, will tend to lengthen those I complain of in ours; for you will observe the majority of Veterinary Examiners* are those who are practising the same tyranny in their own profession, which you have so often justly inveighed against.

By inserting the above, you will oblige one of your constant readers,

A VETERINARY SURGEON.

St. Pancras, June 28.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

The two following cases show with what facility and safety hæmorrhoidal tumours can be removed by the scissors, in comparison to the severe operation by the ligature. In removing tumours of this description with the scissors, Mr. Wardrop observed, that he never saw any troublesome hæmorrhage follow such a mode of operating, unless when in place of removing the whole tumour, a portion of it only had been cut away. The consequence of cutting away a portion is, that in place of only one or more small vessels being divided along with sound adjacent parts, an incision is made into a diseased structure. A spongy mass, in which blood freely circulates.

HÆMORRHOIDAL TUMOUR.

Francis H., æt. 44. There is at intervals of a few days, and sometimes every day, a discharge of blood from the rectum after stool, and usually to the extent of a pint and a half; suffers great pain around the anus, particularly before the bleeding takes place. On examination, there appear several prolongations of the common integuments, and an excrescence of a bright red colour, which is attached to the bowel within the sphincter muscle: it can be projected beyond the anus by straining, and always on going to stool. The tumour is about the size of an olive, with a broad base, and an irregular surface, on which can be observed several small perforations, and through which the blood is discharged. This tumour is extremely tender to the touch. He states, that nine years ago, he had a severe diarrhœa, which was followed by piles, the bleeding from which began at the time of their appearance, and has continued ever since. He is of a squalid complexion, but complains of nothing but weakness, which he attributes to loss of blood.

Operation. — The bowels have been carefully evacuated for some days, and except from the effects of the local ailment, he seems healthy. The tumour being made to protrude, it was laid hold of by a pair of hæmorrhoidal forceps, and drawn out so far as to allow a pair of curved scissors completely to include the diseased part. The bleeding was very trifling. Took two grains of opium. In the evening he experienced considerable pain on going to stool, and a few ounces of coagulated blood were passed.

Sixth day. Feels himself quite easy, and has lost no more blood. Some œdema which was around the anus, is very much diminished; complains only of pain on going to stool. Ordered the ol. ricin. to regulate his bowels, and the liquor ammon. acet. to be applied to the part affected.

On the 8th day he did not feel quite so well. Pulse full, and rather hard; took a pill containing calomel and rhubarb, with a dose of castor oil the following morning.

Twelfth day. Has now little or no pain on going to stool, and the œdema around the anus is quite gone. To take small doses of castor oil occasionally.

Fifteenth day. Still complains of slight pain on going to stool, but in other respects he is much improved in health.

On the 20th day, he left the Hospital quite well, with directions to take small doses of castor oil occasionally, and to return if he should feel headach, giddiness, or any disturbance in his health.

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* Sir Astley Cooper, Sir E. Home, Mr. Abernethy, Mr. Cline, Dr. Pearson, Dr. Cooke, Dr. Babington, Mr. C. Bell, Mr. Green, and Mr. Brodie.

HÆMORRHOIDAL TUMOUR.

George D., æt. 43, a gardener, complains of great pain and uneasiness around the verge of the anus, more particularly during and immediately after stool, when he generally loses a considerable quantity of blood. On examining the parts there appears an excrescence of the size of a pigeon's egg, protruding beyond the sphincter ani muscle, it is of a livid colour and of a soft and spongy texture, having numerous small perforations on its surface. There are several lesser excrescences attached to the extremity of the bowel; but it is from the larger one that the bleeding takes place, and which causes so much inconvenience. The surrounding integuments are very much relaxed—otherwise he enjoys pretty good health. States that five years ago after a severe bowel complaint, for which he took too large a dose of the tincture of rhubarb, he observed for the first time a small swelling at the verge of the anus, which gave him considerable uneasiness. He was advised to use oakum which almost cured him, and he remained so for a twelvemonth. At this time he overworked himself, and the tumour again made its appearance with increased suffering. Is never entirely free from pain. Since this complaint commenced he has at intervals lost small quantities of blood, but for the last year he has passed several ounces each time he has gone to stool.

Has been in the Hospital for four days, during which time his bowels have been freely opened by castor oil and small doses of calomel; he feels his health much improved.

Operation.—The patient was directed to sit over hot water and to strain so as to bring the tumour completely down through the anus. The largest hæmorrhoid was laid hold of by the forceps, and removed from its root by the curved scissors. The bleeding was trifling. He was put to bed and a couple of grains of opium introduced into the rectum.

About half an hour after the operation he felt a desire to go to stool, when he passed about eight ounces of clotted blood. In the course of two hours he went to stool two or three times, and at each passed about four ounces of blood. He now took two grains of opium internally, after which the bleeding ceased and he remained perfectly quiet. In the evening the bleeding had not recurred, and he felt easy.

On the third day after the operation, he took ℥ss. of castor oil, which operated without giving much pain.

From this time he continued to do well for seven days, when he was dismissed free from complaint, with directions to regulate his bowels and attend to his general health.

HÆMORRHOIDAL TUMOUR.

Margaret D. æt. 35, there is a tumour of the size of a pigeon's egg protruding from the anus, it is of a dark livid colour, apparently much distended with blood, its surface smooth, and exceedingly painful on being touched. This swelling comes down only during each motion, and causes the most excruciating pain until again reduced, which is generally about half an hour. No blood has been discharged. She is of a costive habit, and has no motion without medicine, which she seldom takes, from the dread of the tumour coming down.

States that eighteen months ago she suddenly felt as if something had given way at the extremity of the bowel, and on examination a large tumour which she says was of the size of an orange was found protruding from the anus.

She was advised to take a strong dose of physic, and during its operation suffered the most excruciating agony.

The tumour has since continued to give great pain during every motion, but she thinks it is considerably diminished in size.

The tumour was punctured with a lancet, and about eight ounces of a dark coloured blood discharged. Two grains of opium were introduced into the rectum, and she experienced considerable relief, being free from a burning heat which she used to suffer on the tumour being returned.

She went home and was advised to apply leeches occasionally, and to regulate her bowels with castor oil.

In the extremely tender state of the parts, and great irritability of the woman's constitution, it was not thought proper to remove the tumour.

WARTY EXCRESCENCE OF THE ANUS.

The following case affords a good example of that peculiar species of tumour, called *crystæ* by the older writers, and which is very different in its structure from the hæmorrhoidal tumour, as exemplified in the foregoing cases.

Elizabeth T. æt. 30. There is a small tumour attached by a narrow neck to the verge of the anus, of the size of an olive, firm in its consistence, of a pale colour, and has a notched appearance at its edge like the comb of a cock. Says that she never experienced any inconvenience till about six weeks ago, immediately after a severe attack of purging, when the present tumour made its appearance, and has continued since of the same bulk, and has never returned within the anus. The pain and inconvenience were at first trifling, but have been gradually becoming worse. She suffers most during, and immediately after stool, and has also inconvenience in walking.

Operation.—The excrescence was laid hold of by a pair of *hæmorrhoidal* forceps, and excised with the curved scissors; there was little or no bleeding.

On making a section of this tumour, instead of the congeries of dilated vessels and cellular structure communicating with these vessels, which is met with in the hæmorrhoidal tumour, the section, in the present instance presented a firm and rather tough pale-coloured substance, of which the whole mass was composed. In structure, it resembled very much the warts which form on those parts of the body where the skin and mucous membranes unite.

Second day.—On going to stool this morning, felt considerable pain at the anus, but otherwise is doing well. To take ol. ricini ℥ss. to-morrow morning.

Ninth day. Since last report she has been daily more free from pain on going to stool, and feels quite well; the wound is almost healed.

FISTULA IN ANO.

John M., ætat. 38, a footman. There is a small fistulous opening close to the verge of the anus, and on introducing a probe, a cavity is found to extend more than an inch upwards, along the course of of the rectum, and between it and the sphincter muscle there is a considerable degree of hardness underneath the integuments adjacent to the fistula. A discharge of purulent matter takes place at intervals of two or three days, which he has observed for the last six weeks, and states, that two months ago, on getting out of bed, he felt, without any evident cause, an acute pain around the anus, which afterwards continued, though leeches, fomentations, and internal medicines had been employed. He suffers a good deal of pain, but has no other complaint.

Operation.—His bowels have been kept more open than usual, and he has lived moderately for ten days past. The first step of the operation consisted in ascertaining the extreme termination of the fistulous cavity, and it was found to come in close contact with, but not to penetrate, the coats of the intestine. The intermediate portion of gut and cellular substance was divided with a bistoury. Two ramifications of the fistulous cavity, extending upwards, and another downwards, were in like manner laid open. The internal surface of the cavity was livid, with a firm substance, having a smooth slippery surface. A small piece of lint was inserted between the divided edges, in order to prevent their adhesion, and a poultice applied.

He passed a good night after the operation, and next morning felt no uneasiness. The wound went on granulating, and the adjacent callosity daily diminished. The bowels were kept open by small doses of castor oil every second day, and a poultice continually applied.

On the 20th day after the operation, the wound had perfectly healed, and he left the Hospital with directions to regulate his bowels with the ol. ricini.

FISTULA IN ANO.

George P., æt. 46, a butler. There is on the left side of the anus, about an inch from its verge, a small opening, which discharges a thin puriform matter. On introducing a probe, a canal can be traced, extending upwards towards the gut about an inch and a half, but does not communicate with it. Suffers no pain, but great inconvenience from the discharge of matter. General health tolerably good, with the exception of a slight and habitual cough. Says that his complaint began two years ago, when he first observed a small swelling in the vicinity of the anus, which at times gave him a good deal of pain. He used no remedy, and it is only about six months since he first observed the discharge. Matter has since escaped at short intervals, which always gives relief. Can ascribe no cause for this complaint; has from his own account always lived moderately, and been of a regular habit.

Operation.—Has been three days in the Hospital, and has taken a calomel pill, and two doses of castor oil, so that his bowels have been freely evacuated. The operation was performed in the usual way, with the exception that a wooden conductor, introduced into the rectum, served the purpose of the finger. The extent of the sinus being ascertained with a probe, a straight sharp-pointed bistoury was introduced along the probe, and its point carried through the rectum into the groove of the wooden conductor, the whole sinus was then easily laid open by one stroke of the bistoury; the hæmorrhage was trifling; two grains of opium were immediately introduced into the rectum, and the patient put to bed.

The pain soon subsided after the operation. and he passed the day tolerably easy. Took a calomel pill at bed time, and a warm poultice was applied over the part.

On the fourth day after the operation, the wound was examined, and granulations had begun to spring up. Ordered small doses of castor oil every morning.

On the 8th day, he complained much of a sensation of itching in the vicinity of the anus; and on examination, a small opening was discovered near the wound, from which matter oozed. This opening led into a sinus, which was traced with the probe within the anus; and it was immediately laid open. In consequence of there being no external fistulous orifice, when the first operation was performed, and no communication between the two sinuses, this second sinus had escaped an attentive search made at the first operation. In operating for fistulæ, too much pains cannot be bestowed in finding out every ramification of the fistulous cavity, and in laying them completely open.

In this patient the wounds granulated quickly, and on the twentieth day they had perfectly healed, when he left the Hospital, with the same directions for his future management as were given to the former patient.

ABSCESS OF BURSA OF THE PATELLA.

John D., a cabinet maker, æt. 35. There is a large abscess situated over the patella, the integuments of which are extremely thin, and of a livid purple colour; the neighbouring parts partake of the inflammation, and are considerably swelled; suffers excruciating pain, and has passed several sleepless nights. Tongue furred, skin very hot and dry, pulse accelerated. A fortnight ago he received a slight wound from a rusty nail, which at the time caused little pain, and he paid no attention to it; he continued to work, and at the end of a week the knee began to swell and become painful, attended with fever; since then he has been confined to bed, and the pain and swelling have increased. A free incision was made into the abscess, and about ʒiv. of a thick green pus discharged, which gave immediate relief; a poultice was applied to the knee, and he took at bed-time a calomel pill, with two grains of opium.

Second day. Passed a better night than he has done since the swelling began; a good deal of pus and serum was pressed out; the integuments are retracting; is free from fever; bowels not open, skin moist, pulse quick; to take ʒiss of the senna mixture, and the poultice to be continued.

Third day. Continues to do well, and is almost free from pain. Continue.

Eleventh day. The skin is now reduced to its natural size, and is free from pain; the wound in the integuments is almost healed; has little or no difficulty in moving his leg; health perfectly good. Dismissed.

PRETERNATURAL COLLECTION OF SYNOVIA IN THE BURSA OF THE PATELLA.

A young woman applied for advice on account of a considerable swelling over the patella of one knee. It evidently contained a fluid between that bone and the integuments, and was not accompanied with much inconvenience except when she knelt on it, to which she attributed the formation of the tumour, being frequently employed in washing floors.

The emplast. ammoniaci c. hydrargyro was applied, and she returned in ten days much relieved. This application is considered by some surgeons as a specific in this disease.

BLOOD EFFUSED IN THE BURSA OF THE OLECRANON.

There is a globular tumour about the size of a pigeon's egg, situated on the olecranon of the right elbow. The integuments are reddened, and there is a distinct fluctuation throughout the swelling. About eight weeks ago he fell and bruised this part, from which he found no inconvenience until a month ago, when the present swelling suddenly made its appearance. He has applied leeches and blisters without producing any alteration in its size. The tumour was punctured, and a sanguineous fluid discharged; a moderate degree of pressure was applied by a compress and bandage. He returned to the Hospital a week afterwards, the tumour having assumed nearly its former bulk. It was again punctured, and a partly transparent slightly viscid, and partly sanguineous fluid discharged. Pressure, by adhesive plaster, was employed. The fluid did not again collect. At the end of a fortnight the tumour had quite disappeared, and the integuments assumed their natural appearance.

The two following cases point out the propriety of examining wounds, in order to detect the presence of extraneous substances which may be accidentally embedded in them; and they show the severe effects which result from a want of attention to such examinations.

A PIECE OF GOLD WIRE EMBEDDED UPWARDS OF THREE MONTHS IN THE CORNEA.

Morris L., æt. 32. On the temporal edge of the cornea of the left eye there is an opaque spot; the pupil is irregular and adheres to the opaque spot of the cornea; there is considerable redness of the white of the eye and great intolerance of light.

About fourteen weeks ago, when twisting a piece of gold wire, a small portion of it broke off and struck the eye. Three days after the accident intense inflammation came on, with severe pain, which continued for five weeks and resisted active depletion. From this period the pain has become less acute.

A few days after applying to the Hospital, a portion of gold wire was observed projecting beyond the surface of the cornea, and a considerable portion seemed to be impacted in the opaque spot. It was easily extracted by means of a pair of forceps, and was followed by a discharge of the aqueous humour. The portion of wire was of considerable length, fully three lines, and one extremity had penetrated the anterior chamber. Felt much relieved immediately after the extraction of the exciting cause, and the inflammation and opacity soon subsided.

A PIECE OF GLASS EMPACTED THREE YEARS BELOW THE INTEGUMENTS OF THE FINGER.

The shopman of a chemist received a wound on the palmer side of the second phalanx of the middle finger, in consequence of a phial breaking in his hand. The wound was dressed, and healed by adhesion, and the man continued to use his finger, though a small lump remained below the cicatrix. It continued in this state from December 1822 till April 1826, when a slight degree of inflammation took place; suppuration ensued, and on a small opening being made with a lancet, a piece of glass was discovered. By the dilatation of the opening, the glass was easily removed, and it proved to be a portion fully the size of the nail of the little finger. The patient got well immediately.

GUY'S HOSPITAL.

SEVERE CASE OF TIC DOULOUREUX, SUCCESSFULLY TREATED BY THE EXHIBITION OF SMALL DOSES OF CARBONATE OF IRON.

The following case of tic douloureux in the facial nerves, which was of unusual severity, and of long duration, was cured by the continued exhibition of *carbonate of iron*, in doses of half a drachm three times a-day. Sulphate of quinine, conjoined with opium, was previously administered for some time; recourse was also had to the division of the infra-orbitary nerve, both of which measures alike failed in producing any beneficial effects. We view this case as interesting, not only that it is an additional confirmation of the efficacy of carbonate of iron, in this most distressing and painful malady, but because it tends to prove that *small* doses of this medicine are equally serviceable with the enormous doses lately administered!

The profession is indebted to Dr. Elliotson for a knowledge of the fact, that carbonate of iron *may* be given in doses of half an ounce. We believe that Dr. E. was the first person who ventured to prescribe this medicine in such large doses, and he has given the result of this practice in a paper contained in the last volume of the Medico-Chirurgical Transactions. It would appear, that Dr. Elliotson is dubious as to whether there is any advantage obtained from giving large quantities, for although he indulges in a little "analogical reasoning," yet he admits that "a drachm dose may perhaps be as useful as one of half an ounce." If such be the fact, for our part we should prefer the former dose.

Case. Hester Martin, ætat. 35, a married woman, of light complexion and short statnre, came into the Hospital on 17th of May, under the care of Mr. Key, on acaccount of tic douloureux affecting the nerves of the face.

The patient states that she has been the subject of this painful disease upwards of five years, that she is occasionally free from pain for a few days, and that the disease is always greatly aggravated during the summer season. The pain which she now experiences is so much diffused, that it is difficult to ascertain in what particular set of nerves it is situated. It would appear from the patient's description, that the disease commenced in one or more branches of the portia dura, for she distinctly refers to a particular part on the side of the face, at which the pain began. Whatever might be the original seat of disease, the pain is now certainly not confined to the course of the principal branches of the portia dura, but the disease extends over the whole side of the head.

The paroxysms of pain are of a most agonizing description, and frequent in their occurrence, but they vary in their duration. On the day of admission (17th) a single half ounce dose of the carbonate of iron was given; this of course produced no sensible effect.

18th. Mr. Key directed half an ounce of carbonate of iron to be given three times a-day. A liniment composed of equal parts of liquor plumbi and ext. belladonnœ, to be smeared over the painful side of the face.

20. The paroxysms of pain are equally severe and frequent. She obtains but little rest, and very slight causes induce pain; the bowels are much constipated. An aperient mixture, composed of sulphate of magnesia and infusion of senna, was prescribed, and she was directed to take a dose every four hours until the bowels should be freely evacuated.

22. Not at all relieved; she has frequent paroxysms when talking, and it is truly distressing even to witness her sufferings. On visiting her to-day, Mr. Key touched the upper lip on the left side with his finger; this induced a most severe paroxysm. From the circumstance of the morbid sensibility of this part, Mr. Key considered that benefit might be derived from dividing the infra-orbitary nerve. The operation was effected by means of a sharp-pointed bistoury, which was introduced through the integuments at the distance of a quarter of an inch below the orbit, and by carrying the point of the instrument close upon the bone, and then cutting outwards, the nerve was divided. The patient was directed to omit the medicine.

23. The operation has failed in producing any alleviation of pain; the sensibility of the upper lip on the right side is diminished; it is somewhat benumbed, and touching it does not as before occasion pain.

She took the carbonate of iron, but not with much regularity, for three days. Mr. Key to-day determined on exhibiting the sulphate of quinine conjoined with opium, having, as he observed, met with several cases which had yielded to this plan of treatment. He prescribed the following doses:—

Sulphate of quinine, 5 *grains;*
Extract of opium, 1½ *grain;*

to be taken every five hours.

25. Paroxysms very severe, but somewhat less frequent. She complains of pain in the head, independent of the tic douloureux, with vertigo.

To be cupped on the back of the neck to the amount of twelve ounces; substitute the powder in lieu of the extract of opium.

29. Has less pain; cupping afforded relief; continue the quinine and opium.

June 1. Has more pain than on the three preceding days. Whilst questioning her this morning as to her health, she had several paroxysms of pain of the most acute and distressing nature. They are more frequent in the night, and some idea may be formed of the extent of the patient's sufferings, when we state, according to her own account, that she has not slept an hour for many months without being awoke by pain. Contin. remedia.

6. The pain still very acute, and brought on by slight causes. In talking or in eating, a paroxysm invariably occurs. Mr. Key, considering that the patient had given a fair trial to the quinine and opium, and that they had failed in producing any benefit; determined on a steady perseverance in the use of the carbonate of iron. He directed *half an ounce* of this medicine to be taken three times a-day, but either owing to some misunderstanding on the part of the dresser, or to a slovenly mode of writing in the book, only *half a drachm* was sent from the shop*. The patient now applies the extract of belladonna, softened with water, over the side of the face.

13. She is certainly better than at our last report. The paroxysms are still frequent, and the pain very acute, but they are less violent, and of shorter duration than before she commenced with the carbonate of iron. The attacks are more frequent at meal time, and prevent her from taking food, for which she has an appetite. She has had but little pain during the last two nights, and slept comfortably.

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* This was only discovered by accident about a fortnight afterwards, and when the case had been bandied about, and the patient exhibited to Mr. Key's friends as cured by *large* doses of carbonate of iron! It is not the first time that accident has led to the knowledge of important facts in medicine, but it teaches us the necessity of great caution in arriving at conclusions!

16. She has not had an acute attack of pain since the evening of the 14th; she takes a dose of aperient medicine occasionally, and continues the carbonate of iron regularly.

23. The patient is not entirely freed of the disease, but is so much relieved, that the attacks which she now has have lost their distressingly painful character, and may now be said to be rather uneasy than painful. A tremulous fluttering sensation is occasionally felt on the side of the face. She is much improved in her appearance, and expresses her sense of the relief she has obtained in the strongest terms of gratitude.

PERMANENT STRICTURE OF THE URETHRA.

J. S., a stout healthy looking man, about 50 years of age, was admitted into the Hospital on 26th of April, under the care of Mr. Key, on account of a stricture in the urethra.

He stated that he had had a stricture upwards of four years, and the difficulty of passing his urine gradually becoming greater, in the month of August last, he went into St. Thomas's Hospital. He remained under the *care* of Mr. Green until March (a period of six months); he left the Hospital not at all relieved, and says that during the time he was there his surgeon did not succeed at any time in passing an instrument into the bladder.

He left the Hospital under the impression of being neglected; he says that Mr. Green *occasionally* attempted to pass an instrument, but that for a month before he left nothing was done for him.*

On examining the patient the following day after his admission, Mr. Key found a very firm stricture in the membranous portion of the urethra, with a false passage near to it, and a contraction just below the orifice of the glans which it was difficult to account for.

Mr. Key could not succeed in forcing the stricture with a sound by employing a moderate degree of force, and he therefore contented himself with passing the instrument down to the seat of stricture, and allowing it to remain for some time. Pursuing this practice daily, about a week after the patient's admission Mr. Key was enabled to pass a sound through the stricture into the bladder.

A considerable degree of force was certainly employed in effecting this object, but as Mr. Key observed, being confident that he was clear of the false passage, he did not hesitate to push the instrument on.*

Some irritation being produced in the urethra, Mr. Key directed the application of twenty leeches to the perineum.

May 8. Mr. Key attempted to pass a flexible catheter into the bladder, which he wished to have retained there; for having forced a passage through the stricture, the catheter would keep the opening in a dilated state, and a cure be thus effected, on what is termed "the principle of dilatation." Mr. Key, however, could not succed in passing the catheter, and he subsequently failed in passing the sound.

11. Sound passed without much difficulty. From this period to the 26th of May, the sound was passed about four or five times a week, and the patient was enabled to pass his urine in a tolerably full stream.

27. The sound was passed yesterday, but with more difficulty than usual, and he felt a considerable degree of irritation afterwards. He passed his urine about three o'clock, p.m., but in the evening was attacked with violent pain and desire to void urine, with an inability, however, to do so. The dresser attempted to pass a catheter but did not succeed, and therefore the assistant-surgeon of the Hospital, Mr. Callaway was called to the patient. After a length of time Mr. C. passed the catheter, and drew off about a pint of urine mixed with blood.

28. The man has passed urine twice to day; it is very bloody and he complains a good deal of irritation, and pain about the neck of the bladder.

29. He was put in the warm bath yes-

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* The grossest instances of neglect to patients occur in these Hospitals, in the following manner. The surgeon examines a patient soon after his admission, and finds that he has perchance a stricture in the urethra, he directs his dresser to pass bougies or sounds daily. His request is perhaps complied with once a fornight, and when the surgeon again goes round, and inquires of his dresser if his directions are fulfilled, we need not say that men who thus neglect their duty have a *ready lie* as an answer.

* Mr. Key observed on this case that he should have preferred the employment of bougies armed with nitrate of silver, to the use of the sound in so firm a stricture; but he considered that the circumstance of there being a false passage in the urethra, rendered the employment of the caustic extremely hazardous.

terday, and experienced great relief from it. He appears low and desponding. Mr. Key prescribed a cordial mixture for him.

31. An elastic gum catheter was passed to-day without much difficulty and the bladder injected with warm water. He now passes his urine in a full stream, but there is much irritation about the prostate. On examination, the prostate was found to be enlarged.

June 9. Instruments are now passed into the bladder without any obstruction. The patient's health, however, has much declined of late, he has a good deal of febrile excitement, his tongue is furred, and the irritation about the neck of the bladder continues. He has pain at this part in making water, with tenesmus; leeches and fomentations were applied yesterday.

As the complaint for which he came into the Hospital was cured, and his health was daily getting worse; he left on the 10th to go into the country.

ST. THOMAS'S HOSPITAL.

PAINFUL AFFECTION OF THE NERVES, SUBSEQUENT TO AMPUTATION.

Sarah Ripley, æt. 46, a country woman, of florid complexion and healthy appearance, came into the Hospital on the 11th of May, under the care of Mr. Travers, on account of neuralgia affecting the right arm.

The woman states, that she was a patient of Mr. Green's in the month of August last, having had disease of the wrist joint, for which she subsequently underwent the operation of amputation. The case is within our recollection; she had disease of the wrist joint of long standing, and on examining the parts after the operation, the bones of the carpus were found in a softened, diseased state. The arm was amputated about half way down, and nothing material occurred in the performance of the operation.

The patient remained in the Hospital seven weeks after the amputation, and at the time she left the stump had not quite healed; the parts soon closed, and then she began to experience pain in the limb. On questioning her closely, however, she said that she experienced pain in the shoulder joint immediately after the operation.

Present symptoms.—Occasional darting pains, commencing as if in her fingers, accompanied with flushes, or "heats," as she terms them; there is twitching of the muscles, and the pain extends up the limb to the head, describing the sensation as somewhat similar to the aura-epileptica. An attack is brought on by very slight causes, as shutting the door, speaking suddenly to her, &c.; it generally is of an hour's duration, and the paroxyms are more frequent at night. She ceased to menstruate seven months ago; her bowels are regular and general health tolerably good, but complains of giddiness and uneasy sensations in the head. Excruciating pain is felt on making a very moderate degree of pressure on the ulnar nerve, where passing behind the internal condyle of the humerus. Slight pressure made on the situation of the median nerve in the upper arm also occasions much pain, so that it seems the nerves have acquired a morbid sensibility The end of the stump is not remarkably tender, nor does the patient manifest any particular pain when pressure is made upon this part.

The following treatment was had recourse to, but without being productive of any beneficial effect:

Extract of hemlock, two grains and a half;
Camphor, two grains and a half—Mix.

to be taken three times a day.

Extract of belladonna, one dr. and a half;
Extract of opium, one dr. and a half;
Boiling water, one pint;

to be used as a fomentation to the limb during the paroxyms of pain.

The patient continued to take the pills until the 10th of June; the fomentation was omitted previously, and a plaster composed of equal parts of soap plaster and extract of belladouna was applied to the arm.

June 10. On visiting the patient today, the fact was elicited of her having been accustomed to put the limb in cold water during the accession of pain, and that relief was experienced therefrom. Mr. Travers, therefore, directed the application of the following lotion:

Muriate of ammonia, one drachm;
Rectified spirit, one ounce;
Water, half pint. Mix.

Carbonate of iron, one drachm;
to be taken three times a day.

The patient left the Hospital a few days after this medicine was directed, and therefore we had no opportunity of seeing its effects, which is to be regretted, for it certainly was a fair case for the trial of carbonate of iron.

[Probably some practitioner will favour us with the result of this case.]

OPERATION FOR ARTIFICIAL PUPIL.

Mr. Travers performed this operation on Saturday, June 17th, under the following circumstances:—

The patient is a man 67 years of age, a patten maker, and he came into the Hospital on the 1st of June, under the care of Mr. Travers, in order to obtain some relief for defective vision of both eyes.

On examination, Mr. Travers gave the following report:—The right cornea nebulous, with a large arcus senilis; pupil of moderate size, but indistinctly seen; the vision of this eye very imperfect.—Left eye: the pupil not larger than a pin's head, and fixed with apparent adhesion to the capsule of the lens; the left cornea tolerably clear, but diminished in size, as in the opposite eye, by a large arcus senilis. The vision of this eye only amounts to a distinction between light and darkness.

The patient was exceedingly anxious to have something done in the way of an operation. Mr. Traver's opinion was of an unfavourable nature, as to the result of an operation; he considered that the only chance that could be afforded was by making an artificial pupil for the *left* eye, for it did not appear that the iris was adherent in the right eye as in the left, and if so, the cornea was so much spoiled that the greater part was impervious to light.

With respect to the history of the complaint, the patient gives but a very imperfect account; he says that he has never had an attack of inflammation in either eye, although the appearance of the left eye especially would lead us to suppose that such had been the case. He says that the defective state of vision has been making gradual advances for nine or ten years, and that during the last three years his power of sight has been very small. He has had an operation performed for fistula lachrymalis on the right side.

Operation.

The method adopted was the simple incision of the iris, as practised by Cheselden. The instrument used on this occasion was a small knife, about a line in breadth, with a straight back, sharp point, and a curved edge of about three or four lines in extent. It was introduced through the sclerotica, at a short distance from the base of the transparent cornea, as in the operation for depression of the lens; the instrument being thus passed into the posterior chamber, the edge was turned towards the iris, and an incision was made through its outer semi-diameter. Some fluid escaped on the introduction of the knife, and during the performance of the operation the anterior chamber became filled with blood.

Mr. Travers remarked, that he found considerable difficulty in cutting through the iris; it was tough and elastic, and hence was carried before the knife. It has been said, that in performing the operation for artificial pupil by means of a transverse incision through the iris in the foregoing manner, that the edges unite, and the sole object of the operation is thus defeated. Mr. Travers stated, that HE had never seen this result, and that the edges of the incision recede, leaving in general a triangular opening.

After the operation the eye was closed, and the patient was directed to go to bed; cloths wet with cold water to be laid over the eye, and the extract of belladonna applied around the orbit; the bowels to be kept freely open.

June 19. This is the second day after the operation; the patient has been tolerably free from pain; there is an increased vascularity of the eye, and the anterior chamber is filled with effused blood. The measures directed after the operation have been strictly complied with.

24. The patient has left his bed, but still keeps the eye closed. On fully examining the eye to-day, we find there is a good opening in the outer side of the iris; he is much more sensible to light than before the operation, but is unwilling to exert his eye at present, so as to be able to give information of the exact degree of vision he possesses. There is a small portion of blood lying at the bottom of the anterior chamber, and there is still premature vascularity of the eye.

The cases admitted under the care of Mr. Green, on Thursday the 8th of June, were as follow:—

Males.—Four cases of ulceration on the leg; two cases of fistula in perineo; hydrocele; abscess of the leg; nephritic affection.

Females.—Chronic inflammation of the knee-joint; suppuration of the glands of the neck; disease of the ancle joints; and a case of iritis, which Mr. J. H. Green thus describes:—*Inflammation of the conjunctiva; circle of inflammatian at the conjunction of opaque, with transparent cornea; nebulous appearance of cornea.*

We suppose the Pupils are favoured with this peculiar and *accurate* description in consequence of our remarks on the case of hypopion—"A *circle* of inflammation,"—quoth he!

MIDDLESEX HOSPITAL.

CASE OF COMPOUND FRACTURE OF THE TIBIA.

Bartholomew McGennis, the old piper who has for so many years past paraded Oxford-street and its neighbourhood, was brought to the Hospital on Saturday night, June 10. The poor old man was 82 years of age, and quite blind; he had been knocked down by a horse, and had received severe injury to the leg.

The tibia was found to be fractured at about the distance of two-thirds down the leg and there was an extensive lacerated wound communicating with the fracture. The wound extended in an oblique direction from the fracture upwards. The treatment adopted by the House Surgeon was as follows:—The limb was placed in the strait position on a pillow, over which a piece of oil-skin was laid; *the edges of the wound were brought tightly together, and over the whole a roller was applied! !**

13. On visiting the patient to-day, Mr. Bell remarked, that from the appearance of the limb (which was much swollen and firmly embraced by the bandage) the case had been neglected. He therefore desired the House Surgeon, to take off the bandage and adhesive straps. This being done, the wound and parts around it were found to be in a sloughing gangrenous condition. The pulse at this time was very feeble, the countenance anxious, the tongue was moist and covered with a brownish fur. The bowels are open; he obtains but little sleep. Nothing has been done since his admission.

Mr. Bell directed a carrot poultice to be applied over the wound, and the patient to have generous diet, with wine.

15. The appearance of the wound much the same. The pulse continues feeble, and he answers questions in an indistinct and irrational manner. He obtained some sleep last night. Continue the application of poultices and the exhibition of wine, with strong broth.

He is evidently worse, the pulse is now fluttering and all the vital powers are much depressed. The whole limb has assumed a livid aspect. The poor man, however, lingered until the 19th, when he died; the sloughing of the wound had greatly increased.

CASE OF LACERATION OF THE TENDON OF THE RECTUS-FEMORIS.

S. C., a stout muscular man, 52 years of age, was brought into this Hospital on 11th of June, in consequence of an injury which he had sustained by a fall.

On examining the injured limb, the seat of mischief was found to be at the knee joint; the patella was sound, but on making pressure immediately above it, at the insertion of the tendon of the rectus, the finger sank into a depression. About an inch and a half above the upper edge of the patella, there was the usual firm resisting feel. As the parts about the knee were much swollen, twelve leeches were applied to the part, and a dose of aperient medicine was exhibited.

13. The knee joint is considerably swollen, and the patient complains of pain. There is not much constitutional disturbance; the tongue is slightly furred, the bowels open, and pulse somewhat accelerated. *The limb to-day is partially flexed*, and the man says it has been in that position since yesterday! Mr. C. Bell, under whose care the man was placed, pointed out to Mr. Hind, the house surgeon, the impropriety of the present position of the limb; he requested that the limb might be elevated and placed in the extended position. Cloths made wet with an evaporating lotion to be applied to the part. The patient informed us, that the right patella had been fractured twice; on examination, we found it firmly united by ligament.

14. The limb now lies in the extended position; the tumefaction is lessened, but there is still much pain about the seat of injury. Repeat the application of leeches, and continue the cold lotion.

17. The parts are resuming their natural appearance; the swelling and pain are lessened, and much relief was obtained from the application of the leeches. The patient is free from any constitutional disturbance.

21. The limb continues to be kept straight, and cold lotion applied. On examination to-day, we find there is still a depression immediately above the patella, and a considerable space intervenes between its upper edge, and the lacerated portion of the tendon. The swelling has, however, so far lessened, that the joint has resumed its natural *contour*. At the date of this report, the limb was still placed in the extended position, and no further means had been used to bring the parts in apposition.

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* This is a pretty sample of Middlesex Hospital surgery, and of the competency of the House Surgeons. The "*young gentleman*," whose skill we now record, is the same individual who a few months since dismissed a poor Irishman with dislocation of the humerus, as a sprain; this case was reported in THE LANCET.

THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

BY MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XXII.

Affections of the Iris. Glaucoma. Hydrophthalmia.

Gentlemen,

In some instances the iris is entirely deficient. One or two cases of this kind are recorded, and two have come under my own observation, in which it seemed that the part did not exist in the eye; in these cases there have been partial opacities of the capsule of the lens; not, however, requiring any operation.

There are sometimes natural differences of colour between the two irides, and between different parts of the same iris. In a grey or light blue iris, you will sometimes see one-third or one-fourth of a light brown. You must be aware of these natural diversities, for I have already said that inflammation produces changes in the colour and figure of the iris, and if you were not apprized of the former fact you might be led into mistakes. There are sometimes, natural differences in the shape of the pupil, that opening being continued as far as its ciliary margin on one side; thus you may have a triangular pupil, with the apex turned towards the nose, or towards the cheek, and in other respects the eye may be perfectly formed.

The iris frequently exhibits a number of dark-coloured spots upon its anterior surface, and although they do not form a part of its original structure, they can hardly be said to be the consequences of disease. I never saw them on the irides of young subjects; generally about the middle or after the middle period of life, but I will not say that they are the result of disease.

Prolapsus or *Procidentia Iridis.*

A protrusion of the iris (prolapsus vel procidentia iridis,) is a very frequent occurrence, and important in its consequences. The iris floats naturally in the aqueous humour, and you will easily conceive that if the substance of the cornea should be destroyed by sloughing or by ulceration, that the aqueous humour will escape, and the iris force into the opening, and so produce a sort of hernia of the iris, especially if any pressure be made upon the globe of the eye, or by the spasmodic action of the muscles of the globe. This protrusion of the iris is sometimes called *staphyloma iridis.* When the whole of the cornea sloughs, as it does sometimes in *gonorrhœal or purulent ophthalmia*, you will have the whole of the iris protruding in an irregular mass at the front of the eye, and that has been called *staphyloma racemosum* from the resemblance which it has been supposed to bear to a bunch of grapes, the word rasemosum being immediately derived from the substantive racemus, which signifies a cluster.

When the inflammation subsides, the irregular tumour sometimes shrinks; the cornea becomes opaque at the point of protrusion, and the iris is permanently adherent to the posterior surface of this opacity. The point of adhesion, and the situation of the previous protrusion are marked by a dark spot in the centre of the opacity. If the tumour should not gradually retire in this way, if it should remain permanently projecting, and if it should continue to form an irregular protruded surface, and irritate the eye, it will be necessary to remove the projection by shaving it off with a cataract knife; but, generally speaking, this procedure is not necessary.

The prolapsus iridis usually embraces only a part of the iris; a portion of this structure passes through the opening the cornea, and forms a dirty brownish tumour, and this tumour by being rubbed repeatedly against the lids, will produce sometimes inflammation of the lids, and thus affect the whole eye, producing considerable pain and intolerance of light. The irritation produced by the pressure of the edges of the aperture upon the delicate texture of the iris, causes adhesion of it to the sides of the aperture; the irritability goes off, and the tumour produced by the protrusion, sinks in. Still the iris remains adherent to the part in which it is engaged, and the ultimate appearance of the part is that of a black or bluish point on the cornea, surrounded by an opaque margin. You may see cases in which more than one such points are formed on one eye.

Treatment of prolapsus iridis.—It requires in general no particular treatment. You must remove the inflammation as you would in any other case. We cannot replace the prolapsed iris; it would not come out, unless there was some pressure from behind; you cannot succeed in restoring it in opposition to this force, and such an attempt would only aggravate the mischief. In a short time the iris becomes adherent to the edges of the cornea. I never saw an instance of prolapsed iris in which it could be returned into its natural situation. All you can do is to reduce the inflammation and irritation in the part, and wait for the natural process of the shrinking and reduction of the tumour, until there is only the small dark-coloured point remaining. Now the small brownish tumour which the iris forms may not subside when the irritation of the eye goes off; it often remains prominent and you might in that case touch it with a pencil of the nitrate of silver to cause it to collapse. The partial prolapses of the iris in which the application of the nitrate of silver is admissible are when they are very small, when the tumour is about the size of a fly's head, which has been called *myocephalon;* when larger or about the size of the head of a nail, it is called *clavus;* great care must be observed in using it, as it may do much harm if it should not do good.

The prolapsus iridis may produce very unfavourable changes in the state of the pupil, and will either impair or destroy vision. Prolapsus iridis may produce either an oval or elongated figure of the pupil; it may draw down the pupillary margin so as to contract the pupil very much or completely to close it. You have, occasioned by this prolapsus, a displacement of the pupil, a contraction of the pupil, and in addition to these change s you have an opaque margin surrounding the adherent edges of the iris and cornea; and these changes altogether, produce a very imperfect state of vision, and in other instances completely destroy it. A mere prolapsus situated near the margin of the cornea, or above the situation of the pupil, or on either side of the pupil, does not interfere much, generally speaking, with vision; whilst a slight prolapsus situated immediately opposite the pupil, will very much interfere with it.

Now with respect to the changes in the figure of the pupil, that is of itself a circumstance of no consequence to the functions of the eye; and in the changes of figure arising from prolapsus or from iritis, it does not appear to be a matter of much importance whether the pupil is triangular, square, or oblong, as they are also capable of transmitting light to the interior of the organ. It is very common to hear persons inquire, after the operation for cataract has been performed, "is the pupil circular?" as if that were the most important point to which the attention should be directed; but the fact is, that it is no matter whether the pupil is circular or not; any other figure will do just as well.

When the iris adheres to the posterior surface of the cornea, which it frequently does after serious inflammation affecting the cornea, and which it necessarily does after ulceration of the cornea with prolapsus; that adhesion is called *synechia anterior*, the Greek term synechia being equivalent to adhesion, and the epithet anterior being added to distinguish it from the adhesion of the iris to the capsule of the crystalline lens. This anterior adhesion is generally accompanied with leucoma of the cornea, and it usually happens, when there is a dense opacity of the entire cornea, that the iris is more or less adherent to its posterior surface. There is no remedy for this adhesion; you cannot detach it any more than you can detach an adhesion of the intestines to the peritonæum, or of the lung to the pleura. The same observation will apply to the *synechia posterior*, or the adhesion of the pupillary margin to the capsule of the lens; this adhesion is produced by lymph effused under inflammation from the pupillary margin of the iris. The connexion may be more or less, it may adhere in one, or in several points only, or throughout its whole circumference. It is frequently attended with capsular opacity, or the formation of the adventitious membrane before described, as being sometimes found in iritis. This posterior adhesion, like the anterior, is irremediable. But in the cases of contraction of the pupil from prolapsus iridis, or from synechia anterior; or of its being covered by leucoma; and in cases of contracted pupil, from partial synechia posterior, unattended by the formation of adventitious membrane, or opacity of the capsule, we are often able to render the most essential service to vision by the use of belladonna to dilate the pupil. If prolapsus should have taken place, and if, in conjunction with that prolapsus, there should be opacity of the cornea covering the pupil, you may often, by the belladonna, dilate the aperture so as to get its circumference beyond the opaque spot. Even in cases where there has been partial opacity of the capsule, and where the pupillary margin appeared at first sight adherent throughout, it has been often found, on applying the belladonna, that a small portion of the margin has remained free, and capable of dilatation, with great improvement of sight. We ought not, therefore, to say, that these cases are irremediable; and I have often been surprised to see how well patients have been able to see through a very small pupillary aperture. I have seen patients enjoying very tolerable vision, when the opening in the iris has not been larger than a small pin's head. In these cases, if you find that belladonna will give the patient vision, or improve the state of vision, you must employ it once in twenty-four hours, to keep up its effect permanently. Some of the cases I have mentioned, admit of no other remedy, but there are others which admit of other modes of relief, as by making an artificial pupil, of which I shall have to say more hereafter.

In systematic works on diseases of the eye, you will find a contracted state of the pupil, and an unnaturally dilated state of the pupil spoken of, the first being called *myosis*, and the latter *mydriasis*. Now it is not uncommon to meet with individuals who, being accustomed to look at extremely minute objects, have a very contracted pupil, yet fully sufficient for the purposes of life.

A preternaturally dilated state of the pupil, is not a common occurrence in the sound condition of the eye; it is most commonly dependent on a loss of sensibility in the optic nerve. If the pupil be dilated with a sound nerve, the sight may be benefited by looking through a bit of pasteboard darkened within, and having in its centre a small opening, corresponding to the natural size of the pupil. It might be fixed into a frame, and worn as a spectacle.

Among the consequences of inflammation affecting the internal part of the globe, must be reckoned an opaque states of the capsule and of the lens itself, or a capsulo-lenticular cataract. There is generally considerable thickening of the capsule of the lens from deposition into its texture, or on its surface; and with this opacity of the capsule, there is generally adhesion of the iris. There is no remedy for this kind of opacity; and in cases in which the inflammation has been so serious as to produce these effects, it almost invariably affects the retina also, and makes it amaurotic.

The term of *glaucoma* was formerly given to cataract, but is no longer employed for that purpose; we use it now to denote a certain affection of the vitreous humour consequent on inflammation of that part of the eye, attended with an alteration in the colour of the pupil. It is an important affection, because it directly interferes with the transmission of light to the retina, and because it may be mistaken for cataract; the inflammation which produces glaucoma, often, indeed generally, extends to the retina, and causes it to be amaurotic.

Symptoms.—The first symptom of glaucoma is a pain in the head, usually situated over the brow, and frequently the patient describes it as extending quite through the forehead. This pain in many cases is very severe, but in others not so strongly marked. In conjunction with this pain, the patient begins to complain of dimness or of weakness of the sight, and if you examine the eye at this time, you find that instead of exhibiting its natural deep black colour, the pupil is of a greenish, muddy green, or yellowish green colour. A discolouration, which if you look at it in a strong light will appear like a yellowish metallic reflection from the bottom of the eye, it looks almost as if there was a piece of metal quite at the bottom of the eye; the pupil at the same time is generally rather dilated, and the iris sluggish in its motions. Such are the symptoms of glaucoma. Now, the state of vision is different in different instances; in some you will have an alteration of the pupil distinctly produced, and yet the vision may remain tolerably perfect. In other cases you will find that vision is entirely lost, with apparently no more discolouration of the back part of the eye, or alteration of the pupil, than in the former instance. Glaucoma is an inflammation of the vitreous humour, which changes its texture and colour; now when you consider how closely the retina lies upon this humour, you can have no difficulty in accounting for their being both inflamed; indeed it would be more difficult to explain how they could be separately inflamed: whether they are both inflamed from the commencement of this affection or not, if the inflammation of the vitreous humour be allowed to go on, and be not checked, it will proceed to involve the retina, and cause such changes in its structure as to render the eye permanently amaurotic. During the progress of such a case, the vision becomes gradually worse and worse; the discolouration of the pupil, or rather of the fundus of the globe behind the pupil, becomes more considerable; the iris becomes more and more sluggish; until it is at last motionless, and vision is entirely lost. The affection does not always stop at this point, but sometimes attacks the lens, and renders it opaque, so that it is no uncommon thing for cataract to occur subsequently in an eye which was originally attacked by glaucoma. The cataract thus produced is greenish, yellowish, or dirty white, (*cataracta viridis* or *glaucomatosa.*)

Causes.—With respect to the causes of this affection, we can point out nothing peculiar as contributing to its occurrence. It takes place at or after the middle period of life, and in persons not of the most healthy character. It appears to me to be merely a chronic form of the same inflammation which I have described to you as the arthritic inflammation affecting the posterior coats of the eye; the changes which occur in the retina, vitreous humour and lens, as the consequences of that inflammation, are rapid and sudden, whilst in the present case the disease has a slower progress, and the changes are more slowly produced; but it certainly does appear to occur more frequently in such persons as are liable to gout and rheumatism than in others. It is of considerable importance that you should be well aware of the characteristics of this affection, since it is so liable to be mistaken for cataract.

Diagnosis.—The discolouration of the pupil arising from glaucoma and cataract, may be distinguished by the tint of colour which it exhibits; in glaucoma, it is green or of a yellowish green, and if you look at the eye laterally in glaucoma, you can see no discolouration, whilst in cataract the pupil looks grey, or of a greyish white, and it remains so whether you look at the eye laterally or not. The loss of vision in glaucoma is not in direct proportion to the change of colour of the pupil; with an inconsiderable change in the colour of the pupil, you may have vision entirely destroyed or very seriously impaired; but in cataract there is a direct proportion between the state of opacity or change of colour and the injury to sight. In cataract, vision is best in a moderate or weak light; but in glaucoma the vision is most perfect in a strong light, because in glaucoma as the retina is become less sensible, more light is required to make an impression on it. These are the principal distinctions between glaucoma and cataract; great care is necessary sometimes to be able to speak decidedly as to the nature of the disease, especially in the early or incipient stages of either affection.

Prognosis.—The prognosis in glaucoma is unfavourable; we have no means of changing the condition of the vitreous humour when it has once lost its transparency; we cannot bring it back again to its natural appearance; we cannot restore the vision which has been lost, and all we can expect to do, is to preserve the little sight which remains.

Treatment.—Beer says that no treatment will be of any effect in preventing complete amaurosis; but I do not consider that observation to be quite correct. There is a decided congestion about the brain and orbit, and the removal of that congestion is attended with considerable benefit. The treatment must be decidedly antiphlogistic, you must take blood by cupping; give active purgatives, and alterative doses of mercury; the patient must be put upon a regulated plan of diet, and avoid using the eye. If you follow up this plan of treatment, you will prevent any decided advance of the disease. In the first place, where there is active congestion going on, the patient will express himself as having derived decided relief from such treatment; and I have seen cases of glaucoma, which in two or three years, by attending to the particulars just mentioned, have shown no advance of the affection.

[Mr. Lawrence detailed some cases illustrating the progress and treatment of glaucoma, and showing the effect which this change of the vitreous humour sometimes has in pushing forward the lens and iris against the cornea, and in producing slow inflammation of the iris.]

Synchysis Oculi.

There is another change occurring in the vitreous humour, the nature and causes of which are obscure: it is a melting down, or conversion of it into a fluid state; it is called *synchysis*, a Greek word, which means melting. It may be the chronic result of long continued internal inflammation, but it is sometimes a gradual change in the consistence of the vitreous humour, unconnected with inflammation. The fluid has sometimes a brownish discolouration. The iris is little affected in its colour or figure; but instead of the natural motion of the pupil, or rather instead of the gradual contraction and relaxion of the fibres of the iris, there is a peculiar *tremulous* or *oscillatory motion* of the *part*; the natural support which the iris receives is lost, and hence it shakes backwards and forwards like a rag in a bottle of water. It is an appearance at once very striking and characteristic of the affection. It often happens that the lens loses its transparency in these cases, and cataract is added to the other affection; the capsule of the lens has been found converted into a cretaceous substance in such instances, which could be distinguished by its peculiar yellowish white colour. This state of the vitreous humour has been considered as the result of some internal inflammation, and Beer seems inclined to ascribe it to the effect of mercury, so freely used for the removal of that internal inflammation. I cannot say that I have ever seen an instance corroborative of this opinion, which seems to be merely grounded on the antiquated and absurd notions of resolvent and dissolvent powers of the remedy in question. I have given mercury very largely in a vast number of such cases, and should have had ample opportunities of seeing it, if such an effect had been produced.

In a few instances I have seen this tremulous motion of the iris occur after operation for cataract. Usually, this dissolved state of the vitreous humour indicates a diseased condition of the internal parts of the eye, and the truth is that the retina has lost its sensibility in such cases. Such a state of the vitreous humour does not admit of any benefit, and if a cataract should be present no relief can be afforded by an operation.

Hydrophthalmia.

This is a state of the eye in which the whole of the globe becomes enlarged, from an increase of its humours, particularly of the aqueous: is is called hydrophthalmia, and sometimes buphthalmus, from its increased size. The cornea is more or less opaque in some instances in this state of the eye; and the eye, in addition to this, is frequently amaurotic. It appears to be produced by long-con tinued chronic inflammation of the internal parts of the eye, occasioning an increased secretion of the various humours, and thus giving rise to this increase in bulk. Hydrophthalmia may produce the same inconvenience as staphyloma; the projection of the eye becomes a source of mechanical irritation; or it may be subject to attacks of inflammation, which may also sympathetically affect the other eye. Under such circumstances we may try the palliative mode of relief, such as puncturing the cornea, or puncturing the globe behind the cornea, so as to let out a part of the fluid. It is probable that repeated punctures of the globe might, by allowing the fluid to escape, cause ultimately a collapse of the globe, and thus get rid of all further inconvenience; but if it should be found that this plan will not succeed, I see no reason why the same operation as that practised for the staphyloma corneæ, should not be performed, especially if the cornea should be opaque; the globe would then collapse, all source of irritation be removed, and the deformity be remedied by using an artificial eye.

Varicose Ophthalmia is a term sometimes used, but the only state of the eye in which we observe the vessels of the eye properly varicose, is that inflammation of an arthritic kind affecting the posterior coats of the eye. When the eye has been for some time suffering under that inflammation, some varicose trunks of vessels appear upon the surface of the organ; so that the varicose state of the vessels does not make its appearance until the inflammation has begun to subside, and then it cannot be called a varicose ophthalmia, but merely a change produced as the consequence of the previous inflammatory action, and which is generally found to happen when the eye is completely amaurotic.

When the eye has been the seat of general inflammation and suppuration, or when it has been the seat of destructive ulceration, as the consequence of purulent or gonorrhœal ophthalmia; when the coats of the eye have collapsed in consequence of the operation for hydrophthalmia or staphyloma, the coats shrink up and retire within the orbit, the size of the globe is reduced to very diminutive dimensions, almost to a mere tubercle; and such a state of the eye has been called *consumptio purulenta oculi.* There is another species of shrinking of the globe, in which the globe, without suppuration or any obvious change of structure, undergoes absorption, and a gradual diminution of size; such a state is called *atrophia oculi.* This atrophia will take place after various inflammations; it will take place as a consequence of severe internal inflammation, in which the function of the retina is destroyed, and it appears that the eye, like the other organs of the body, undergoes a gradual absorption and decay when it is rendered incapable of executing its function. In cases of internal inflammation, produced by penetrating wounds of the eye, atrophia is a frequent occurrence. When this atrophia commences, you may feel the globe soft and flaccid, and when the lids are closed you may observe a depression instead of the ordinary convexity. The eye will continue to shrink up until it comes to almost the size of a large pea, or bean, and in the centre of this structure you may perceive a small spot of the cornea remaining, and somewhat of the appearance of an iris. It may be considered to be the favourable termination of a case of internal inflammation; of such a case, I mean, in which the functions of the internal part of the organ have been destroyed, because the patient is no longer liable to the risk of staphyloma, or protrusion of the globe, to cause irritation or relapses of a dangerous inflammatory process. The state of atrophia is, in itself, remediless; I have never seen a case in which, by any method, the progress of the affection could be put a stop to.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXXII.

Diseases of the Absorbing System.

Gentlemen,

THE food having undergone the necessary changes in the organs of digestion, by which it is converted into a milk-like fluid termed *chyle*, we have next to trace the route of this from the alimentary canal into the left subclavian vein, in order to be mixed with the general mass of blood, The *lacteal* vessels, opening every where on the internal surface of the small intestines, are the immediate channels through which the *chyle* enters the general system. Now as these vessels make a part only of the general apparatus by which foreign matters are introduced into the body, and as this order of parts are peculiar in their structure as well as in their office, the diseases to which they are liable cannot be sufficiently understood, without briefly adverting to the physiology of these parts altogether.

The *absorbing* system, then, consists of a set of vessels, the principal trunks of which enter the great veins near to the heart. From these trunks, the *absorbents* ramify throughout the body, in company, for the most part, with the blood vessels. They are, however, much less conspicuous than these, partly on account of their minuteness and transparency, and partly from the colourless nature of the fluid they mostly convey. The *absorbing* system is commonly divided into two branches; the one opening, as before observed, upon the internal surface of the alimentary canal, for the purpose of absorbing or taking up the nutritious and digested parts of the food in the form of *chyle*, and which, from the white colour of this fluid, are termed the *lacteal absorbents*; the other branch, the *lymphatic absorbents*, is distributed every where throughout the body, opening on every surface, and into every cavity and interstice, ready to take in such matters as are presented to them. The fluid absorbed by the latter being colourless like water, they have been termed *lymphatics* accordingly, and sometimes *interstitial absorbents*; though this term, of course, does not apply to those which open into the greater cavities, or upon the external and other surfaces of the body. These two branches, however, of the *absorbing system*, discharge themselves into one common trunk, the *thoracic duct*, as it is called, placed along the front of the spine, and are in all essential respects the same. The *absorbents* resemble veins more than arteries, the fluid they convey moving, like the venous blood, from the extreme branches towards the trunks; while, like veins, they are also furnished in various parts with valves that open towards the heart, so as to prevent a retrograde course of the fluid, when they are subjected to mechanical pressure of any kind.

The function performed by this order of vessels, is sufficiently ascertained.—They are in fact the principal, if not the only channels, by which foreign matters make their way into the system. They also serve to take up the lymph or fluid that is constantly escaping from the exhaling extremities of the arterial system, into the different cavities and interstices of the body.

The manner in which they accomplish their purpose, is however a matter of dispute among physiologists; some of whom consider them as mere passive tubes of conveyance, while others, with more probability, imagine them to be endued with an active or muscular power, by the exertion of which they drink up or absorb the fluids or other matters presented to them; and, by the same power, convey them onwards into the general circulation. It is true that all this cannot be made a matter of demonstration, on account of the tenuity and transparency of those vessels; but so many phenomena concur in proof of it, and which cannot, as I think, be otherwise accounted for, that I shall consider the point as sufficiently established, without leading you into further controversy. I shall only add, that the extremities or mouths, as they are aptly termed, of these vessels, not only evince an *active* power, but even an *elective* one; for, while they greedily imbibe some things, they as pertinaciously reject others; a proof this of a high state of organisation.

The absorbents, both *lacteals* and *lymphatics*, in their course, enter what, (from their rounded form,) are termed *glands*; those belonging to the *lacteals* being situated between the laminæ of the mesentery, and thence called the *mesenteric glands;* the others, the *lymphatic glands*, these being found in various parts in the course of the *lymphatic* vessels, but most conspicuously in the groin, arm-pits, sides of the neck, and under the lower jaw. For the particular situation of others, I must refer you to your anatomy. The structure of these glands is every where the same. They are in a considerable degree vascular, and possessed of a moderate share only of sensibility and irritability. Their function is unknown, though it is probable they effect some important change in the fluid that passes through them.

The disordered states to which this system of parts is liable, are but superficially known, and have been already referred to in a general way in our former lectures: so that I have not much to add to the subject.

A vitiated or imperfect quality of the chyle itself, may be supposed occasionally to exist; for these would seem to be necessary consequences of either the use of improper food, or of an imperfect digestion. And if the chyle were really in either of these states, it must follow that the nutrition of the body would be imperfectly performed, and the general health suffer in consequence, and that perhaps in a variety of ways. But all this is merely matter of inference, not resting upon any actual observation, and therefore not applicable to practice. All I can say to you practically upon this point is, that when the general health is obviously impaired, and we find reason to believe, either that errors in diet exist, or that the digestive function is imperfectly performed, our endeavours should be directed to the correction of these, by means adapted to the particular occasion.

The absorbents themselves, either *lacteals* or *lymphatics*, may be supposed to be too active on some occasions; and on others, the reverse. Nor is there any difficulty in concluding them to be affected with *paralysis*, or total want of power to act. Their action too, like that of the blood-vessels and other parts, instead of being simply increased, or simply diminished, may be perverted, so as to give rise to material alterations of the state of the body altogether. It may not be useless to direct your attention to the probable consequences of such disordered states of action in the absorbent vessels, although as I have just hinted to you, our knowledge of the subject is by no means very precise or satisfactory.

Too great activity of the *lacteal* vessels would probably call for a larger or more frequent supply of nutriment, and thus perhaps lead to a phlethoric state of the system. A similar state of the *interstitial* absorbents would give rise to emaciation or general wasting of the body, not of the *fluids* merely, but of the *solids* also; for it cannot be doubted that the *absorbents* have the power of removing the hardest parts of the body, though we may be unable to detect the exact manner of their acting.

Such an occurrence is in fact observed to take place in febrile disorders in general, but most strikingly in what is called *hectic fever*, produced by pulmonary consumption. A large and continued use of *mercury* is another powerful exciting cause of action to the absorbents; and induces, in consequence, a remarkable degree of emaciation.

I know of no reason for believing that such general wasting of the body, occasioned by excess of action in the absorbent vessels, is ever a primary disease, although you will find it so laid down in nosological writings, under the names of *atrophy* and *marasmus*, which are there classed among original and independent diseases. Being, however, merely secondary states, the result of previous local disease, the treatment is to be directed first and chiefly to the primary affection, whatever this may be. But as the local disease does not always admit of remedy, (as is generally the case in pulmonary consumption, at least when far advanced,) it is still an object of importance in practice to diminish, as far as possible, the excess of action in the *absorbents* upon which the emaciation principally depends. This state of the absorbents being generally accompanied with increased arterial action, requires the use of remedies of a *sedative* or antiphlogistic nature, such as small and repeated *bleedings*, and the *digitalis;* to which, I think, might be occasionally added the *super-acetate of lead*, though this on other accounts is liable to serious objections.

The *interstitial* absorbents of particular parts may be excited to increased action in a variety of ways, the effects depending upon the nature and violence of the means used. *Heat*, *pressure*, and *friction* in different degrees, may be particularly mentioned here, as means by which not only effused fluids, but the solids also may be removed, and the bulk of parts diminished.

On the other hand, want of activity in the *lacteal* vessels, and still more a paralytic state of these vessels, (if indeed such a state ever exists,) must necessarily impede the supply of the body, however ample the supply of food, or however perfect the performance of the other parts of the digestive function. But such states we in reality know little of, though it is not difficult to conceive them to exist. Inactivity of the *lymphatic* absorbents is probably no unfrequent occurrence, and may be the cause of some dropsical accumulations, both in the cavities and interstices of the body. It is not however easy to distinguish dropsies of this kind from such as are occasioned by increased exhalation, which is undoubtedly a much more frequent cause of dropsy. That the *lymphatic* vessels may be paralyzed, and so rendered unable to perform their office, seems to be clearly ascertained in the case of *hemiphlegia*, many instances of which are accompanied with an anasarcous state of the paralytic limbs.

Want of action in the lymphatic vessels in general, would be remedied, to a certain extent, by *heat*, and *friction*, and *stimulant* drugs of various kinds; but in the use of such means, you are not to forget that no new power of action is given to those vessels; it is merely calling into greater action that power which already exists, and which is liable to be exhausted by the over-exertion. Thus, though a temporary effect is produced of the kind you wish, it may be far from permanent, while a state of still greater weakness may be thus produced; so that you may end worse than you began. This exhausting effect of stimulant or exciting means of cure, is very apt to be overlooked in practice, and is therefore well deserving of your attention.

A perverted or unnatural action of the absorbent vessels, is a state sufficiently easy to conceive, although we have little distinct knowledge on the subject. Such a state, however, would assist in explaining a variety of mal-conformations, which a reference to the blood-vessels alone, as the *constructive* part of the machinery of the body, could scarcely render intelligible. It is plain that the figure of the body, both as a whole and in its separate parts, must depend in a great degree upon the absorbents, and not upon the blood vessels exclusively. This you will find very well illustrated by Mr. John Hunter, in his *Treatise on the Blood*, who was accustomed to call the absorbents the *modellers*, and the blood vessels the *builders* of the machine.

The *absorbents*, in common with all animated structures, are liable to inflammation, which may either impede or disorder their function, as I have already explained to you.

The *glands* belonging to the absorbent system, namely, the *mesenteric* and *lymphatic* glands, are frequently the subjects of disease, and that sometimes of considerable importance. The only morbid state of these glands that we have any distinct knowledge of, appears to be inflammation in different degrees. This, however, is commonly of a chronic and indolent kind, and by no means easy of removal. When the glands of the mesentery pretty generally are in this state, (a frequent occurrence in children,) the swelling which they undergo in consequence, and which is easily ascertained by the enlarged and hardened state of the abdomen, not only disturbs the regular actions of the alimentary canal altogether, but appears to intercept, by pressure, the passage of the chyle in its course; by which the supply of the body is in a great degree prevented. Hence we find that, although food is taken voraciously, and in large quantity, in many cases, the body wastes and becomes emaciated in the highest degree. A similar affection of the *lymphatic glands* in other parts, though not productive of such serious consequences, may yet, by interrupting the passage of the lymph, become a cause of that bloated state of the face, which often attends the swelling of the submaxillary glands: and the same with regard to other parts.

That peculiar state of disease termed *struma* or *scrofula*, is generally considered as an affection of the *lymphatic* or *absorbent* system, for no reason that I can perceive, except that the glands of this system most frequently participate in the disease. This, however, appears to me to be much too limited a view of the subject; for though it may be true that the glands are more frequently affected than other parts, they are by no means exclusively so; and, in some instances, not at all. *Scrofula*, in fact, is so peculiar in its characters, and in its treatment and so unlike in these respects to common maladies, as to justify our classing it among *specific diseases*, with which, therefore, it will hereafter be considered.

Common inflammation of the absorbent glands, calls only for common means of cure. These structures, however, are naturally indolent and inactive, and hence are but rarely the subjects of acute inflammation; and as such glandular affections are most frequently met with in persons of no great general strength, it is seldom that remedies of a very active kind are required, or are even admissible. In relaxed habits, where the solids appear to want firmness, and where the pulse is soft and weak, experience proves that *tonic*, and even moderately *stimulant* remedies, (such as the *ammonia* in small doses, together with the *cold bath*,) are the most successful means of cure. In such cases, also, a solid, animal, and even savoury diet, is to be preferred, so far, at least, as the appetite calls for. The prejudice so generally entertained against salt and salted provisions, as tending to *create humours*, as the expression is, is entirely without foundation; while the practice to which such a notion leads, namely, the frequent use of *purgatives*, for carrying off the supposed *ill humours*, is not only unnecessary, but injurious. This applies particularly to the case of delicate children, to whom the most drastic purges, such as *senna*, *scammony*, and *calomel*, are often unsparingly prescribed, in order to bring down the big and hard bellies, so frequently met with in them. This practice is founded in the mistake of supposing, that the swelling depends wholly upon a loaded state of bowels, and which it requires purgatives, therefore, to subdue. A dose of calomel and scammony, or jalap, is accordingly administered; bad stools are procured, and the distention is somewhat lessened. This is an encouragement to pursue the practice from day to day, in the expectation that the *foul matter* will be at last all carried off, and the swelling of the belly reduced. But neither the one nor the other in general happens. The practitioner is defeated in his purpose, and the child suffers extremely, both under the operation of such irritating medicines, and in his general health afterwards,

Now there is no difficulty in understanding all this, if you but reflect a little. The first cause of all the mischief, is the swelled state of the mesenteric glands. This, partly by sympathy, and partly by mechanical pressure, impedes the regular action of the intestines, and occasions some degree of costiveness, by which the swelling is further augmented. The swelling of the glands is the result of inflammation, though slight in degree, and indolent in its nature. By the use of drastic purgatives, the parts are further irritated; and the inflammation, and consequent swelling, are increased. The unnatural and offensive state of the evacuations, is generally produced by the medicine itself; for in the healthiest children, the stools will assume this character from the use of *calomel* and *scammony*. It is true, that by the operation of the purgative, the intestines are emptied of their contents, and the bulk is somewhat lessened; but the increased exertion of one day is followed by a state of inaction for two or three days afterwards, and a fresh accumulation ensues. So that nothing is gained in this respect, while the general health is injured by the violent operation of the medicines, and the disorder excited in the organs of nutrition altogether.

In treating such cases, you should bear in mind that the foundation of the disease is inflammation, but that of an indolent kind, and taking place generally in weak and delicate habits. All the rest is secondary, and of inferior moment. You should consider, therefore, what is the proper treatment of inflammation, under such circumstances. In general, it will be unnecessary to draw blood; though where much of a febrile state is present, with a tolerable share of strength, even this may be required to a limited extent. Stimulating the skin of the abdomen by *ammonia*, or the *tartarised antimony*, is often useful. Where no febrile symptoms are present, the *infusion of gentian*, with a few grains of the *carbonate of ammonia*, will keep up a regular action of the alimentary canal, and render purgatives unnecessary. At all events, none but those of a mild description should be used, and that not too frequently.

I might next treat, gentleman, of the diseases of the *organs of respiration*, for these must act upon the *chyle*, in order to convert it into perfect *blood*. But as, in order to reach the *organs of respiration*, the lungs, the *chyle* must be first carried to the heart, along with the venous blood coming from every part of the body, it will perhaps be most in order, and I think most useful also, to treat, in the first place, of the *sanguiferous system*, and its diseases, which, therefore, will make the subject of our next lecture.

FOREIGN DEPARTMENT.

Anatomie Pathologique. Dernier Cours de Xavier Bichat, d'apres un Manuscript Autographe de P. A. Beclard. avec une Notice sur la Vie et les Travaux de Bichat. Par F. G. Boisseau, 8vo. pp. 335. Balliere, Paris et London. 1825.

The appearance of a work of Bichat's twenty-three years after the death of that illustrious individual, created a considerable interest in France, and every one appeared anxious to satisfy himself first as to the authenticity of the work, and then to the reasons which had kept it so long from public view. It seems that at the sale of the late professor Beclard's library, a manuscript was offered, entitled, "*Anatomie Pathologique dernier cours de Xav. Bichat. P. A. Beclard d'Angers Chirurgien interne de l'Hospice civil et militaire de la meme Ville, an. XIV.* 1805," which contained notes of a course delivered by Bichat on this subject. These notes were originally taken, *not* by Beclard himself, but by some other person (not mentioned,) from which the present manuscript copy was transcribed by Beclard. So much for the authenticity. We can scarcely account for Beclard not having published this work himself, but on one of two reasons, or perhaps the both combined; 1st. He might not have been quite satisfied as to the accuracy with which the notes had been taken; or, 2dly, being satisfied with their accuracy, he conceived that they would not add to the reputation which Bichat had previously obtained. We must confess, for our own part, that had we no other means of estimating the talents of Bichat than the work before us, we should have formed but a very meagre opinion of them. No one was better calculated than Bichat, from his profound anatomical knowledge and acquaintance with all branches of medicine, for executing a work which deserved the name of pathological anatomy, a work which would not merely have given an account of morbid appearances, or of the symptoms by which the development of these appearances are attended, but which would have joined the two more accurately together than had yet been done, and have taught medical men by fair induction, to have accounted for the one by an appeal to the other. No one was better calculated than Bichat, from the immense opportunities which he had of making post-mortem examinations, (it being a well known fact, that in the space of one six months, he opened six hundred bodies,) of executing such a work as we have now described, and therefore it is but fair that Bichat's reputation should remain untarnished by the imperfections of the volume before us.

The work is divided into twenty-two chapters, of which the two first are occupied with some general remarks on the advantages to be derived from post-mortem examinations, and the order to be followed in conducting them. The third chapter treats of alteration of the fluids; the 4th, of inflammation; the 5th, of diseases of the serous, the 6th, of those of the mucous, systems; 7th, diseases of the cellular tissue; 8th, diseases of the lungs; 9th, diseases of the glandular: 10th, those of the cutaneous systems; 11th, diseases of the muscles of organic; 12th, those of the muscles of animal life; 13th, diseases of the arteries; 14th, of the venous, 15th, of the nervous, systems; 16th, diseases of the absorbent, 17th, of the fibrous, 18th, of the synovial, 19th, of the cartilaginous, systems. The remaining chapters treat of the medullary, osseous, hairy, and epidermoid systems. It is not our intention to enter on the various diseases here considered; in fact, since the notes of the present work were taken, our knowledge of the pathology of most diseases has been considerably advanced. The great fault of the work before us is, that it does not come up to the state of our knowledge on most of the subjects treated of, so that whatever might have been its value twenty years ago, it is now comparatively little. To all the admirers of Bichat's writings, however, the present work will no doubt be received with interest; but, like a bastard child, whatever its virtues and merits, it will always be branded with the stigma of an illegitimate birth.

SURGERY.

The following singular case is now current in Italy, and the account of it, which we here insert, is taken from a private letter, lately addressed to a professional gentleman of this town:

> "A singular occurrence has taken place in Italy since your departure; Signor Tachinardi had two daughters about from 12 to 14 years of age, one of them was much troubled with a difficulty in passing her water, which increased to such a degree, that surgical aid became necessary; after several days suffering, a tumour made its appearance, which, after consultation, was declared necessary to be opened; to the astonishment of all, in the place of matter, as was expected, out leaped *a pretty considerable penis,* to all appearances fit for every useful purpose, being brought to light with the usual appendages to that article."

Cork-street Eye Infirmary.

If the following account be correct, the gentleman to whom it refers has certainly no reason to be ashamed of his operations being performed in the presence of professional men. It is taken from a work on the medical schools in Great Britain and Ireland, by Professor Wagner, of Berlin.

> "The dexterity with which Mr. Alexander operates, is quite extraordinary; I have seen nothing like it. He performs the usual eye operations quite alone, without assistants. In the operations for cataract, the patients are placed in a common arm chair; the sound eye, (if there be one) being bound, and the operator seated on a small stool behind. Mr. Alexander then separates the eye-lids with two fingers, and makes a section of the upper part of the cornea with a cataract knife, similar to the one used by Richter. The upper half of the cornea is never divided at once, for as soon as the knife has been introduced, it is again withdrawn, so that a part of the flap still remains to be made. After the aqueous humour has escaped, he uses a much smaller, narrower, and rounded knife, with which he divides the remaining part, commonly called the bridle. For opening the capsule he uses a needle, the point of which is at right angles with the other part of the instrument. To one handle are fastened two needles, a silver one for soft, and a steel one for hard capsules. In all hard cataracts he extracts, soft ones he cuts up, but always through the cornea, as he considers the entering the eye through the sclerotic not so convenient a mode. In artificial pupils, he operates generally with a small knife, and makes a long transverse incision in the iris. In some cases he performs the iridictomia, cutting away a portion of the iris, just in the same way as Gibson operated."

We have inserted the above account under the foreign head, as we are indebted to a foreigner for the information. Although the Cork-street Eye Infirmary is an English institution, and the surgeon a native of Great Britain, no English student, and but few professional men of any country, are allowed to derive the advantage, slight as it might be, from an attendance on it. If Mr. Alexander does not wish to rank among empirics, he must, for the sake of his own reputation, throw off the garb of secrecy with which his practice at this institution has been so long clothed. Secrecy in our profession is a sign either of weak intellect, or bad principles, or perhaps of both.

COLLECTANEA.

The conductors of the Medical and Physical Journal are so emulous of the credit which The Lancet has gained by publishing cases from the Hospitals, and so convinced of its paramount utility, as to have become our coadjutors in a practice which Messrs. Copland and Johnson did us the honour to decry, but which they now laud with pretty much the same discretion that they damned before. Johnson, poor devil, was foremost to assail us, when nearly three years ago we commenced our work, and with it the publication of the reports in question; and seeing that he is a vassal of "ancient night," that the Hospitals, which had always been a sort of *terra incognita,* were to be explored, their *penetralia* invaded and exposed to the gaze of public observation, their oracles silenced, and their priests cashiered—it is no wonder, we say, that the man of the Quarterly should have met us at the portal to resist the first encroachment—

Aut ultor vestræ, fidissima corpora, mortis,
Aut comes, inquit ero. dixit;

and rushed into the wordy war, in which he has been so signally vanquished.

The conductors of the Medical and Physical Journal have never condemned the practice of publishing Hospital Reports, and therefore are not inconsistent in the course they have thought fit to pursue. There is, however, a grand line of distinction between our practice and theirs. They publish cases at the instance of the parties themselves; we are entirely unfettered, and as free "as the mountain air." We have every interest in furnishing a correct report; the person who treats a case, such as shall exonerate, or be creditable to, himself. Our reporters are constant in their attendance, while the surgeons of hospitals are content with seeing their patients two or three times a week, and therefore are utterly incapable of making any rational history of the disease, or of observing the symptoms which arise during its progress. Finally, dressers and other loungers in the vestibules of Hospitals, will not make it their business, if they possess capacity, to note cases, unless, being paid for their trouble, the stimulus of money is communicated to the flagging vehicle of science. We say this, after more than an ordinary acquaintance with hospitals.

The editor of the Medical Journal expresses his "sense of the liberality which has been shown him" by his hospital friends, who have manifested "the utmost readiness" it seems, "to have an account of the cases under their care laid before the public," which looks very well upon paper, and to those who are unacquainted with hospital practice and hospital surgeons, but it will be obvious to the intelligent, that this "liberality," and this "readiness," will only be extended to such cases as the practitioners in question have been accustomed to publish themselves; that is, such as may be creditable to them: and that in pointing out or correcting abuses, Dr. Macleod's pen will be lamentably powerless; that errors will be perpetuated, malpractices varnished over, or buried in oblivion, or that the reign of "liberality" and "utmost readiness" will terminate ere it be well begun.

It is obvious, that some of the cases reported in the present number (July) of this Journal, have been sent by the parties themselves, and that others have come by some other conveyance. Hence the Editor, at the same time that he thanks the physicians and surgeons of the hospitals for the facilities afforded him, "absolves *them* from all responsibility with regard to the accuracy of the details." But we shall show our readers what the papers are made of:

The first is entitled "*A fatal case of cerebral affection, in which the symptoms underwent much temporary mitigation from the formation of an abscess in the axilla, and in which serous effusion was found in the brain, and a tumour in the cerebellum.* Treated by Dr. P. M. Latham, at Bartholomew's Hospital."

Sarah Davenport, ætat. 35, had suffered pain in the head for the space of eight months. She had been cupped and leeched without benefit, and had worn a seton at the back of the neck.

> "There was something very remarkable in the first appearance of this woman; her countenance indicated much apprehension and alarm, and her gait was constrained and trembling; but there was no symptom present which denoted the least degree of paralytic affection; she rather walked like a person who is balancing a burden on the head. She exhibited many strongly-marked hysterical symptoms, which were thought to explain, but which, in fact, contributed to perplex the nature of the case. Upon more careful examination, it was found that her look of terror and her trembling gait were owing to the continual effort she was making to give steadiness to the head."

Purgatives and fœtid medicines were employed, but the patient became worse, took to her bed, and was unable to raise her head from the pillow. Leeches to the temples, and cupping from the nape of the neck did not relieve her. Mercury, oil of turpentine, and sulphate of quinine, successively aggravated the complaint. Conium and belladonna were next employed, but to no purpose. An abscess now formed in the axilla, and discharged a large quantity of pus. While this discharge continued the patient was free from pain; but this exemption did not last long—the discharge began to abate, and at length ceased. The pain returned with its former severity. Nature's intentions were now imitated by making a caustic issue on the inside of the left humerus; but although a very copious discharge was thus maintained, the symptoms became more and more severe. The issue was allowed to heal, and the patient salivated. This failing, palliatives were resorted to—opium and purgatives alone being employed. The following is a description of her condition during the last month of her life.

> "The pain, without being confined to any one part of the head, belonged more especially to the occiput; it was constantly present, but varied in degree. Each twenty-four hours were about equally divided between a greater and a less degree of suffering. About two o'clock in the morning began the period of her greatest agony, which continued till about two o'clock in the afternoon. She was generally seen by Dr. Latham about midday, when she exhibited a picture of bodily suffering, carried to its most extreme degree, and it was reported that she had been exactly in the same state for eight or ten hours. She lay on one side, generally on the left, with her countenance flushed, her eyes closed, and her eye-brows, eye-lids, forehead and temples, knitted and drawn together. Her head was immoveable; it was sunk down towards the shoulders, and rigidly fixed there. Her hands were clenched. To stir any muscle of the body which could induce the slightest motion of the head, immediately augmented her agony. To unclose an eye, or to utter a single word in answer to questions put to her, was to aggravate her torture. As the evening advanced, she was enabled to allow the muscles of the head and face gradually to relax themselves. She opened her eyes, and could take a little liquid food. Towards nine o'clock she began to dose, and from this time until two in the morning she obtained some sleep by snatches; when the severity of her agony began again. Three days before she died, her left leg was paralysed, but she preserved her senses and intellect to the last."

Sectio cadaveris.—Brain and its membranes rather more than usually vascular. Effusion beneath the arachnoid, and a considerable quantity of serum in the lateral ventricles. Membrane lining the ventricles very much thickened. Tumour of the consistence of fœtal brain, growing from both lobes of the cerebellum, but more from the left, descending beneath the dura mater into the spinal canal, and extending as far down as the origin of the sixth pair of cervical nerves. The cerebellum was softened to the consistence of the tumour which grew out of its interior, and seemed to form a part of it. "The tumour covered the posterior part and sides of the spinal marrow as far as it reached, and rested upon the origins of the nervus accessorius, and of all the cervical nerves as far as the sixth; but it did not involve any of them in its substance.

The next is a "*fatal case of cerebral affection, in which irritability of the stomach was a prominent symptom, and in which tubercles were found in the brain, and softening in the cerebellum.*" Treated by Dr. Chambers, at St. George's Hospital.

The symptoms are very carelessly described, and therefore the appearances found after death will be of little use. A small, soft, ash-coloured tumour, of the size of a hazel-nut, was found in the centre of the posterior lobe of the right hemisphere, and another similar to it, in the inferior portion of the same lobe on the left side of the brain. "The left lobe of the cerebellum was almost entirely destroyed by the suppurative softening of a similar tumour, occupying its interior."

We pass over the two next cases, one by Dr. Hawkins and the other translated from the *Revue Medicale*, and proceed to Dr. Chambers' treatment of rheumatism, which for the most part consists of half scruple doses of calomel, with two grains of opium night and morning; together with the haustus sennæ (as the very *correct* doctor has it) "alterna quáque mane," and after salivation, the bark. He tells us that he is in the habit of distinguishing between "those cases in which rheumatism is confined to the synovial bags and the bursæ of tendons, and those in which all the neighbouring parts, which have a covering of fibrous membrane, become the precursory seats of the disease." The reader has seen the treatment of the *diffuse* form, and in the next number that of the bursal is promised, which from the Doctor's manner of putting it we must suppose to be essentially different. Dr. Macleod has adopted the practice, and relates the following case, among others, in its support:—

"A labourer, between thirty and forty, of robust constitution, was visited in the afternoon, when he was found in bed, with pains all over him, particularly in the wrist and ancles, which were red and swollen. He had much fever, and the slightest movement excited the greatest agony, so that he lay motionless upon his back. The attack had come on two days before, from exposure to cold. Two scruples of calomel and eight grains of opium were ordered to be made into eight pills, of which two were to be taken night and morning; senna and salts at mid day.

On visiting him the next day, he was found sitting by the fire, almost entirely free from pain, having taken all the eight pills, between six in the evening and ten next morning. His mouth was made slightly sore, and he rapidly got well."

The treatment will to do in a recent case, as what will not?

"*A case of inguinal hernia, in which the operation was performed without opening the sac.*" Treated by Mr. Travers. Contains nothing worthy of notice.

In the next page our old friend, John Shaw, stands confessed with "all his blushing honours thick upon him."—"*Case of hernia, in which the tumour was of very large size, in consequence of an effusion of serum into the sac.* Treated by Mr. Shaw, at the Middlesex Hospital.

Attend, gentle reader.—James Butler, admitted into the hospital at 12 o'clock at night, with a large scrotal hernia, which had come down between three and four o'clock in the afternoon (nine hours). He complained of great tenderness at the neck of the tumour, and of pain darting towards the back. *Several* ineffectual attempts had been made to reduce it before he was brought to the Hospital. The House Surgeon used the taxis for nearly an hour, but did not succeed in reducing the hernia. Mr. Shaw was sent for at three in the morning, (twelve hours,) and "again tried to reduce the hernia, but without success. Having spent TWO HOURS in the attempt, (Infandum!) and the *symptoms not being* YET SUFFICIENTLY *urgent* for an immediate operation, he left the patient, with directions that he should be put into the warm bath, and that then the reduction should be *again attempted*"*!* Oh thou young JOE! I decus, i, nostrum; thou art already a proficient in the Burnian Surgery! Were JOE BURNS but dead, we should believe in the transmigration of souls. Shade of departed John Moore, was not this the treatment thy poor body suffered at the hands of the redoubtable Head-Surgeon of the Middlesex? * Stand forth, sad spirit, and say—Sed nox atra caput tristi circumvolat umbrâ, and therefore we must take the words of Mr. John Shaw:—*Eleven o'clock forenoon* (20 hours).—"It is remarkable that the tumour has increased considerably since three this morning!" It is remarkable that after so much kneading the tumour has grown bigger! "The (three) surgeons having again employed the taxis without diminishing the bulk of the hernia, and the symptoms continuing, (bear that in mind, gentle reader, the symptoms continuing,) they considered it *most* (very) prudent to make no further use of the taxis," and so Mr. John Shaw was constrained to operate, which he did in a manner that we need not describe. Very fortunately for the patient, the inflammation which followed the kneading of the hernia terminated by a very copious effusion of serum, and to this circumstance, probably, he mainly owes his recovery. It is singular that Mr. Shaw, with whom peritoneal inflammation is so great a bugbear, should see nothing wrong in the above practice, and so much danger in simply opening the sac. He is terribly afraid of *cutting* the peritonæum, but appears to think it can be injured in no other way. "The extent of the incision of the peritoneal sac," he says, "did not exceed an inch and a half," and hereunto he has affixed a stupid note about Dr. Munro, and the Cæsarean section, just to bring Mr. Bell's name before the public, as he ever does when he sits down to write. It is a sort of *sine qua non* in every thing that is done by John Shaw, as they who will look at the various books and papers to which he has affixed his name may easily convince themselves.

A case of inguinal hernia, treated by Mr. Boyle at a place called the "Middlesex Infirmary," is of no particular interest, and another of scrotal hernia of the omentum by Mr. Brodie, has been published in No. 143 of this journal.* "The tumour was nearly of the size of a man's fist, unattended with pain or any unpleasant symptoms, except in being irreducible;" in short it was a common case of irreducible hernia, without being strangulated, and therefore it was hardly necessary to tell us that "no operation was required."

Page 26. Crispinus iterum; young Joe again—"*Case of strangulated hernia, in which there was considerable ambiguity, owing to the scrotum having been bruised, and a tobacco clyster administered.* Treated by Mr. SHAW."

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* See the case, vol. vi. p. 311.

* Reports from St. George's Hospital, page 288.

Dec. 7. James White "has a large tumour of the scrotum; it is black, as if it were severely bruised; it feels as if it contained a fluid, and is œdematous, from the scrotum to the root of the penis." (The *tumour* was œdematous, *from* the scrotum to the root of the penis!!) "A harder tumour occupies the abdominal ring; he says that last night, while running after a thief, he struck his belly against a post, and brought down *the rupture.*" (Where was the "*considerable ambiguity*" then?) "The belly is not at all distended, nor is there any pain on pressure, except just in the neighbourhood of the ring; but he is in an extraordinary state of suffering and exhaustion." (Opposite states, we immagine.) "His pulse is weak and fluttering; his countenance very pale; his skin hot and clammy; and he is sick; in short he exhibits the symptoms which threaten death, in the last stage of strangulated hernia. "On inquiry;" (*On inquiry!* Good souls!) "it is found that he had a clyster of tobacco infusion, which throws some light upon the symptoms."! Oh! Oh! "We also learn that attempts had been made to reduce the gut"! Good again. "He afterwards admitted that he had used very forcible means himself." Conclusive. "And as the symptoms *seemed to be* referrible to the effect of the tobacco, and the blackness to the attempts made to reduce the hernia, it was resolved by the surgeons to meet again!" Now in the name of the senior Joe, where was the "ambiguity" in this case? That respectable surgeon might have told them that pinching the scrotum will make it black, and that tobacco is a dangerous narcotic (or he is not the clever fellow that we take him to be). But no; the practical tact of the veteran would have interfered with the logical induction of Mr. John Shaw, and have deprived him of an opportunity of raising difficulties, that he might show his prowess in subduing them, and of seeing "ambiguity," to prove that none existed. It seems that the intestine was subseqently reduced, but he does not take the pains to tell us what became of the patient. He concludes the paper by observing that

"- - - - - although the symptoms were very similar to those of a patient about to die of strangulated intestine, the tumour seemed likely to be reduced; its character, however, could not be satisfactorily ascertained, in consequence of the patient's unwillingness to submit to the taxis. This necessarily made the case more obscure, the scrotum was black, but this formed no indication of the state of the parts within."

We pray thee to tell us, John Shaw, how "the patient's unwillingness to submit to the taxis", necessarily *made the case more obscure.*" You surely mean that it prevented your knowing aught about it, for it could not "obscure" what by your own showing you never clearly understood. "The scrotum was black," quoth he, "but this formed no indication of the state of the parts within," which, though it be an axiom of the Windmill-street school, we beg leave most unequivocally to deny, for, as surely as the weather is at present oppressively hot, this condition of the scrotum in cases of strangulated hernia, does "form" SOME, and often a very faithful "indication of the state of the parts within"! As we said before, Mr. Shaw is for ever sporting his *verba magistri* apothegms, of which this is one; the precise words being employed by Bell himself in his memorable report to the Board of Middlesex Hospital, on an occasion something like the present, and published in vol. vii. page 230 of this Journal.

Three cases of fractured spine (all fatal,) treated by Mr. Jeffreys, of St. George's Hospital, contain nothing to interest the reader.

Mr. Guthrie has made some observations on inflammation of the veins, which, he says, is the most common cause of death after amputation. (*See* CARMICHAEL *in Transact. of the King and Queen's College of Physicians*, Vol. II. *and Cooper's Dictionary, Art. Veins;* also *Smuck Observationes Med. de Vasorum Sanguiferorum Inflammatione.* Heid. 1793.) We shall say a few words to this clever gentleman in our next Number.

Copland, clarum et venerabile nomen, has performed the rites of sepulture over three unfortunate wights—Messrs. Bailey, Thomson, and Houlton.

The first, a Bachelor of Medicine, has attempted to prove upon mechanical principles, after the worst manner of Borelli and Keil, that the heart is the sole mover of the blood. But he seems to be perfectly ignorant of the subject, and therefore we are not surprised that his attempts at reasoning are every where gratuitous and absurd. He denies the muscularity of arteries, or that fibrine has been found in their coats. By applying our hands to the left side of the thorax, we may be conscious, he says, of a "percussive force;" in short, the left ventricle, by an instantaneous action, impels its contents with "a percussive force against the antecedent column of blood in the aorta, and communicates a shock through all the continuous columns thence arising." The pulse is also a proof of this percussive force, or rather of the action of the left ventricle; for says the very modest author,

> "When an artery is either divided or punctured, its contents issue out in jets or leaps, corresponding with the successive impulses of the heart. Now this phenomenon appears to me quite irreconcilable with the notion of a pressing force. For fill a vessel with water, and suffer it to escape through an aperture in that vessel, and you have an example of a pressing force. Now in what manner does the fluid escape in this case? In an even and uninterrupted stream, wholly devoid of these measured impulses, which characterize the efflux of blood from a divided artery!!"

Oh! ye immortal gods! what an exquisite tale of a tub! Water runs from a vessel in an equable stream, *therefore* arteries are not muscular, and the heart is the sole mover of the blood. Q. E. D.—Alas! Copland, we are very sure you don't insert such things for your diversion, but that you really believe they are most excellent of their kind. With this feeling for you Copland, be assured we shall never desert you. We could not do it with a safe "conscience," James! But the funeral proceeds with "*The use of blisters in certain chronic eruptions of the skin.* By Edward Thomson, Member of the College of Surgeons."

The principal diseases of the skin in which blisters are sometimes of service, are the lepra alphoides, varieties of pityriasis, psoriasis, ichthyosis, and others of the like kind. The writer has seen a case of psoriasis palmaria and another of ichthyosis simplex cured by blisters. He thinks the iodine may be useful in cases of lepra, a practice which Dr. Manson of Nottingham has anticipated, and produced a case or two to illustrate.

The third and last paper, by Mr. Houlton, merely commends the evaporation of the expressed juices of some medicinal plants, such as *conium* and *taraxacum*, by exposure to the air in warm weather, to which we see no kind of objection.

The other Arcadian has a case of empyema, too tedious to relate. The author proposes the use of Weiss' syringe, to evacuate the fluid in the operation of paracentesis thoracis. The periscope, we beg pardon, the "eclectic periscope," about which Johnson talks so much, contains nothing of interest, save what has already appeared in THE LANCET.

THE LANCET.

London, Saturday, July 15, 1826.

WE never witnessed any thing more impudent or foul in a Court of Justice than the conduct of the advocates of JEMMY JOHNSON on the late trial. It was again and again alleged, that Johnson had received from us great provocation to write the libellous passages; and these statements being frequently reiterated, induced the Chief Justice Best to make the following observation: "Certainly it did appear that the defendant had been provoked to write the libel by several things that had been said of him, and which undoubtedly would have to mitigate the amount of damages considerably." Thus it is evident, that his Lordship was impressed with a notion *that we were the aggressors,* in fact, that we threw the "first stone," and that what JOHNSON had written was merely advanced in self-defence. Now in the first place, we beg to observe that the passages of which we complain were not replies to any thing; they were base, savage, mean, personal attacks; an attempt to annihilate the moral character of a successful literary opponent; in the second place, and let this *never be forgotten* JOHNSON was himself the AGGRESSOR, and we call upon him, if he has the slightest regard for his reputation as a MAN or as an Editor, to show that we addressed to him any word, any epithet, at which the most fastidious hypercritic could complain, previously to March 1824, when in his number for that month there was a most furious attack on THE LANCET, and on the immorality of its practices. On that occasion, the following are amongst the expressions which JEMMY was sufficiently delicate and discreet to apply to us:* "UNPRINCIPLED LITERARY POACHERS," "PRIVATE SPY AND PUBLIC INFORMER." He says, in page 975, that the men who can publish an account of operations in hospitals, are "lawless freebooters," "literary thieves."

Such were the terms which JOHNSON unsparingly bestowed upon us, and why? We were "literary thieves," for publishing lectures, *which we had* PERMISSION to publish; we were "private spies," and "public informers," because we recorded and published accounts of cases in the wards of our Hospitals, a practice, as we have already observed in this Number, JEMMY is now lauding; and, we were "unprincipled," we presume, because the success of THE LANCET, augured a speedy termination to the *Medico-Chirurgical Review.*

Having thus defended ourselves, and successfully too, against the unwarrantable attacks of JOHNSON, in the open field of literary warfare—having, in fact, only acted in self defence, *he* having been the aggressor—having thrashed him most soundly for his injustice, and laughed at him most heartily for his folly, the fellow, incapable of contending with us in a battle which he himself commenced, and on a soil which he himself selected; he slinks, dastard-like, into a covert, and there aims his poignard with a view to our moral annihilation. "Literary thieves," "perpetrators of treason, stratagems, and spoils," "unprincipled literary poachers," "private spies and public informers," are the terms employed by JOHNSON in his Number for March 1824, only five months after THE LANCET commenced its career; and were we to suffer this creature thus to abuse and vilify us without retaliation?

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* Med.-Chir. Rev. No. 16.—Page 974.

the more especially too, when his opinions on our public conduct were altogether founded in error? We have over and over again stated, in this publication, and Sir Astley Cooper publicly stated the same thing, that he gave us permission to publish his Lectures, and yet for doing this we were "unprincipled literary thieves, private spies, and public informers;" and although these epithets are recorded in *Jemmy's* own pages, yet the man has the unparalleled impudence to state, through his Counsel in a Court of Justice, that we were the aggressors; that we had most wantonly and shamefully abused him, and that he was goaded to write the libellous passages, in self-defence.

We have received a vast number of communications on the subject of abuses in the Veterinary College; or rather the Saint Pancras *Livery Stables.* Professor Coleman, or rather the Stable Keeper, seems to entertain very strange notions of College government, and the proceedings of this Institution appear to be peculiarly ill-calculated to increase our knowledge of comparative anatomy. With the patronage this establishment has received, the funds at its disposal, and the means it has possessed of promoting the science of zootomy, it is disgusting to reflect, that it has served only as a mass of corruption to fatten some of the idlest and most unworthy drones which infest, annoy and depress, the well-directed labours of a host of well-informed veterinary surgeons.

Upon what principle is it that veterinary surgeons are excluded from the *Veterinary* Board of Examiners? if it be from an ignorance of their profession, by whom, we ask, were they made members of that profession? Why, by this same non-veterinary board, the majority of the members of which, in all probability, are as ignorant of the anatomy and diseases of the horse, as the poor horse is of the benefits which he derives from Coleman, his keeper.

This is an *Augean Stable* indeed, and it shall be our misfortune and not our fault, if we do not assist in cleansing it.

Few men within a short period have afforded the profession so much amusement as Joe Burns (Jemmy Johnson and Jemmy Copland always excepted of course), and it is not a little gratifying to us to know, that we first introduced him to the notice of the public. Joe has frequently figured in our pages as an *exquisite* Hospital Surgeon, and he now bids fair to become equally notorious for his wit. Upon being congratulated the other day for his smart pun upon Mr. Bell's operation, "Aye," said Joe, good-naturedly, "my wit is like a fencer's foil, it hits, but harms not." We agree with Joe, that it does hit indeed, in truth as hard as a *stone*, and Travers, we think, could tell us, that the following hit is none of the lightest: "Ah!" said Joe, on meeting Mr. Travers in Bond-street, "you have come to this end of the town to reside, I find; how is this—left your city practice, eh?" "What do you mean, sir," said Ben, in amazement, "*my practice left me!* what d'ye mean?" "No, no, no, you misunderstood me, I said, how was it that *you* had left your *city practice.*" "Oh! I beg your pardon," said *Benjamin*, smiling, "the fact is, I find it much more agreeable at this end of the town; one is nearer the Parks here—*sooner off the stones!*" "Oh! lord," said Joe, "I thought you were *far enough from the stones* at St. Thomas's Hospital."

ST. GEORGE'S AGAIN!!

"The world hath seven wonders, every child doth know,
Tol de rol, de rol, de rol, de rido,
They are very well to read of, but we're prepared to show,
If REAL WONDERS ye would seek to SAINT GEORGE'S ye must go,
Tol de rol, de rol, de rol, de rido."

Catherine Owen, admitted, æt. 38; catamenia have been obstructed for —* months, dysuria has been very troublesome for the last four months. Last night about —— o'clock, *a violent pain came on over the sacrum*, &c. together with slight catamenial discharge, vomiting, &c. SHE IS SEEKING RELIEF FROM THIS PAIN BY SUPPORTING HERSELF ON HER KNEES AND HANDS; *indeed, her own account leaves it doubtful if she has passed any urine for the last 24 hours.* Skin cool and clammy; pulse 112, &c.

The bladder to be emptied by means of a catheter, directly, and three times a-day.

Fourteen ounces of blood from the sacrum by cupping, and then let the patient be put into a warm bath.

Take of calomel, four grains,
Of powdered opium, one grain,
The true James's powder, four grains;

Make into two pills, to be taken directly. After three hours let the patient have an ounce of castor oil, and repeat it every three hours until it operates. A laxative clyster to be administered in the evening, and the pills repeated at night.

Take of camphor mixture, ten drachms,
Aromatic confection, a scruple,
Carbonate of soda, half a drachm,
Tincture of opium, four minims,
Syrup of marsh mallows, two drachms; for a draught to be taken every four hours, after the bowels have been opened.

The belly to be diligently fomented, and rubbed twice a-day with the following liniment:—

Soap liniment, an ounce and half,
Tincture of opium, half an oz. Mix.

FEVER DIET.

Thus far we have reported this case as it *was** written in the Hospital case-book; all that we have done in the shape of alteration has been to translate the prescriptions, which some one had endeavoured to write in Latin; we do this for the benefit of the Governors of St. George's and other Hospitals, and the Examiners at our illustrious College, into which we expect the Council will shortly elect Dr. HEWETT by acclamation. Those parts of the above account which should be particularly impressed on the mind of the reader, we have illustrated by a typical distinction. Well then, so far, our report has been taken from the Hospital case-book; now for the sequel; attend, O gentle reader! whilst we record the diagnostic capabilities of Dr. HEWETT, Physician to St. George's Hospital, and—astounding!—PROFESSOR OF MEDICINE AT THE ROYAL UNIVERSITY OF CAMBRIDGE. Attend, ye insulted, vilified, and scoffed-at draff, ye General Practitioners of England! Mr. Jeffreys was immediately sent for to introduce the catheter, when he found THE HEAD OF A CHILD AT THE ORIFICE OF THE VAGINA. IN TWO HOURS AFTER THE PATIENT'S ADMISSION, SHE WAS SAFELY DELIVERED OF A LARGE MALE CHILD, APPARENTLY IN PERFECT HEALTH. Thus the catamenia of the poor woman had ceased for about nine months; she experienced excruciating pain over the sacrum, and around the lower part of the abdomen, from which she sought relief *by resting on her hands and knees*;—she was ordered leeches, fomentations, embrocations, and *fever diet*. Her urine had ceased to flow for about four and twenty hours, and Mr. JEFFREYS was sent for to introduce the catheter, when lo! at the orifice of the vagina his hand came in contact with the head of a full grown baby, *and within two hours after the woman's admission into the Hospital, she was safely delivered of a fine healthy male child.*

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* The number of months is omitted in the Hospital book, but to the best of the patient's recollection it was ABOUT NINE.

* *This case has been erased from the book.*

Ignorance of obstetric surgery, is considered amongst the Fellows of the College, we understand, a great negative honour: surely then Dr. HEWETT is pre-eminently entitled to Collegiate preferment; doubtless they will elect him President for the next year, and finally, we entreat them to crown him with a "Cap and Bells!"

In the last number of the *yellow* journal, there is a case of *yellow* tubercle of the brain.

A short time since, Mr. JOSEPH HENRY GREEN was requested to visit one of his pupils, who had a very severe attack of *gonorrhœa,* accompanied with *chordee;* the disease was of long standing. The pupil's residence happened to be in Sutton-street, immediately opposite the *New Anatomical Theatre* attached to Guy's Hospital, which establishment, up to this period, had not been seen by JOSEPH HENRY. Whilst the unfortunate pupil was removing the bed-clothes, Mr. GEEEN caught a glimpse of the new building, which he appeared to survey for some moments with great intensity; at length, JOSEPH, recovering from his reverie, exclaimed, "A splendid erection, Sir." "Yes, Sir," replied the confused and blushing boy, "but I can assure you it is a d—d painful one."

We beg to inform Mr. Stanley, that however high his opinion may be of his own abilities, others may be quite as capable of estimating them as himself. This observation would not have been made, but for his conduct in the Hospital on Tuesday week. In one of the wards was a man with an enlarged knee, occasioned, as every one supposed, by fluid within the capsule; his health had not greatly suffered, nor was the knee very painful: issues, blisters, &c. had been tried without any amendment; in fact, the knee was evidently increasing in size, when Mr. Vincent, under whose care the patient was, determined on letting out the fluid; just at this time Mr. Stanley entered the ward, and, of course, his opinion as to the propriety of the measure was requested. Immediately on seeing the case, he declared, in the most bullying way, that the seat of the mischief was within the capsule, as if any one doubted it; and with sundry shirks and knowing nods, refused giving any opinion on the propriety of the proposed operation. Now though it may be difficult to describe a man's deportment in such a situation, there can be no doubt Mr. Stanley wished to impress every one present with the idea of his own great superiority. These remarks would have been spared, had this been a solitary instance of Mr. Stanley's behaviour; but such is it always, except with Mr. Lawrence, before whom he seems *cowed.* We may remark, in conclusion, that the skin having been previously drawn aside, a small trocar was cautiously plunged into the tumour, and nearly a pint of semi-purulent fluid let out; the aperture was immediately closed, and the patient expressed himself relieved; the cartilages do not appear to be diseased, for the leg admitted of slight motion, and no grating could be detected.

HUNTERIAN ORATION.

Olympus glow'd with *brightest* rays
Of learning, then and there conven'd ;
Each head a world of thought displays,
Each *railing* too, where elbows lean'd.

The members, Demigods of state,
And *Satyrs* taken from plough tails,
Cum magna dignitate sat,
Or grave reclining, bent on rails.

The *Tritons*, fishes out of water,
And some odd demons of the air,
Amazed, they ask of one another,
What the deuce had brought them there?

The lesser Deities of hell,
Apprentices from *retail* shops,
And barber's pupils, higher dwell,
In cherub fashion line the tops

Of upper heaven, where they crowd,
One head above the other rising ;
Await the gods in clamours loud,
With knocks and stamps that were surprising,

To the sage beadle, as he came
With silver topp'd æthereal mace,
And frowning eye that seem'd to blame,
That noise should there be taking place.

The beadle gave an extra frown,
Because he saw some misbelievers,
Having no *thrones* to sit upon,
Who did not choose to top their beavers.

For e'en already *Vulcan*, lame,
Had enter'd first to take the chair ;
But next stern *Pluto* frowning came,
And grimly cried out " *Hats off there.*"

The Demigods when thus he spoke,
Not knowing what to make of this,
With hooting murmurs silence broke,
Expressive, answer'd with a *hiss.*

The god infernal stood upright,
And cross'd his arms in mood of ire ;
And seem'd as if he would show fight,
And knock down all that dare come nigher.

But *Neptune*, guessing what might hap,
He slightly nudg'd him by the arm ;
And bid him shut his 'tatoe trap,
Lest he might do himself some harm.

The surly monarch took the hint ;
But ere he let his fury pass,
To show them all his cool contempt,
At sitting down he smacked his ——

And said, " that when before my throne
Ye come to pass *examination*,
I'll pinch ye to the very *bone*,
And *roast* ye all for expiation."

Great gods ! keep peace at Lincoln's-Inn,
For man's sake turn old Pluto forth ;
And clean the place from all this sin,
Nor send such bits of hell on earth.

S. A.

JEMMY JOHNSON.

MY DEAR JOHNSON,—" Timeo Danaos et dona ferentes" you say, and instantly dub *me*, your best friend and sincerest well-wisher, a *Greek*, and "*from the enemy's camp.*" Now I am not, my dear fellow, either a Greek or a Corinthian, although my name (for which I duly thank the father who begot me, and the priest who made a christian of me) is somewhat Grecian—and you know it, you wag—you know, intus et in cute, that I am one of your "*Associated Physicians and Surgeons,*" and nothing but your insuperable modesty (how it has stood in your way all your life !) prevented you from inserting my letter—is it not so ? am I not ***** ? or " Quis ergo sum saltem, si non sum *Sosia ?*" but I will not push the question. I will *prove* to you, that I am *your friend*, and will be disinterested enough to *presume* that you do not know me, and will retain my mask in order that I may neither tax your gratitude, nor exhaust your acknowledgments. I cannot express to you how much *I had long* admired the dignified forbearance, the christian-like meekness, the Job-like endurance, which you so pertinaciously exercised towards the Editor of that most infamous of all infamous abominations, " THE LANCET," that pest-spot of the profession ! that running sore of foulness and venom ! that,—but words are wanting to sum up the catalogue of its sins and enormities, and however inadequately it may do it, I will content myself with adding—That *vile publication*, which can *only* boast as the "*one* virtue 'mongst a *thousand* crimes," *independence*, *talent*, *impartiality*, and *undaunted daring*, and which amongst the accumulated ills with which it has visited the world, has accomplished no one good or useful purpose, with the *sole* exceptions of *pulling down the monopoly of charters and trading companies, exposing ignorance and imbecility, breaking open the strong holds of family compacts and committee jobs, making our hospitals* MORE *what they were founded for* (the relief of the suffering poor, " miseratione *non* mercede," rather than the stepping stones of interest and avarice,) and correcting *numerous other abuses*, which *every other* periodical had, time out of mind, either justified or turned a deaf ear to. I say that I *had* long admired your amiable, exemplary forbearance; how much then, my dear friend, was I chagrined, to observe in your last number, what, if it had come within the compass of possibility, I would have staked my credit and reputation (no trifling adventure) had been interpolated by the "*foul fiend*" of THE LANCET himself, upon your fair pages—" what a falling off was there," how have you, my dear Johnson, by giving way to the irritation of the moment, destroyed at " one fell swoop" the promise of years! Never again will I put trust in one born of a woman! here, *I had* said to myself, is at least *one man* soaring above the frailties of his nature; an *author*, void of pedantry and conceit; a *critic*, sound, dispassionate and just; an *editor*, high-minded, disinterested, and above the little paltry irritations of envy and spleen. Oh Johnson! dearest Johnson! how are the mighty fallen! would to God you had never written that fatal paragraph, "*To whomsoever it may concern*;" your *friends* weep for you, your *enemies* laugh at you, but neither the tears of the one, nor the taunts of the other, can ever obliterate this sad memento of your folly! *you yourself* are the *only person* that it can *really concern*; for can you suppose that it would be the *concern of a moment* to *such men* as you have addressed it to? what would I not give *to believe* that *you* had not written it! what would I not sacrifice to *convince the world* that *you* had *no concern in it!* Trotter saved his friend Melville, and got a fortune for his friendship; Sir W. Draper *attempted* the rescue of *his* friend Lord Granby, and a blushing ribbon decorated his button hole; *I* will surpass these heroes of romance, these martyrs to disinterested friendship, *I* will at least *attempt your* salvation, and will not even hint at either a fortune or a bit of silk! I WROTE THE PARAGRAPH!! *Atropos*, and *not Johnson*, penned the pernicious blot!!!

That *you* had any thing to do with the " ORATOR WAKLEY" *concern*, not the most virulent of your enemies, if you have one, (" miserrimus qui inimico caret," though *I* never could see why,) nor the most stultified of your *professing* friends, can for an instant suppose that *you* should condescend to quarrel with a man for being " *an orator*," that *you* (of parliamentary precision in this respect) should abuse a man *by name*; that " *the Editor of the Medico-Chirurgical Review*" should demean himself by personally vilifying the " *Editor of The Lancet*," (a prince to Joe Burns!) is beyond the pale of the most outrageous belief, here *you* stand absolved, *you* never did it, and *I* say so! The Editor of THE LANCET, or some of the junto (is it a *decade?*) some of " *the men who, &c.*" (vide " to whomsoever it may concern") has or have occasionally indulged in a few playful good-tempered personalities towards *you*, the Editor of the Chirurgical, they have called you " *Jemmy*" (your misfortune not your fault,) they have said that you wrote on " *warm climates*," (a fact,) that nobody ever read the book (it being unreadable), that the *third* edition *preceded* the first (a lie), that you have been—what? " *unfortunate*," and that Mr. Brande has not (the fate of *war*); that you have *discovered* lots of *moonshine*, (so did Newton,) that you have written tomes of balaam and balderdash, (you write to *hire*, and hire to write,) that you have attempted theft (*literary*, be it observed,) and then called " *stop thief*," (an honest act,) that you are in short, neither more nor less than a bookseller's hack, and that having sold your soul to the Devil (the printer's devil of course), you have filled your pages with whatever might make the book sell, without the slightest regard to either justice, impartiality, or professional benefit. But where is the harm of all this? Is it not done by thousands? Why are you alone to be pestered with this universal sin? The Editor of THE LANCET is a villian, " a curs'd inhuman dog;" Erinensis a thickhead, N. T. X. an unwhipp'd school boy; " Castigator" a cut-throat; all the " *blanks*" and " *wes*" and " *single letter*" gentry, fornicators, infidels, adulterers, blasphemers, and slanderers; *I* am the only honest man of the bunch, and I have given proof of it by standing forward as the friend, the advocate, of persecuted innocence! Repose your cares and sorrows, my dear Johnson, upon my *friendly* bosom, pour out your wailings and complaints to my sympathising (they are sympathising organs) ears, " *though all should leave you, yet will not I.*"

" ATROPOS."

30th April, 1826.

SKETCHES OF THE SURGICAL PROFESSION IN IRELAND.

No. XI.

MERCER'S HOSPITAL.

Characters, &c.

At the junction of four streets, in a central and densely populated part of Dublin, there stands a building of a very singular appearance, to which a Mrs. Mercer, some eighty years ago, bequeathed her name and fortune. I know not well how to describe the plan of a structure which, in the language of architecture, might be called shapeless, and to which no combination of lines known to me bears any resemblance, except, indeed, one of the "five irregular bodies" might aspire to that distinction. If it were square, round, or elliptical, I might then have some chance of being understood; but instead of being bounded by four right angles, as most Christian dwellings are in these days, so, Euclid be my witness! no less, I am convinced, than eight or ten wrong ones distort the "chance created form" of this Babel-tower of Surgery. To convey, therefore, any notion of so strange an assemblage of stones I entirely despair, and have only to entreat the reader to consider its exterior aspect as something picturesque, Chinese, Arabesque, a compound of the three, any thing, in short, he pleases, provided it be different from every thing he has ever seen before in the way of masonry, while I attempt to enumerate its more tangible peculiarities.

First, then, there are four stories, and two fronts, one protruding in cut stone, the other receding to some distance behind, as if shy of its humble pebble-dashing, while four gables, I believe, tapered out into long chimnies, crown the brows of this monstrous creation. Descending from these lofty outrages on taste, to others of a more lowly station, we find economy and convenience once more violated by a terrace, which renders this mansion of broken legs accessible to those persons only who possess the perfect use of their limbs. For what other purpose than as a type of the difficulty of attaining the benefits of charity, this architectural stratagem of admission was erected, I could never learn, except it might have been the intention of the builder to imitate the hall-doors on the round towers of Ireland, never less than fifteen or twenty feet from the ground, and which induced Swift to remark, in his inimitable irony, that they were built for the sole end of puzzling future antiquarians. At the base, and in front, as the anatomists express it, of this "Scalæ Gemoniæ," rises a fountain, the daily incidents occurring round which might have furnished the "Dean" with the materials of another "City Pastoral." At all hours may here be seen the Galateas of the adjacent lanes and alleys replenishing their pitchers with the bubbling spring, or stripped to an altitude above the knee of very questionable propriety, trampling the stains out of their tattered garments in tubs of foaming suds, while the water, thus saturated with the pollutions of the city, flows in gentle ripples over the pavement, and, with the co-operation of the sun, manufactures an odour which takes the passenger by the nose in a most ruffianly manner. If a guess might be hazarded on so abstruse a point, mayhap this exhalation tends to lessen the salubrity of the Hospital; but not being deeply read in pneumatics I will not positively affirm that the "Governors" of the establishment are culpable in permitting this problematic nuisance to continue in sympathetic operation. But to pass over the other adjuncts of this grotesque edifice, which had excited my curiosity so much, I was resolved to explore the interior, and soon found means to accomplish my object in a succession of visits. I perceived, on the first of these occasions, that the composite style of the exterior had been preserved with the most consistent fidelity in the internal subdivisions of the institution, which seemed to have danced into their places to the music of "Wolf's Glen." Entering a hall of ample dimensions, I turned to the right, and found myself in an apartment, fitted up with becoming frugality, for the accommodation of the "Board," and examination of patients. It is worth pausing in this venerable niche, in order to review its time-worn contents, every article of which is stamped with the "wear and tear" of very long service indeed. Amongst these faithful fixtures, a chimney-piece attracts the homage of the spectator, as a fine specimen of the style of ornamenting fire-places in the "olden time," by a massy frame-work of wood, exhibiting in its tracery every possible combination of the ovalo, astragal, and abattus, which moulding planes could execute. On either side of this splendid altar of the "Lares" and "Penates," stood two presses, in which Mrs. Mercer, I guess, might once have stowed her high-heeled shoes and long-bodied gowns, but in which now, probably, repose the "archives" of the institution, shortly, I understand, to be edited by Mr. Aunlech, the geneologist. A deal table, curtailed of its legitimate height by the moths, covered by a cloth which was once green, and indented by many shining depressions from repeated frictions of free-stone, stretched its enfeebled frame along the centre of the room. A set of chairs, disdaining the luxury of hair-cloth and chopped hay (Bride's alley forgive me!) completed the furniture of this interesting chamber, except two portraits, in which scarcely a vestige of "the human face divine" could be discovered through the opaque varnish of years, and here and there "letting in new light through chinks that time had made." The carpentery work corresponded in fashion and colour with these elegant cabinet chattels, and save the doubt inspired by its investment in the rust of antiquity, might be put down from its ochry hue as the genuine growth of "Shilelah." The walls too, I suspect, were once painted, but gradual decomposition has either restored the ingredients of the mass to a separate independence of lustre, or a compound of such a prismatic diversity of tints has been produced, that it is not safe to assert which may be the prevailing shade at present. A ceiling, which might still retain some traces of buttermilk and whiting, if the sable frescos of at least twenty generations of flies had not sadly obscured the pigment, with the assistance of a religious light streaming in through glass frosted over with dense incrustations of dust, formed an appropriate firmament to this little world of wonders.

After indulging in the ludicrous associations excited by those objects, I almost repented the folly of a malicious fancy, when I became better acquainted with their history, and learned, that some at least of these defects were the consequences of accident rather than design, but which, as a faithful painter, I am bound to copy without flattering the subject of my pen. Wherever the cause of humanity is advocated, whether under the shelter of architectural pomp, or the humbler roof of limited benevolence, the intention consecrates the means, and we should perhaps more properly say, in the name of the afflicted, "God bless the giver." In converting her residence into a refuge for the diseased, the generous foundress (one of those phenomena of her sex who surprise as much by the rarity of their appearance as by the actual splendour of their virtues) could have no presentiment of the extent to which her example was to operate on congenial minds, nor exercise any control over the appearance which their liberality was to assume. Her bequest may therefore be looked upon as a nucleus, round which the tears of human compassion, collecting in successive drops, at length crystallized into these irregular forms. From containing originally but nine beds, it now boasts of fifty, and was for a long time one of the principal Surgical Hospitals of our metropolis. Its connexion with some eminent practitioners, who flourished in the infancy of the art in Ireland, and with the College in its greener days, invested it with a temporary importance, which has declined with the removal of their causes, so that the morning tide of disease which once rolled to its door for relief, has since receded and left its hall a deserted spectacle of some twenty or thirty cases for treatment and selection. This duty, I soon observed, was performed consistently with Irish ideas of regularity, that is, generally an hour after the appointed time; or should the bowl circulate freely on the preceding evening, the mass of disease in waiting was left for that day to spontaneous convalescence, notwithstanding the restorative influence of "Thwaite's double soda" on squeamish stomachs and throbbing temples. Making the necessary allowance for these intrusions of Morpheus on the rights of the sun, I was fortunate enough, however, to fall in when the process of artificial cure was in progress, and it was a goodly sight on these occasions, while sitting under the shade of the aforesaid altar of the "household gods," to contemplate the rising generation of surgeons, and their professional elders, assembled in the miscellaneous avocations of talking politics and polemics, and now and then diverging into the field of medicine by way of varying the conversation. A man-like-master sort of feeling seemed to pervade the members of this little family circle, and to produce a social loquacity that sometimes rose into the dignity of actual declamation. Whatever difference might have existed between their scientific attainments I know not, but to all appearance that halo of respect, which knowledge ever draws around the profession, offered in this instance no opposition to the familiar incursions of the pupil on the converse of the master. Though an advocate for freedom of intercourse between persons placed in these relations to each other, I could not help regretting that the dignity of office was not supported by such an ascendency of intellect as might prevent their communion from degenerating into a licentious equality.—Amongst the foremost of these juvenile disputants with their superiors, were two young gentlemen of very opposite principles and appearances indeed, and whom

I understood to be the senior pupils of the establishment. The logical sublety and argumentative tact displayed by them on one of those themes of discussion which keep Ireland in a state of perpetual excitement, rivetted my attention on the speakers. They certainly looked the characters which they respectively supported with an authentic identity of expression, not to be excelled even by dramatic artifice. The one, an advocate of "Ascendancy," was blessed with the complacent plumpness of feature characteristic of the professors of that prosperous creed; the symmetry of his elegant form was admirably developed by the auxiliaries of the most fashionable apparel; his dark hair mantled into curls of "dreadful beauty" over cheeks glowing with the rose, while his fine brown eyes sparkled as if with an instinctive consciousness of promotion to the next snug place in the gift of his "friends;" so that making some allowance for disparity of size, he appeared not unlike a Cupid, or an Adonis, turned into a politician, and decked in the habiliments of a modern dandy. To this smiling disciple of Hobbs and Burlemaque, a portion of his college course to which he seemed to have paid particular attention, stood opposed the champion of "Toleration," with deeply chiseled features of Roman configuration; a care-worn cast of countenance, as if it had been ground to an edge on the wheel of everlasting thought, and imbibed its sallow hue from the pale light of the lamp; lank hair, tossed into revolutionary disorder across a forehead spurning the indignity of disfranchisement, and altogether presenting such an assemblage of qualities as imagination might bestow on the shade of Milesius mourning over his persecuted race. While these youthful representatives of their country's "rights" and "wrongs," with all the argument on one side and the prospect of a very substantial substitute on the other, illuminated their syllogisms by the collision of their emulous glances, farewell to all ideas of Hippocrates and John Bell. Every other consideration was merged in the attraction of the dialogue, and the pen of prescription itself was seen to stop in its hurried manifestoes against coughs and colics, as if fascinated by the passing charms of political dispute. Though the contest was conducted with the utmost good temper, I could not but lament the existence of a state of things which could thus diffuse its poison into all ranks of society, and divert the thoughts of even the young from more useful pursuits.

[*To be concluded next week.*]

Case of Epilepsy, caused by the irritation of a Calculus in the Urinary Bladder. By John Tucker, Esq. Member of the Royal College of Surgeons in London, and one of the Surgeons to the Exeter Public Dispensary.

To the Editor of The Lancet.

In one of the numbers of the 9th volume of your useful and very widely circulated publication, there was an interesting case reported by Mr. Earle, of a little boy at the age of five years, being left in a state of idiotism from an attack of epilepsy, which he conceives to have arisen from the presence of a calculus in the bladder; what led his opinion to this conclusion, it appears, was, that after the operation of lithotomy had been performed, the epileptic symptoms did not return, and the intellectual faculties of his little patient were soon restored to their accustomed vigour. On reading his remarks, I confess a doubt existed in my mind, whether the epileptic affection might not be accidental, or depending on some other cause, and not produced by the irritation of the stone. From a circumstance, however, which has since occurred in my own private practice, I am disposed to draw the same inferences as Mr. Earle, viz. that the calculus did produce the cerebral mischief, for I have witnessed the same distressing symptoms in a little boy of the same age, and where the same remedy was successfully employed. To many of the readers of The Lancet, the history of the case may prove interesting, more particularly as it shows the necessity of our acting promptly, and how much relief may be thereby afforded by the hands of the surgeon.

On Sunday evening, the 5th of February last, I was requested to visit the son of a gentleman of the name of Tickell, who was residing in this city. Being told by the messenger that he was in extreme danger, I immediately accompanied him, and found the little boy apparently dying. His face had a reddish black appearance, froth issuing from the mouth, and scarcely any pulse perceptible. His feet having been immersed in warm water, and some diluted brandy having been given him previous to my arrival, he began to rally, but before I had been in the room ten minutes, the voluntary muscles became again violently convulsed, accompanied with the other characteristic symptoms of *epilepsy*. In the whole course of my life, I never saw the convulsive spasms more severe, or more likely to terminate fatally, and as this was the first time I had ever seen him, I thought it right to ascertain from those present, the previous state of his health. His father being an intelligent man, fully explained it to me, which was as follows; that while residing at Ilfracombe, in the north of Devon, the little boy had laboured under symptoms of stone in the bladder for many months. Having placed him under the care of a Mr. Jones, a respectable apothecary of that place, he suggested the propriety of sounding him, which had been done by a Mr. Stephenson, a surgeon of Worcester, who happened to be at that watering place for the benefit of his health. This gentleman distinctly felt a calculus, and strongly recommending an operation, was the cause of his being brought to this city, in order that it might be performed. Here, it appears, he was again sounded by one of our best surgeons, who also became satisfied of the presence of a stone. I was further informed, that since Friday, very little urine had been voided, and all that had passed was only *guttatim*, and with agonizing pain. From this report I began to suspect that the calculus had either got into the neck of the bladder, or that it was seated before the mouth of the urethra, and my opinion became strengthened on finding a fullness above the pubic region, indicating much urine in the bladder. I resolved, therefore, on passing a cathether, which I procured without delay, and it proved as I suspected; for just before this instrument entered the bladder, its point struck against the stone. By the slightest force this receded, the urine then began to flow in a full stream, and more than forty ounces were drawn off. The poor little fellow was in a drowsy state, but appeared to be relieved by the measures pursued. Taking into consideration that great irritation might still exist about the bladder from the over distention, as also the plethoric state of the vessels of the brain, it was my opinion that something yet remained to be done; I was therefore induced to endeavour to lessen the former by a soothing enema, containing twenty drops of the tincture opii, and to empty the latter by the application of four leeches to the temples, at the same time ordering that the head should be kept cool by the repeated application of cold wetted cloths. Thus I left him, and at my visit on the following morning, I was much pleased to hear he had passed a tranquil night. The leeches had bled profusely, and he had voided his urine with little pain. There was yet great dulness about the eyes, in one of which strabismus was evident. Added to which, he had a very tumid belly, indicating other visceral disease. It was this latter circumstance, I was informed, had caused the operation to be delayed. It struck me, however, the first opportunity should be taken of performing it. It was by no means a promising case, for he was both debilitated and emaciated; still it was his only chance, and at the earnest request of his father and mother, and considering it my duty in a professional point of view, I promised to give it him. Being anxious that my friend Mr. Harris, a very excellent surgeon of this city, and one of the surgeons to the County Hospital, should meet me in consultation, he did so, and was of opinion that the operation ought to be had recourse to. For many days nothing was done, except the frequent administering of a common enema in order to sooth the parts, as well as to empty the lower intestines. He experienced no return of epilepsy, and by laying on his back he was enabled to pass his urine without pain. On the 13th, therefore, of the same month, finding him tranquil, and having previously prepared him for the operation, I performed it in the presence of Mr. Harris, and my pupils. On two former occasions, which terminated successfully, I employed the knife as recommended by the late Mr. Gibson of Manchester, but here I was induced to use the gorget, considering it on the whole the best and safest instrument. Nothing particular occurred during the operation, except that I found the opening into the bladder not sufficiently large, which obliged me to dilate the wound with a probe-pointed bistoury. This enabled me to extract the calculus, although some difficulty arose from its unusual size. The shape was ovate, the circumference of the longer axis being four inches and three quarters, that of the short, three inches and a half, and its composition principally lithic acid. On the following day, vomiting and diarrhœa came on, attended with faintness; there was also pain and tension over the abdomen. But these symptoms yielded to small and repeated doses of the tinct. opii, with the cretaceous mixture, and the frequent application of warm fomentations over the abdomen. From this period nothing untoward occurred. In about twelve days the urine passed by the natural outlet, and at the end of six weeks the wound in the perinæum was completely healed.

Four months have now elapsed since the operation was performed, and it is scarcely possible to conceive the amendment which has taken place in his constitution, for, from being previous to it a puny and emaciated subject, he is become stout and one of the healthiest. The dulness of the eye and strabismus are also gone, and, as regards his intellectual faculties, they are quite restored; in short, taking into consideration his age, he certainly possesses a more than usual share of them. Thus favourably has this case terminated, and it clearly proves that the excitement of the brain was caused and kept up by the irritation of the calculus, as since its removal there has not been the slightest disposition to its recurrence. Reflecting on the symptoms of this case, and bearing in mind how much the head suffers when the urine has been long retained, convinces me that sufficient attention is not paid to the functions of the bladder in some other diseases. Thus in the latter stages of typhus particularly, when the patient lays in a torpid drowsy state, I am often induced to pass the catheter, and remove the most ill conditioned and offensive matter, which nature has been unable to accomplish. In adopting this practice, I am never governed by the report of the nurse that a proper quantity has passed, nor by the absence of any particular fullness about the hypogastric region, but by the cerebral mischief which generally subsides. What led me to it first, was the examination of many of the bodies of those soldiers who died of fever on their return from Corunna, for in all, where the head had been much affected, I found the bladder to have suffered much from inflammation, and containing such secretions. Since that unfortunate period, innumerable opportunities have presented themselves, of my witnessing similar appearances in dissection, both in my military and private practice, so that I do not hesitate to remark, that after a long attack of fever, and more particularly where the brain is suffering much, it is as necessary to completely empty the bladder of any irritating matter, and which can only be effected by the catheter, as that of any which the intestinal canal may contain.

JOHN TUCKER.

Exeter, June 1826.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

HYDROPHOBIA.

——, a gentleman's coachman, apparently about 55 years of age, was brought to the Hospital on Monday, July 3, affected with hydrophobia. The history of the case is as follows:—ten weeks ago a dog attempted to bite his hand; the patient said the dog did not bite him, its nose merely touching the hand; there was no wound, no blood drawn, but merely slight abrasion of the skin of the forefinger of the right hand. Three days after this occurrence, the dog was killed on suspicion of being rabid. The man, for his situation in life, was peculiarly clean, and was in the habit of daily washing and sponging his person. On Thursday morning, he was performing his usual ablutions, when he was quite surprised to find himself shivering, and actually possessed of a degree of horror at the sight of the water falling on him. On Friday the finger began to feel stiff and painful. On Saturday this feeling increased, and appeared to be extending up the arm into the axilla. On Sunday he was incapable of using the arm, so much so as to be compelled to hold both whip and reins in one hand. On Monday evening he came to the Hospital, and was seen by the House Surgeon, who examined the arm from the finger to the axilla in the course of the pain, but no cicatrix could be observed, no inflammation affecting the absorbents, nor indeed were any unnatural appearances perceived; thus confirming the accuracy of Dr. Marcet's observation "that the pain follows the course of the nerves, rather than that of the absorbents." An observation, however, in which he had been long ago anticipated by Callisen in his Systema Chirurgiæ Hodiernæ, Vol. I. p. 595, "Resorptionem virus ope systematis lymphatici fieri verisimillimum videtur; neque tamen nec vasa lymphatica, nec glandulæ vicinæ stimulo morboso, vel tumore adfici videntur; quod in aliis resorptionibus virulentis fieri solet."*

Mr. Wheeler, the apothecary, wrote to Dr. Latham, informing him of the patient's admission, and of the presence of decided hydrophobic symptoms. *Dr. L. did not*

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* Vide Cooper's Dictionary, Art. Hydrophobia.

come to the Hospital, but sent a message to Mr. Wheeler to give the patient THREE DRACHMS OF LAUDANUM *immediately, and afterwards* ONE DRACHM *every other hour.* We are anxious to avoid mentioning any thing which may prove offensive to Dr. Latham, but we must do our duty, and we ask Dr. Latham this plain question—Had he been sent for to a Nobleman afflicted with *hydrophobia*, would he have contented himself with sending word that his Lordship's apothecary should administer to his patient THREE DRACHMS of LAUDANUM? The reader has already answered the question.

The patient was a fine stout fellow, upon whom Dr. Schoolbred's and Mr. Tymon's plan might have been tried, and the question settled, viz. as to whether copious bleedings until the pulse can scarcely be felt, instituted at the very first appearance of unequivocal symptoms would put a stop to the complaint; at all events, while there are such remedies proposed as the external and internal use of hydrochloric acid; the injection of morphine, extract of opium, stramonium, laurel water, belladonna, or simply lukewarm water into the venous system, as suggested and tried by Magendie, Dupuytren, Breschet, Brandreth, and others, it least of all becomes men desirous of assuming the name of pathologists, to "rest from their labours," and quietly yield up a fellow-creature to such a horrid death.

4. Dr. L. *saw the patient this morning for the first time.* The poor fellow passed a comfortable night, and his pulse at eight o'clock a. m. was 99. At twelve, however, it had risen to 128. He was in a profuse perspiration, and his countenance expressed great anxiety. He complained of slight pain, extending from the finger up the arm, affecting the situation of the trapezius muscle, and the neck on the same side as the bite. Acute sounds, even simple agitations of the air, were sources of great disturbance, and brought on slight paroxysms of general convulsion. A small board in the ward accidentally fell down, and the noise it caused violently affected him. Some gruel was offered; when the patient attempted to drink, he immediately sobbed in a convulsive manner, experiencing a dreadful choaking sensation, and was obliged to desist. Dr. L. desired that the patient might be kept perfectly quiet, and the pupils prevented from toubling him. He ordered the laudanum to be again administered to the extent of *three drachms*, and *one drachm* every other hour. He said, his intention in giving the laudanum was merely to smooth his path to the grave.

Nine o'clock, Tuesday evening. At this time he appeared quiet and tranquil, and perfectly sensible; pulse 120. Upon Dr. Latham asking the nurse for gruel, it became accelerated; the patient, quite agitated and alarmed, put his hand forcibly to his left breast and said, "how my heart beats," giving at the same time several gasping convulsive inspirations similar to those we experience when plunging into cold water. The gruel being brought, he, at the Doctor's desire, attempted to take some, and with considerable effort grasped the spoon in his closed fist, elevated it with difficulty to his mouth, and swallowed a spoonful, he afterwards swallowed 12 or 15 in succession, and without any increased difficulty in deglutition, and apparently not so much spasm as he had in the morning. To a question from Dr. Latham, he said, "he dared not fill the spoon quite, for fear of bringing on *that thing*." Dr. Latham asked him "what thing?" he smiled, and said, "Why, that sensation that prevented him from drinking." The Doctor and pupils retired from the bed to allow him to go on sipping the gruel free from observation, and consequently supposed irritation. Upon being informed by the Doctor of the motive, he said something equivalent to their presence being no interruption to his occupation. Upon looking round, however, in a few moments, we saw him dozing, although sitting up in bed. Dr. L. roused him by asking him to drink a little of the fluid from the basin itself; he hesitated a considerable time before he could attempt it, the idea of drinking out of it seeming intolerable; at last, grasping the basin with both hands, apparently with a great effort, he darted it rapidly to his mouth; there was considerable spasm both during and after this attempt to swallow, and a quantity of the fluid ran over his face and chin from his inability to swallow quickly. The patient could not bear the light reflected from the brass candlestick, a symptom not always present, for we recollect a woman 16 or 17 years ago in this Hospital, who made use of a looking glass without the usual inconvenience which rabid patients are in the habit of experiencing from the sight of shining bodies. Dr. L. ordered the same quantity of medicine to be continued, unless he appeared to be in danger of being overpowered by it; if he became worse, it was to be increased even to *half ounce doses; he has now taken fourteen drachms of laudanum.*

Wednesday morning, 12 o'clock, 5th July.—Mr. Wheeler told Dr. Latham that the patient had not passed so good a night as the preceding one, that he had not seen any reason to increase the dose of laudanum until about six o'clock this morning, when he became considerably worse, but had again improved about eight; he had therefore given him *three drachms* at six, and the same quantity every other hour since, consequently he had taken *nine drachms* since six o'clock this morning; the patient, who was sensible of his dangerous situation, requested Mr. Wheeler to put him on the straight waistcoat as he was afraid of doing some one an injury, and he should be very sorry to do so; this request was complied with. This forms a peculiar feature of the disease worthy of notice; the writer of the article "Dog," in Dr. Rees' Cyclopedia, who appears to have had most extensive opportunities of observing the disorder in dogs, having paid attention to more than 200 cases, says, "As it is evident that the term hydrophobia, characterising the affection in a dog is a misnomer, (for in no instance does there ever exist any dread of water, on the contrary, dogs are in general very greedy after it,) so it is evident that the term madness is equally so. In no one instance have I ever observed a total alienation of the mind—in very few have the mental faculties been disturbed; the disposition to do mischief is rather an increased irritability than absence of sense, for in the worst instances, even those that are furious, they acknowledge the master's voice, and are obedient." The pulse is 130 and full; bowels not been moved since his admission; the spasm upon offering him fluid does not seem to have increased since yesterday evening; the same quantity of laudanum to be continued, ʒiij. every two hours.

[A placard has been placed upon the door of the ward by Dr. Latham, humanely requesting the students not to disturb the patient.]

Wednesday evening, nine o'clock.—When the patient was seen, he said he did not feel pain, except in the head, and that was but slight, he had been dozing all the afternoon, but waking frequently, and that he felt easy, and thought himself better on the whole; his bowels not yet open; tongue clean; pulse very much accelerated; Dr. L. said it was impossible to judge of it when the man was agitated by the presence of so many visitors; on being asked to take a little gruel, he seemed anxious to try, and with considerable agitation swallowed one spoonful, he filled it a second time and proceeded to carry it to his lips, but before it reached his mouth his courage forsook him and he was obliged to desist; he renewed the attempt, but with no more success; his arm at a certain height appeared to become tense and motionless, and he struggled in vain against this spasmodic resistance, the muscles of the face and those of respiration were now violently convulsed, there was an appearance of suffocation, with great nervous irritation, which continued some minutes. After making the attempts to swallow we have described above, he cried out in a despairing tone, I cannot do it, and fell back in the bed, completely powerless and exhausted. Dr. Latham said he considered the man to be considerably worse this evening, and that the disease was delayed by the influence of the *laudanum* which he has taken, amounting nearly to *six ounces* in 48 hours; the same quantity of laudanum was ordered to be given (*three drachms* every two hours).

Thursday morning, July 6. At 12 this morning, a great number of pupils, not only of our own hospital, but of various other institutions, assembled to wait the Doctor's arrival. Before entering the ward the Doctor, afraid of alarming the man, begged that but a few gentlemen would enter at one time, that they should all see him if they would have a little patience. Upon opening the door, however, like so many school-boys trying who should be there first, they rudely pushed and shouldered each other, as nearly to knock the Doctor over, and in a few seconds the ward was half filled. This childish conduct irritating Dr. L., he declared he would not see the patient, and left the ward. We, however, gathered some slight particulars; his pulse was 140, but less full, and rather intermitting, his tongue whitish, and he complained of slight pain in the epigastrium; he seemed tranquil, but at intervals slight spasms seized him; no fluid was offered him, consequently we were unable to judge of the increase or decrease of spasm. We afterwards found that he had refused every kind of fluid, even the laudanum which had been given him, mixed up with bread and sugar, since early this morning; he said he could not and would not take it. His bowels had been opened once; he continued much in the same state until about 8 o'clock in the evening, when, completely worn out by sensorial exhaustion and distress, he at last calmly expired.

Post-mortem Examination.

This morning the pupils assembled in the Anatomical Theatre, where the body was to be examined, as the numerous persons anxious to be present could not possibly be accommodated in the dead-house. Dr. Latham, Mr. Lawrence, Mr.

Vincent, Mr. Earle, and Mr. Stanley, were present. Mr. Wormald first raised the tongue, which was examined with a common magnifying glass, to discover whether any *vesicles* were present, but nothing like them could be detected. We do not wonder at this, as they accompany the early stage of the disease only. The scull-cap being removed, the *pia mater* appeared more vascular than usual, as did also the arachnoid on the right side; the substance of the brain was softer and more vascular than it is generally found, in other respects it was perfectly natural; the œsophagus and larynx, presented the usual healthy appearances; on the trachea, were several inflammatory patches, about the size of a shilling, but very slight. Chest, nothing morbid, except the appearance of effused blood in spots, about the size of pins' heads, on the surface of the heart and arch of aorta; the heart perfectly natural; the bronchiæ were traced to their terminations, and found perfectly healthy. Abdomen; near the cardiac end of the stomach, for about the space of four square inches, the coats of the stomach appeared thinner than is natural, and when held up to the light, an evident transparency of that part of the stomach was visible, and also greater vascularity; Mr. Stanley was of opinion that it had the appearance as though the gastric juice had been acting upon it; the intestines were filled with flatus, but no traces of inflammation were present; the spinal cord was examined and found to be healthy. The examination was not conducted in the best manner.

A gentleman of the name of Williams inoculated six rabbits with the saliva of this patient, with the view of determining at what length of time from the bite, excision can be practised with any chance of safety; he intended to excise the part inoculated from one rabbit, at the distance of 24 hours; another at 48; another at 72; and so on until he came to the rabbit that had been inoculated six days; and thus to note each result. These we will communicate.

There is a very extraordinary fact with regard to morbid poisons, more especially with regard to that of rabies, mentioned by Dr. Good, and confirmed by the testimony of several veterinary practitioners of credit. It is that no dog having had the distemper (the canine catarrh or influenza) has ever been found to become hydrophobic spontaneously, though capable of catching the disease from the bite of another dog. Dr. Good is of opinion that if true, it affords another instance of morbid poisons mortally conflicting with each other, and that it might be worth trying how far inoculation with the matter of canine catarrh, might act as a prophylactic to a human subject after the infliction of a rabid bite; though in the dog, perhaps, from a stronger predisposition to rabies, it seems to be impotent. In South America, *rabies* is altogether unknown, but the *distemper* is so common and so fatal that two thirds of the dogs perish of it while pups; a circumstance which fully confirms the home report concerning its influence on rabies; and sufficiently accounts for the non-appearance of the latter in South America.

Dr. Latham, in reference to the above interesting case of hydrophobia, expressed in the presence of Mr. Abernethy, Mr. Vincent, and Mr. Stanley, and a numerous assemblage of pupils, an anxious wish for a post-mortem examination; observing at the same time his doubts of its practicability, as it was a notorious fact that the beadles were not only grossly deficient in their duty, but that it was against their interest to allow any examination whatever. Mr. Vincent mildly inquired of a beadle (a fellow of the name of Gates,) if there were any precise time for the corpses of patients to remain in the ward, where their influence must prove injurious to the unfortunate and distressed beings condemned to such a charnel-house; and if such regulation did exist, did it extend the time to five or six hours after death?

The beadle answered in a manner peculiarly his own, "*that in many instances they remained the whole of the day!* and as to any regulation he knew nothing about it."

Mr. Vincent expressed his disapprobation, and demanded a second time, to know if there was any such rule, remarking that it was disgraceful conduct, and very unfeeling to the poor friendless patients.

Mr. Stanley condescended to reason with the fellow, and thinking the argumentum ad hominem most fitted to his capacity, asked how he should like to be condemned to lie on a bed of suffering contiguous to a putrefying dead body for such a space of time? To this question the man of feeling (viz. the beadle) very properly and sensibly said he would not like it at all. Dr. Latham desired to know, (as no rule had been laid down by the Governors of the hospital, and as it seemed to be left entirely to the humane discretion of the beadles,) the usual time they, in the exercise of that discretion, allowed to elapse before it pleased them to remove the putrefying mass, and whether he, the said Gates, considered himself fulfilling his duty to his employers, by allowing it to remain five or six hours, nay even the whole day, in the ward, during such African or dog-day weather as we now experience? The omnipotent beadle, being learned in the law, was aware that if he spoke the truth he would stand self-convicted, determined on being insolent, thereby avoiding a disagreeable answer to a question (in his opinion) *most uncalled for and unnecessary.* Screwing therefore his courage to the sticking place, he coolly informed the Doctor "that as the conversation commenced with Mr. Vincent, he did not *think fit* to answer *him*."

Dr. Latham turning to the pupils, said, "You see Gentlemen, how these men domineer over the medical men; they do so to me every day;" he complained that his colleagues did not support him in endeavouring to overcome this abuse. Dr. L. now appealed to that "honest man" as he invariably calls himself, when snugly seated in the lecturers' chair, surrounded by his discerning pupils; to that hater of cant, humbug, &c., who quarterly makes a very honest, independant, modest, characteristic speech to his ardent and thick and thin admirers. To this gentleman then Dr. L. appealed, and afforded him an opportunity, one of the first we believe he was ever in possession of, to prove the real value of all the claptrap he is in the habit of uttering and practising in the aforesaid concluding lectures. Mr. Abernethy, upon these occasions usually commences by lamenting his frailties, his irritability, his peculiarities, &c. In this theatrical attempt at self-confession, we must observe, en passant, there appears a great deal more of John Abernethy than of the penitent; all that falls from the lips of the self-accused orator, is said with such a degree of happy self-complacency, that a bystander would indisputably decide in his own mind, that it certainly must be one of the happiest moments of his life. It appears to us, (however pleasing to Mr. A.) that this exhibition is perfectly uncalled for, and what is much worse, there is a piece of ingratitude in thus heartlessly and frequently reflecting on those architects of his fortune,—humbug, peculiarities, irritability, frailties, &c. Now Eady has become notorious, through the medium of dirty walls, and Mr. A. in great measure through the medium of dirty jokes; which jokes, when thrown into society like stones into smooth lakes, induce immense undulations, spread far and wide, diverge into a thousand channels, answering all the purposes, but avoiding the expense and exposure of advertising. Mr. Abernethy concludes his farcical address, by saying "but Gentlemen, it is useless to make professions; they are so common, they are made every day, and forgotten as soon as pronounced. All I have to say, is "try me, try me, and you'll find that what I say are not words of course." The reader will now scarcely credit us when we inform him what was Mr. Abernethy's behaviour when thus appealed to as the senior-surgeon, by Dr. Latham; they will be astonished to find that Mr. A. has for the last 20 years been condemning his own character, and that even with him "professions are useless, they are so common, they are made every day, and forgotten as soon as pronounced;" and having now tried him, they'll find that all his disinterested offers of service, are mere "words of course." Mr. A. with his hands in his pockets, looked Dr. Latham for a second or two full in the face, then turned on his heel and escaped into his carriage; when Dr. Latham, turning to the pupils, said, "I appealed to Mr. A. as senior surgeon, *and you see the great interest he takes in it.* It is a notorious fact, and the committee themselves know it, that every individual beadle in this hospital is an undertaker, and I ask, are undertakers fit men to fill the situation? Instead of doing their duty to the hospital, it is their interest to permit the friends of the deceased to take away the bodies. It would be both expense and trouble to the beadles to remove them to the dead-house; and by wating for the relatives, and keeping the corpse in the ward, they stand a fair chance of becoming UNDERTAKER at the funeral. The committeee shall be informed of this."

Mr. Stanley then expressed his wish to accompany Dr. Latham and Mr. Vincent to the committee; he said he had another cause of complaint against Gates to make known to the committee.

The fellow with an air of defiance and insolence, which which he preserved throughout, told them he should be ready to answer them, and walked off.

Dr. L. addressing the pupils, said, "Gentlemen, as this is a most interesting case, and you will be most anxious to be present at the examination, I am sorry to say that it is out of my power to promise you any thing on that point, but I think I can name one way: '*Bribe* the beadle, Gentlemen, *bribe* the beadle.'"

Dr. Latham and Mr. Stanley then went over to the Treasurer to make their complaint.

THE LANCET.

LECTURES

ON THE ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE,

BY MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XXIII.

Malignant Affections of the Eye.

Gentlemen,

I HAVE described to you the different inflammatory affections of the eye, and the consequent changes of structure which they produce; many of these changes are injurious to the organ, as far as vision is concerned, but not dangerous to life.

The eye is subject to other diseases, which not only impair or destroy its function, but are of so malignant and intractable a character as to be dangerous to life itself. We see it affected with cancer, and with that peculiar change, in which its component tissues are converted into a soft medullary texture; and these affections I shall now proceed to speak of. In the cases of soft cancer, or the medullary structure affecting the eye, and in those of cancer, there is always ultimately more or less change in the figure of the globe, and particularly a production of fungus. These affections, but more particularly the former, are attended with the formation of a new growth, which after a time displays itself externally in the form of a spongy, bleeding structure, and is therefore sometimes called the fungous, or fungoid affection of the eye. It is unnecessary, perhaps, to say that there are affections of the eye attended with the formation of fungus which are not of a malignant character, which may prove destructive to the eye as the instrument of vision, but do not endanger life. I shall first mention some of these.

Fungous excrescences of an innocent kind arise from severe inflammation of the anterior parts of the eye. After severe external inflammation, with considerable redness, and violent pain in the organ, a fleshy vascular substance may spring up from the surface of the sclerotic coat, or from the cornea; or such a production may proceed from the iris, and cause ulceration of the cornea. Such a vascular or fungous growth may assume a very formidable appearance for a certain time, and then gradually subside, the eye going into a state of atrophy; or you may have, after the existence of severe inflammation, a bluish kind of prominence arising from the corpus ciliare, behind the margin of the cornea, proceeding from within, outwards, so as to induce you to suppose, at first sight, that it was a fungus arising from the bottom of the eye. This swelling turns more or less yellow, bursts, and discharges matter; after which the eye shrinks and becomes atrophic, without any further injury to the patient. Several cases of that kind are recorded; there are two in the posthumous work of Mr. Saunders.

A child came to this Infirmary with severe external inflammation of one eye; there was so much swelling, that we could not separate the palpebræ sufficiently to obtain a view of the eye: the child had a hot skin, a quick pulse, and a furred tongue; there was great pain in the head, restlessness, and want of sleep, altogether evincing that the inflammation was severe and the constitutional disturbance considerable. Leeches were applied to the eye and suitable internal means used; in the course of three or four days, the inflammation was so reduced that I succeeded in getting a view of the front of the eye, when I found that there was great external redness and a dull state of the cornea; that the iris was pushed forwards, and that the pupil was partially opaque. It was obvious in this case, that the only plan of treatment to be pursued was to continue the use of the antiphlogistic means; this plan was followed, but the child continued to suffer very much, and a tumour gradually arose behind the edge of the cornea, and acquired the size of a horse-bean; it became in some parts of a yellowish colour. Now this yellowish appearance of the tumour ave one the idea that it might be a sort of fungus issuing from the bottom of the eye, that it might be a case of fungus hæmatodes. Afterwards two or three smaller projections took place from the sclerotic, in a regular series with the former. The inflammation attending the progress of the affection was severe, and leeches were so frequently applied, purgatives so often given, and blisters and other antiphlogistic measures so long continued, that the child became very feeble and debilitated; yet there was always "some inward fever," as the mother said. The means employed did not seem to counteract this fever, and a great many weeks had elapsed, when the eye got rather better; the child had less pain; the protuberances, which had formed round the cornea, diminished in size, and slowly but gradually shrunk; the external redness was reduced, and after a time the globe went into a complete state of atrophy, being reduced to a very small size, and the child recovered without any further injurious consequences.

I saw a young boy some years ago, who had apparently a simple, fleshy, vascular growth proceeding from the iris; it had caused ulceration of the cornea, and thus protruded externally. I saw the case two or three times, but, as the patient lived in the country, did not witness its termination; I was informed, however, that the tumour after a time subsided, and that the eye shrunk in the socket.

Scarpa mentions two or three instances of a similar kind, in his work on the diseases of the eye; and indeed there are many others in which, after severe inflammation, vascular and fleshy growths appear to have sprung up from the cornea and sclerotic coat. Scarpa says, that the protrusions thus formed occasioned so much mischief and irritation that he was induced to remove the anterior portion of the eye, the anterior segment of the globe, and that the cases did very well. It may be doubted whether this was absolutely necessary, and whether if they had been treated by antiphlogistic measures only the cases would not have terminated equally well.

In Mr. Travers' work is a description of a case, illustrated by engravings, in which a tumour formed upon the external surface of the cornea; it was lobulated, and of a dark purple colour, so as to resemble small black currants, and it extended so as to cover the entire cornea, and consequently destroy sight. Mr. Travers removed it by a single section, carried across the front of the eye behind the morbid growth, which was thus found not to have extended deeper than the cornea.

Another case is mentioned in the work of Mr. Travers, in which a vascular fungus shot out from the iris, which was removed by Sir Astley Cooper; it was a large tumour of the size of half a walnut.

In all the cases I have mentioned to you, the only effect of these growths has been the disorganization of the eye and the destruction of vision; the disease has then entirely ceased. The mode in which the disease has arisen, the severe external inflammation which preceded the organization of the fungus, will be sufficient to distinguish these cases of *innocent fungi* from those of a more malignant character, which I shall now describe to you. If a person looks to the general appearance of the patient, and will examine minutely the symptoms under which the disease presented itself, he will be able to distinguish between cases of this kind and the more malignant affections which may require operation, and which, even after being operated on, proceed in too many instances to destroy life.

Cancer Oculi.

The globe of the eye, and its surrounding appendages, are liable to cancerous affections; to that kind of altered structure, which in its origin, progress, and symptoms is similar to the disease occurring so frequently in the female breast, and which may take place in most other parts. The globe is converted into a scirrhous substance; it loses all appearance of its natural structures, and is converted into a firm, greyish, brownish, or yellowish substance, having a knotted or tuberculated surface, with varicose veins running over it; this change in structure is followed by an ulcerative process of a very destructive kind, attended with a sanious or ichorous discharge, with great pain and great constitutional disturbance.—Cancer of the eye is fortunately not a common affection. It has often happened that during twelve months, among the great number of patients who come here, not a single case of cancer has presented itself. This affection of the eye begins, in some cases, in the palpebræ and conjunctiva; an unhealthy kind of tubercle forms in the lid and goes into ulceration, gradually spreading into the adjoining texture; it creeps on slowly from the lid to the conjunctiva, and when it reaches the conjunctiva, there is generally considerable inflammation produced; from this it spreads ultimately to the globe itself. It is said that scirrhus often commences in the lachrymal gland, and spreads from there to the globe of the eye; but I should rather doubt that representation; the lachrymal gland is similar in its texture to the salivary glands, and to the pancreas, and we know that these parts are very rarely diseased in any way. In some cases the globe is converted into a scirrhous mass, without the surrounding parts being involved. Mr. Travers says, the disease always begins in the palpebræ, or conjunctiva lining it; but that is not in accordance with what I have observed. I have seen cases in which the palpebræ remained quite sound, when the disease was spreading through the globe. We want materials, however, to illustrate the early history of these cases, as we often do not see them until they are fully developed; and when they are so, it is difficult to speak of the parts first attacked with any certainty. The after history of such cases is very obvious; the structure of the globe is destroyed, and converted into a semi-cartilaginous substance; after a time ulceration takes place, attended by the discharge of a sanious or bloody ichor, with great pain and constitutional disturbance, so that at last the patient is worn out by the continual excessive irritation. This cancerous affection of the eye resembles the progress of cancer in other parts of the body, in its incurable nature; it is altogether an intractable disease, and does not admit of cure by any external or internal means. It is a malignant disease, attended with the destruction of the part in which it is originally seated, and if not removed will prove destructive to life.

The only question is, whether we are justified in removing the affected part in the early stages of the disease, and whether it is advisable to propose and to perform the operation? The only circumstances under which it would be at all advisable to do this, would be where the affection is confined to the globe of the eye, and where the globe is still free and moveable in its orbit; for if the complaint has proceeded to the surrounding parts, and have produced adhesions so as to fix the mass to these parts, the operation would be hopeless. When the globe is not much increased in size, although altered in texture; when it is still moveable; if you can trace no appearance of disease in the palpebræ, and if the general health of the patient be unaffected, I would propose to such a patient the removal of the affected eye, at the same time intimating that I could not positively answer for the operation proving a perfect remedy; however I think it would be fair to hazard an operation under such circumstances. Beer mentions that he lost two cases out of seven; but I should say, that if he saved five out of seven, and that there was ultimately no reproduction of disease, that his patients were very fortunate. I suppose when he said this, that he could only have had a knowledge of some of the patients for a short time after the operation, as I have no idea of any such success attending the removal of the organ when the disease is really cancerous.

Suppose the case to have proceeded so far that we do not like to propose or to perform the operation; what are we to do then? We have only to palliate the disease; to mitigate the distress and pain of the patient, and to render his remnant of life a little more bearable than it would otherwise be. When the pain is very severe, and the constitutional disturbance excessive, we can do nothing but administer narcotics; and it is in the advanced stages of the disease necessary almost to stupify the patient with them to afford any relief to his sufferings. The local application of opium often gives relief, especially in the ulcerated stage; the liquor opii sedativus of Mr. Battley is a local application well suited to cases of this kind. You may begin by employing it in the proportion of two drachms to an ounce of distilled water, and gradually increase the strength, until you use at last the undiluted solution. Lint should be dipped in this fluid, and then applied to the part. Opium may also be used in the form of an ointment, made by incorporating one or two drachms of the finely-powdered opium in an ounce of lard. With respect to the internal treatment, so far as the mitigation of suffering goes, we can only give opium; for the effect of hyoscyamus and conium is very inferior. The progress of these cases is often very slow; the affection may be completely developed and clearly marked, yet it will go on for a much longer time than you might expect before it destroys life. A patient used to come to the Infirmary who had had cancer of the globe for many years. During three or four years that I occasionally saw him, it made little or no progress. We are not therefore to infer that because cases like these destroy life, that they do so rapidly.

The other malignant affections of the globe may very properly be called fungous, or fungoid; and there are two varieties of this disease, which have some circumstances in common.

Melanosis Oculi.

There is the affection called *melanosis oculi*, a protrusion of a soft medullary growth from the globe of the eye; an increase in the size of the globe, with the production of a new substance, which after a time develops itself externally, and is of an irregular tuberculated appearance, but more particularly distinguished by its dark livid or coal black colour. It proceeds to ulceration or partial sloughing, and discharges a dark-coloured bloody or grumous fluid: from these characters has been derived its name of melanosis. It arises in the adult, and is seldom seen until after the middle period of life. In comparison with scirrhus, it is rather rapid in its progress, so that in the space of twelve or eighteen months, the disease may proceed from its origin to its termination. It is attended at first by pain in the eye and the head; the organ becomes amaurotic; it begins to swell about the corpus ciliare, exhibiting a dark livid colour; the lens becomes opaque, and together with the iris is pushed forward against the cornea. The projection continues; the whole of the globe becomes increased in size, the projecting mass is very dark-coloured, and distends the lids so as to make them appear livid; or it may force them open. Now after the front of this morbid growth has acquired a great development externally, an ulcerative or sloughing process commences, and it discharges a thin dark-coloured ichor, or it may bleed very freely. Sloughing generally occurs at intervals, and thus the excessive development of the tumour is prevented, but it is attended with great pain in the eye and head, and great constitutional irritation. It does not affect, as far I have seen, the absorbent system; I have not seen the absorbent glands at all participating in the disease.

When such a diseased eye is examined, we find that the whole contents of the orbit are converted into a morbid mass, which in point of texture and consistence has the medullary character. Some part of it too may even have the greyish or reddish colour of medullary disease; but it is principally or wholly of the deepest coal or soot black colour; and at all events the anterior projecting fungous part is of this colour, though the posterior or deeper seated part should be lighter. It is difficult to describe what this black substance is, of which the principal bulk of the tumour is composed, but it breaks down readily under the finger, and if you put your finger on the tumour, a black inky matter is rubbed off. If this black matter be put into water, it will tinge the fluid black, as the choroid coat does. It appears to be a vascular substance, and seems to make up the principal bulk of the tumour.

This melanose affection of the eye resembles the fungus hæmatodes, or the bleeding fungus of other organs; and it is important, in considering the treatment, that we should know the difference between them. This disease sometimes extends from the optic foramen into the cavity of the skull; this was the case in a woman that came under my notice. This patient was about 45 years of age; she was first a patient here, and afterwards was sent to St. Bartholomew's Hospital. When she came the disease was fully established, but the globe was moveable in the socket, and I proposed removing it; she would not consent to it then, and when she was willing to have it done afterwards, I did not deem it proper, and the disease ran its course in about eighteen months. The globe was so much enlarged, that it distended the palpebræ exceedingly, and was about half the size of my fist, and projecting considerably from between the lids; yet it did not very materially disturb the general health until a few weeks before death. We examined the head and orbit very carefully after death, and we found that the disease was continued by the optic nerve into the brain; the optic nerve appeared as if converted with a black soft substance even into the brain; and under the anterior lobe and penetrating into its interior was a tumour of the same kind of material about the size of a small orange. In the liver we found two depositions of a similar substance, one about the size of a walnut, the other that of a pea.

During the last year a man came here, who afterwards went into St. Bartholomew's Hospital; he was 65 years of age, of an unhealthy appearance, with a sallow complexion; he looked like a man who had injured his constitution by drinking. The eye was removed at his request. The disease, at the time the operation was performed, had existed twelve months. He went on very well for about ten days after the operation, and then got worse; but as far as the operation went, there was every appearance of its succeeding. However, he got worse, and died without any apparent good reason. The body was examined, and the liver was found at least double its ordinary size, diseased throughout. It was filled with tubercles, varying in size from that of a pea to a large orange. Some of them were of the white or reddish medullary structure, others of the deepest black, and there were all intermediate appearances.

A woman having this disease, came to the Infirmary during the last year; the eye was removed by Mr. Tyrrell, she perfectly recovered, and is now living in the country; she was in good health the last time we heard from her.

Such is the progress, and such are the effects of this melanose disease of the eye. Some of the circumstances belonging to the disease, as just explained, are obviously unfavourable to operation; there is the chance of disease being continued within the skull, or of other organs being affected; and it is possible that the soft parts remaining in the orbit after the operation, may take on the same kind of diseased action. On this account, therefore, we should never undertake the operation, excepting under the most dubious prognosis; we should rather leave it to the patient to decide the question, than urge or strongly recommend the operation. In many instances, however, there is great reason to believe that the extirpation of the disease has been permanently successful; so that the prognosis of operations is by no means so decidedly unfavourable here as in cancer or fungus hæmatodes. The earlier it is performed, the better is the patient's chance.

Fungus Hæmatodes.

The most frequent form of fungous disease is the fungus hæmatodes, and this affection occurring in the eye, is similar to the fungus hæmatodes in any other part of the body. It is a conversion of the globe of the eye into a soft and apparently medullary texture, of a yellowish, whitish, or reddish colour, approaching more or less in appearance to the medullary substance of the brain. The whole of the globe appears to be converted into this substance, and continuing to enlarge, at length protrudes itself in the form of a fungus, distending the lids, or projecting between them; ulceration or sloughing ensues, and produces at last the destruction of the patient by the bleeding, severe pain, and great constitutional irritation which it produces.

Diagnosis.—Fungus hæmatodes has generally been confounded with *cancer* of the eye, but it is distinct from that affection in its development, progress, and symptoms, and in the age of the subjects whom it affects. Cancer never occurs until after the middle period of life, and I think we may say the same of the melanosis oculi; but fungus hæmatodes occurs in the young, and sometimes in very young persons, even within a few months after birth; the greatest number of instances occurring in children of from two to four years of age. It is not, however, confined to youth; there are two instances recorded in Mr. Saunders, posthumous work, which, from the description, we must suppose to be cases of fungus hæmatodes, in persons of thirty-four and seventy-five years of age. There is an interesting paper on extirpation of the eye in Dessault's posthumous works, edited by Bichat, who states, that the patients operated on by Dessault for cancer of the eye, were chiefly children. In Mr. Wardrop's instructive work on fungus hæmatodes, which contains the first discrimination of this important affection as a distinct disease, and so admirable an account of its origin, progress, nature, and treatment, that nothing has since been added, he says, twenty out of twenty-four cases of fungoid diseases of the eye, are fungus hæmatodes; I do not know on what data he has formed this estimate, as it falls to the lot of very few persons to see twenty cases of this affection.

Fungus hæmatodes appears first in the bottom of the globe, and makes its way from thence outwards by ulceration. In what we may call the first stage of the affection, we see a tumour rising from the fundus of the eye, instead of the pupil being of a jet black, as it is in the natural eye, it appears of a bright yellow colour, as if there was a metallic plate situated in the fundus of the eye; and this appearance is so remarkable, that it attracts the notice of the person attending the child. It appears as if there was a medullary mass growing from the bottom of the eye, assuming occasionally a tuberculated appearance, over which is seen the ramification of red vessels, as if the arteria centralis retinæ was pushed up and extending over it. These are all the appearances we can observe in the first stage. In the second stage of the affection, the yellow or whitish fungus increases in size, occupies a considerable portion of the eye, causes a displacement of the natural textures, and the various effects on vision, the consequence of such growth. The lens loses its transparency, and is of a light amber colour; the iris changes in colour, and becomes of a greyish or yellowish brown; and there is external redness. At this period of the second stage, the appearance most strongly characterising the affection is lost sight of; in the first, you can observe the gradual growth of the fungus, but in the second, it is concealed by the cataract. In the third stage, there is an increase of the external redness, and of the pain, from the growth of the morbid structure, and the consequent distention of the globe. The tumour increasing, will come through the iris and cornea, or through the sclerotic coat, and then we have the fungous growth projecting externally. When the complaint has proceeded thus far, you will find that the fungus remains covered by the conjunctiva; but this becomes also ulcerated, and bleeding takes place from the surface of the fungus, followed by the discharge of an ichorous or sanious fluid, which irritates the lower lid and cheek. In some instances the conjunctiva is distended to a great degree; an immense tumour is formed by the fungus, without ulceration of the conjunctiva accruing, almost half the size of child's head. When the complaint has proceeded thus far, it is attended with very great pain, with great constitutional irritation, restlessness, thirst, want of sleep, and disturbance of all the functions of the body. Sometimes there is an affection of the lymphatic glands, but sometimes not; the cheek becomes excoriated by the acrid discharge from the eye, and worn out by the great irritation, and, excessively emaciated, the child sinks

On examination of these cases, we find the appearances very similar to those presented by the melanosis oculi, excepting its peculiar characteristic colour. We find the contents of the orbit converted into a soft reddish medullary mass; and this diseased change sometimes extends by the optic nerve into the brain, following the course of the tractus opticus, and the thalamus nervi optici. Similar depositions of this fungoid matter are occasionally found in other parts of the body.

The nature of the disease seems to be essentially similar to the melanosis oculi; but the peculiar black matter characteristic of the latter, I have never seen in any case of fungus occurring in the young. Now all the observations which have been made with respect to the destructive nature of cancer oculi, and the melanosis oculi are applicable to the fungus hæmatodes. It proceeds, without our being able to interfere by any mode of treatment, to the destruction of the organ, and ultimately of life. The only question is, whether it would be expedient to remove the part at a very early period of the affection? The propriety of any operation can only be considered in those cases, in which we can see the affection in its early stage; but I am sorry to say, that the present state of our experience leads us to believe that the result is just as hopeless in the early as in the advanced stages. Mr. Wardrop removed the diseased globe from a very young infant, where the figure and size of the organ were not altered, when the metallic appearance was seen in the pupil; and yet that case proved fatal. I am not aware of any single recorded instance of a favourable issue of the operation, and I believe there is none. There is an account in the 19th volume of the Edinburgh Medical and Surgical Journal, furnished by Mr. Wishart, of Edinburgh, of the successful extirpation of an eye affected with fungus hæmatodes. The opinion of a gentleman so thoroughly conversant with the subject as Mr. Wishart is, deserves every respect; but as the result of his case is opposite to the entire experience of all other persons, we naturally scrutinize the evidence very closely. The dissection of the removed parts is not described with the detail and minuteness necessary to remove all doubt of the case having been true fungus hæmatodes. Therefore I do not at present consider the report of that case to invalidate what I have said as to the uniformly unfavourable result of the operation. This alone might be a sufficient reason to prevent our proposing the operation; but there is another objection almost equally strong, namely, that many cases occur of changes of structure producing all the visible appearance of fungus hæmatodes, and which have not turned out to be malignant; changes of structure, which have not proceeded to the destruction of the organ or of life. A case is recorded by Mr. Travers, in which the operation was performed under the supposition of its being fungus hæmatodes in the early stage. It turned out on examination to be a conversion of the vitreous humour into a substance like boiled rice. We have seen children at this Infirmary with the appearances of fungus hæmatodes in the first stage, namely, the altered colour of the pupil, the metallic reflection in the bottom of the eye, and so on. The uniformly unfavourable result of extirpation has deterred us from proposing the operation. Yet in some instances, very contrary to our expectation, the case has remained for some time in that state, and afterwards, instead of destroying, the globe has shrunk and become atrophic. Now the knowledge that such cases may exist, and that they may go on to a natural cure, is a strong reason against proposing what I cannot help calling a very cruel operation. It must be most painful to the feelings, both of the surgeon and friends, to subject a child to this frightful operation; and no man could bear to think of it, unless he were convinced that the painful mutilation was not only necessary, but certainly effectual in saving life.

If then we abandon the operation in cases of this kind, we have to consider what we can do in the way of palliative treatment, and we find that the same measures must be employed as for cancer, namely, the local application of the liquor opii sedativus, either diluted or otherwise, and the internal use of opium. I have found the former very serviceable in lessening the severe pain attendant on the disease.

Extirpation of the Eye.

It is necessary for you to know how this ought to be done, although the views I have given you of these diseases are not very favourable to its performance. Yet there are some cases in which it may be advisable to give the patient the imperfect chance of relief, which the operation affords. It is by no means difficult to the surgeon, although very formidable to the patient. You should in the first place carefully prepare the patient. You should pay attention to the state of his health for ten or twelve days previously, so as to bring him into the most favourable state for the performance of the operation. The globe is almost invariably enlarged, therefore it is desirable that you should get room to perform the operation, which the ordinary extent of the fissure of the palpebræ does not afford; it is therefore necessary to slit up the external commissure of the lids, so as to enlarge the anterior aperture of the orbit; you then cut through the conjunctiva at the lower part of the globe, and the origin of the inferior oblique muscle; you dissect the surface of the diseased mass from the bony cavity, as far back as you can reach with the knife. Next you repeat the process above, you cut through the conjunctiva and the tendon, of the superior oblique muscle, and then separate the parts from the orbit by dissecting as close as you can upon the surface of the bone; recollect that the object is to remove the contents of the orbit as effectually as possible, so as not to leave any behind, and perhaps this may be most conveniently done by a common straight double-edged knife. When you have proceeded thus far, when you have detached the globe from the orbitar cavity above and below, it only remains connected to the orbit by the optic nerve, and the origin of its muscles. You have to cut through that connexion, which may either be done by the same knife, or by a double edged knife, curved breadthwise, or by a very strong pair of curved scissors. If you use the knife, the best situation for passing it in will be from the external angle, as the external side of the orbit passes obliquely from without inwards; you cut through their connexion as far back as you can, and then you remove the globe. If the diseased mass cannot be easily held by the finger and a piece of lint, it will be necessary to pass a needle armed with a strong ligature through it.

You might expect, and you will find, that the ophthalmic artery will bleed freely; the bleeding from the branches of this artery, which you divide in the course of the dissection, fills up the cavity, so that you proceed in the dissection entirely from your knowledge of the anatomy of the part. The bleeding is very free from the ophthalmic artery, but it may be stopped without securing the orifice of the vessel: if the bleeding continue long, it is only necessary to have a piece of lint rolled up as a compress, and pressed on the artery; and the pressure should be continued for some time. Thus the contents of the orbit being removed, which is the best mode of proceeding? You are generally advised to put soft lint into the orbit, or soft sponge; but if you reflect, you must, I think, see the absurdity of that practice. You have a wounded surface, quite a fresh wound, and what do you do with a recent wound in any other part of the body? You put it in the most quiet state, that inflammation may not occur in it. Now the prevention of inflammation is of great consequence here; the wound is close to the sensorium, it is connected by continuity of surface with the interior of the cranium; the optic nerve is divided close to the brain, and when these things are considered, the occurrence of inflammation must be seen to be a very serious circumstance. Put no extraneous matter whatever into the wound; reunite the divided palpebræ with one or two sutures; let the patient be put to bed, and rags moistened with cold water be put over the lids, and removed as often as they get warm. After you have removed the globe from the orbit, put in your finger and feel the whole of the surface of the orbit, and dissect away every soft part that you may find there, especially the lachrymal gland. Subsequently to the operation, your attention will be directed to keeping the patient very quiet; to keep him on a spoon diet, to keep the bowels open, and watch the case carefully for some time afterwards. The bony cavity granulates, and in some measure fills up by the depositing of a newly formed vascular mass and the eye-lids fall inwards, so as to appear concave. There is no support for an artificial eye, nor indeed sufficient cavity to receive it; so that the person who has undergone this operation, must wear a green or black patch over the eye, if he wishes to conceal the consequent deformity.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

By DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

Lecture XXXIII.

Of the Diseases of the Circulatory or Sanguiferous System.

Gentlemen,

In a former Lecture I gave a general account of the organs which circulate the blood, namely, the heart and blood vessels, and spoke in a general way of the disordered states of circulation, as depending upon the latter. I am now to treat of the particular affections to which the heart itself is liable, and which we shall find to be of great importance, both from the distress which they occasion to the patient, and the danger to which they often lead. To make the subject properly understood, we must here, as on other occasions, advert a little to the physiology; that is, the nature and functions of the parts concerned.

The heart is a muscular structure of considerable power, though of much less influence in regard to the circulation of the blood than is supposed by some. I have before given my reasons for believing, with many physiologists of high reputation, that the heart has but a small share in the movement of the blood, the blood vessels themselves, by their contractile power, chiefly effecting the purpose. I shall at present, therefore, direct your attention to what I formerly said on this subject, and to the authors then referred to.

The heart is to be considered as a double organ, or rather as two hearts placed side by side, and intimately connected; both acting together, yet for different purposes: the one, the right or anterior, being destined to carry the blood by the pulmonary artery to the lungs only; the other (the left or posterior), by the aorta, and its branches distributing it throughout the general system.

These two sides of the heart, have no direct communication. The *venous* blood is sent from the right side, or ventricle, to the lungs, in order to be supplied with what it had lost during its circulation through the body, or in other words to be *arterialized*; whence it returns again by the pulmonary veins to the left side of the heart, from which it is distributed throughout the body, by the aorta and its innumerable ramifications.

The heart is a very vascular part, and at the same time highly irritable; hence it is prone to inflammation, and all the consequences of this. It is, however, deficient in sensibility, or conscious feeling, as compared with many other organs, and which is perhaps more to be ascribed to the nature of its nerves than their paucity. The result of this insensibility is, that we are not conscious of its movements, at least in a healthy state of the organ, though in disease it often acquires sensibility, so that its movements are strongly and painfully felt. Being a muscular structure, it is of course liable to the diseases of muscular parts, such as spasm, convulsion, and, probably, paralysis.

The heart is liable to be excited and disturbed in its actions by a great variety of causes, as well mental as bodily. Most emotions of mind influence it, but in different ways, according to the nature of the emotion produced. This must be particularly attended to in the diseases of this organ. It is likewise much influenced by the brain, its movements being liable to be accelerated or retarded, or made irregular, according to the state and condition of this organ. Muscular exertion, by accelerating the return of blood by the veins, excites and often disorders the action of the heart. Lastly, inflammation existing any where in the system, if at all considerable, has a strong tendency to excite disorder in this organ, as is observed in febrile states of body, in which the heart commonly participates.

We are at present, however, to consider the primary or original affections of the heart, and which may be reduced to two general heads,—1. Inflammation (*carditis*), and its consequences. 2. Irregular or disordered action, not necessarily connected with Inflammation.

Of Carditis, or Inflammation of the Heart.

You are to consider me as speaking of inflammation of the heart altogether; for though it is easy to imagine that its different parts may be separately affected, or the substance of the organ as distinguished from its investing membrane, the pericardium, no such distinctions can be made in practice with any certainty or advantage.

Carditis is a much more frequent disease than has commonly been supposed. It may exist with little pain, and on this account is liable to be overlooked; and another reason is, that the definition usually given by authors is very imperfect, as I shall endeavour to show you presently.

The definitions of *carditis* given by Dr. Cullen and other writers, are objectionable, as containing characters not essential to the disease, and which, in fact, are most frequently wanting. Such are cough, irregular pulse, palpitation, and syncope. Relying upon these signs, you are in danger of overlooking the disease in many instances. The only signs that are invariably present, appear to be the following, which, therefore, properly constitute the definition. "Pain or other uneasiness in the region of the heart: disordered function: and *pyrexia*, or a febrile state of the system"—all the rest are occasional only.

Inflammation of the heart, like others, may exist in different degrees; and hence the division into *acute* and *chronic*. You should, however, bear in mind, that there is no essential difference between the two states. Nevertheless, as the treatment is modified to a certain extent by the degree of the disease and its duration, it is necessary that some distinction should be made. I shall speak first of the disease in its most acute form.

Acute *Carditis*, then, is easily recognised by the common signs of inflammation, viz., more or less of pain or other uneasiness, in the region of the heart; disordered function of the part; and *pyrexia*, or a febrile state of system. These will require to be spoken of a little more in detail. *Pain* is rather an equivocal symptom in inflammation of the heart, on account of the natural insensibility of this organ. There is, however, in almost all cases, more or less of uneasiness felt in the region of the heart, and which often amounts to actual pain, though we cannot, for the reason mentioned, estimate the degree of the inflammation by the degree of pain present. A peculiarly distressing sensation is experienced on these occasions, which has been called *anxiety*, (not mental anxiety,) and which words are scarcely adequate to describe.

Next, with regard to *disordered function*; this is an invariable attendant upon inflammation, wherever seated. So here, the action of the heart will be disturbed, and which will be generally, though not always, discoverable in the pulse. The first and simplest effect of inflammation is to increase the irritability of the heart, whence it is disposed to contract more frequently, and when but a small quantity of blood is received into its chambers. The pulsations in consequence are frequent, and at the same time quick: these qualities are communicated to the pulse at the wrist, which is also small and hard. On some occasions, there is *palpitation*, which the patient is often sensible of by his feelings, and which can be readily felt when the hand is placed over that region. This irregular action of the heart, though generally perceived at the wrist, is not always so: a fact which shows decisively the power of the arteries in regulating the movement of the blood.—Sometimes the heart is said to cease from acting altogether for a time, and then *syncope* necessarily takes place. But neither syncope, nor palpitation, nor irregular pulse, is constantly present; on which account I have excluded them from the definition. The irregularity of action, of whatever kind, is always increased by exertion, either of body or of mind.

There is one circumstance deserving your attention, by which otherwise you may be misled, as I have been; for it has been little if at all noticed. I mean, the pulse at the wrist becoming imperceptible, but without syncope or actual fainting, the patient retaining perfect consciousness at the time. This appears to be owing to the heart being in such a state of contraction, as barely to admit blood enough into its cavities to support the circulation, but not enough, when thrown into the arteries, to produce a perceptible stroke in the smaller and remoter vessels. This state requires to be distinguished from ordinary syncope, as the active *stimulants* usually resorted to in the latter case would be generally improper in the contracted state of the ventricles arising from inflammation. The distinction is sufficiently easy, if you attend to the following circumstances. In *carditis*, the failure of the pulse is owing to the contraction of the ventricle, amounting almost to a state of spasm; and it is attended with acute pain about the heart.—There is likewise perfect consciousness, and a feeling of much distress, which is expressed also in the countenance. The tongue is furred, as in inflammation in general. But in real and ordinary *syncope*, the heart, instead of being in a state of contraction, has ceased to act altogether, or nearly so. There is neither pain nor consciousness, nor is the tongue likely to be furred.

Carditis is liable to be confounded with pneumonia. Vogel, a Dutch writer, says the symptoms of *carditis* are nearly the same as those of pneumonia; and Dr. Cullen himself says he has seen many instances of the pericardium being inflamed, with none but the signs of peripneumonia being present. The fact is, that the two diseases are often combined, the inflammation readily spreading from one part to the other. When the heart or pericardium is affected in pneumonia, the pulse becomes quickened in an unusual degree, and is often irregular also. The action of the heart may be rendered extremely frequent, and also irregular, by disease in the brain This is to be distinguished from a primary affection of the heart, by being attended with pain in the head and other signs of disordered brain, and by freedom from pain about the heart itself.

Causes. The causes of *carditis* are any of the common ones of inflammation; as *cold*, and injuries of the part; violent exercise, such as running up hill, which I have seen produce the disease in a dangerous degree. Violent emotions of mind are also adequate to the effect; in short, whatever greatly disturbs the action of the heart, and impels the blood suddenly and forcibly upon it, may have the effect.

Carditis sometimes arises during the course of other diseases that are attended with an excited state of circulation; particularly *acute rheumatism*. The affection in such cases has been called *rheumatism of the heart*, and treated accordingly; that is, *bloodletting* has been neglected, and, perhaps, *stimulants* used. This, however, is improper, and may be attended with bad effects. *Rheumatism* is an inflammation of ligamentous structure; and the term rheumatism should be confined to this.

Terminations. Carditis, like other inflammations, terminates favourably in many instances; and especially if early attended to, and actively treated. Or it may end quickly and fatally, by interruption of function, the heart contracting so forcibly as to put a stop to the circulation altogether. Should the disease prove fatal in this way, it might leave no trace of disease discoverable after death; for the contraction would cease with life.

Carditis may terminate in any of the other usual modes; as 1. By adhesion of the pericardium to the heart, by which the cavity of the sac would be obliterated. 2. By serous accumulation in the pericardium, giving rise to dropsy of this cavity, (*hydrops pericardii.*) 3. By abscess or ulceration; and even by gangrene, as you will find stated by authors. Such a termination, however, must be rare; for it is likely that the organ would be in general rendered incapable of performing its office, before the disease went this length.

Treatment.—This is very simple, being that of inflammation in general. It should, however, be prompt and active, on account of the danger of the disease, and its consequences. *Bloodletting* is, of course, the principal remedy, and often requires to be carried to a considerable extent; afterwards, *blistering.* The *digitalis* is particularly well adapted to this disease, by its power of diminishing the irritability of the heart, so as to render the pulse less frequent; should it not produce this effect after a few hours, it will sometimes be useful to substitute *opium*, especially where the pain is acute; but, generally speaking, *opium* had better be avoided, as it makes it difficult to ascertain the real state of the disease. Nauseating doses of antimony are probably useful after bloodletting has been carried to the necessary extent.

There is nothing of greater importance in the diseases of the heart in general, than quiet both of body and mind. Absolute rest in the horizontal posture, ought to be considered indispensable in most cases of the sort.

When the heart becomes inflamed during the course of acute rheumatism, the disease may be expected to yield more readily to the use of remedies, than when it arises as a primary affection. *Bloodletting*, however, is necessary in this case, though perhaps not to the same extent. Endeavours also should be made to reproduce the rheumatic affection of the limbs (supposing it to have declined), by applications of a stimulant and even painful nature; such as *blisters*, or the *mustard poultice.*

In the extreme case I mentioned, where the pulse is scarcely to be felt at the wrist owing to the strong and almost spasmodic contraction of the heart, there is some difficulty in obtaining blood by venesection. In this case, cupping glasses, with scarification, should be resorted to; and when a few ounces have been thus drawn, you will probably be able to feel the pulse returning. The cupping may be repeated in a short time; and on each occasion the pulse generally becomes more free, the heart contracting less forcibly, and thus admitting a greater quantity of blood into its cavities. Thus by degrees, the circulation is restored, and blood, (if necessary) may be taken from a vein. This is a state of disease in which a tolerably large dose of *opium* would be likely to be serviceable, by lessening the irritability of the heart, and, of course, its tendency to contraction.

Slow or *chronic carditis* is of very frequent occurrence; sometimes taking place alone, but mostly in combination with pulmonary disease. The symptoms, though milder, are of the same character as in the acute form; and it is induced by the same causes. The treatment also is in all essential points the same, being in both cases simply antiphlogistic. The utility of small and repeated bloodlettings in these cases, aided by the *digitalis*, and confinement to the horizontal posture for many weeks, is very striking. In several instances that appeared almost hopeless, and in which I had given a most unfavourable prognosis, supposing that the disease had already occasioned fatal disorganization, the patient has nevertheless perfectly recovered. In a few extraordinary cases, of which I have preserved the history, the patient has been bled sixty or seventy times, and even more, within the period of two years that the disease lasted, and yet has recovered perfectly. The patients in these cases have become exceedingly pallid, but have retained a tolerable share of fullness of habit, without showing any tendency to dropsy. They have generally felt so much relief from the bleeding, as to call for it of themselves, and often more frequently than I have been disposed to allow of. Of course, in these instances, the injury sustained by the parts was less than had been apprehended, which is an encouragement to persevere steadily in our endeavours to cure; since we can have no certain knowledge of the actual state of parts, and ought therefore to take the most favourable view of the subject.

SKETCHES OF THE SURGICAL PROFESSION IN IRELAND.

No. XI.

MERCER'S HOSPITAL.

Characters, &c.

[*Continued from page* 506.]

The echoes of the combat, however, had scarcely died away, when the hilarity of the scene was again revived by one of those ludicrous exhibitions that sometimes occur in a Dublin Hospital during the examination of that singular compound of cunning and simplicity, the Irish intellect. I copy the circumstances from recollection, and claim indulgence for the errors of a memory more sensitive perhaps than tenacious of its impressions. On the consulting "tripod" sat, at the time, a diminutive personage of a very curious aspect. His dress of gaudy tint had evidently seen some service, and manifested as little familiarity with the brush as his matted locks, plumed with the down of the pillow, did with the application of the rack-comb. His countenance was tinged with such an intensely chlorotic hue, and contracted into such a medalic pettiness of circumference, that it might have been mistaken for a bass-relief sculptered on a gall-stone. His eye stared through a halo of misty light, as rayless as the moon through an autumnal haze, and his beard, which was black, and of more than one day's growth, stood out from his chin in grisly luxuriance, as if imploring the assistance of some charitable barber. His lips were kept by compression alone, from expanding into a perpetual yawn; and his whole features partook of that dreamy expression which the face assumes when the senses, half awakened by the morning-beam, struggle to shake off the lethargy of sleep. I was startled, I confess, by such an apparition, and almost believed that the genius of the "Sheriff's Prison" had come to play the doctor in mockery of my notions of the dignity of that character. The wandering of my fancy was soon recalled to reality, by the entrance of a gigantic hawker of fish; her mouth, in the effort to say something, spasmodically thrown open like the jaws of a gasping cod. Are you costive? exclaims the little Pæon, in a husky baratone, as if aroused by her formidable appearance: "Och! your honour! in troth I don't well know what is't that ails me," the hem of the respondent's nether garment touching the boards in a profound courtesy: "How many motions, then, have you in the day, Ma'am?" with increased emphasis, and all eyes now turned to the rencontre: "An that's beyant countin, honey, for am'nt I runnin up and down the town de live long day wid dat ould basket dere on my head." "Why you confounded old witch, I want to know how often do you go to stool?" "Jist as often as I can, jewel, and dat's not very often, ony now and den at a jintleman's hall door or de likes, whilst shellin de pays, or opinin de oysthurs.'' "Curse your peas and oysters! tell me how often are your bowels open?" "Little enow, docthur dear, bud aboud a couple a hundred or dere aways, since de riz de price of de Carlingfords on de creturs, God help huz." "Out of my sight, yourself and your infernal oysters, I'm talking about opening your bowels." "God's blud-an-ouns, what's this for! Arrah! patience, a rich-ma-chree, an don't be angry wid a poor cretur of my sort, for sure if it's dem you'd be talking aboud, it's just tree days to-morrow since de war opined, wid de blessing of God."

The gravity of philosophy itself could scarcely resist the influence of the spectacle, and I added my mite of laughter to the general chorus, while the enraged Pæon was dismissing the confounded nymph of Ringsend, with a pill or a mixture, quite regardless of the "Key-Letters" of Paris. While this storm of pleasantry was at its height, it was curious to observe how the sound of merriment subsided into the silence of respect for talent and dignity, in the approach of that master-spirit of the scene, the late president of the College, Alexander Reid, I had almost said "Alexander the Great;" for saving the difference between holding empire over the satraps of a hospital, and the princes of the earth, I perceived that the plenitude of his sovereignty in his own sphere was as perfect as that of his imperial namesake. But omitting a comparison of the "Autocrat" of Mercer's with the "hero of the Granicus," I was struck by his demeanour and appearance, and inquired into his history. I learned with some surprise, that a man of his stoical deportment was at one time a "first rate swell;" set the fashion to half the professional "bloods" on town; could bound over any church-yard-wall in a case of surprise; and pommel half a dozen of "charleys" to his own suit in a resurrection spree. But of the elastic limb, light heart, and fashionable addictions, the rheumatism and official cares have left us but the shell, if I may say so, in which these juvenile attributes once effervesced. At present a stick supports his painful steps; his manner of address, to one unacquainted with him, might seem to border more on the condescension of misanthropy than the mere reserve of polite civility; and his dress might now be described as negligently elegant, if the Gordian convolutions of muslin into which his neck-cloth folds across his breast did not betray some lingering devotion to the goddess of *bon ton.* His features, in a state of quiescence, were peculiar rather than expressive of the predominancy of any particular faculty of the mind; but when excited by thought, a grim dissociation of the lips unveiling a liberal surface of ivory, a stern fixedness of look, and an inspired rigidity of attitude, communicated to his delivery of a prognosis the character of a Sardonic revelation. Though holding his appointment, I believe, for many years, he is still a young man; and the peculiar advantages which he possessed, seem to have been cultivated with success. His observations on disease were highly indicative of an ingenious mind. In cases of doubt, no hesitation of acknowledging that nothing was to be known; in obvious matters, no catering to self importance by mystifying the plain truth; in difficulties, no delusion; in certainties, information alone. He seemed in such instances above the paltry artifice of being accounted clever on the chances of a guess. A patient investigator of nature, he is a competent pilot to the inexperienced, and I was gratified by observing, that when advice was sought with becoming zeal, it was invariably imparted with good will, and he was consequently a favourite with every student capable of appreciating so liberal a guide. His general conversation, from being enriched with much of the matter-of-fact acquisitions of experience, and having an agreeable flavour of books along with the style in which he spoke, led me to suppose that the materials of instruction not only float in his mind, but that he also possesses the power of reducing them to an available form. To the qualities of an accomplished surgeon, he adds, in a superlative degree, the knowledge exclusively claimed by the physician; and in the management of that multifarious burthen on the memory, the "Materia Medica," I have rarely seen him surpassed by any professor of his own art. Neither are the moral principles of the man exceeded by the attainments of the surgeon. His strict adherence, indeed, to the letter of propriety, struck me as throwing a shade of the "Heautontimorumenos" into his conduct, which, with every respect for the cause, will sometimes force a smile from the spectator, as it did from me on this occasion. For while passing through the wards some person vociferated "whiskey," another cried "tobacco," (luxuries indulged in by the inmates of hospitals to the great risk no doubt of the fire-engines being brought into requisition,) with the intention of bringing the subject under his notice. The perfume of the latter drug threw his sensorium into a convulsion, and he really looked as if the flames had already made some progress in the devastation of the edifice, while he enunciated "Mr. Booth", with a syllabic emphasis truly awful. The meekest of God's apothecaries, after a pause, entered with the face of a truant and a passive humility of expression, as if not unaccustomed to similar calls, and forcibly reminded me of Goldsmith's schoolboy as he turned in dumb compassion to towards the querist, yet somewhat anxious to trace "The day's disasters in his morning face.' The nurse was next summoned, and a Mrs. Somebody made her bow. Of the alarming seriousness that followed, during an investigation in which I momentarily expected the stick would have inforced the logic of passion, I could not hope to give any idea, unless I could print the faces of the parties, and set their tones to music; while the humour of the scene was considerably enhanced by observing the unruly wag, who had given the false alarm, thrust a fuming cigar into his pocket.

Such, however, was the gentleman whose glances as he passed the "Board Room," stilled the noisy worship of Comus, and called all hands to work. His merits, indeed, may have been magnified by the medium through which they were seen, as light acquires additional brightness from being viewed in the dark; but virtue, like the diamond, is increased in value by its scarcity: and in this instance I may well be excused for rating his worth at a famine price.

I had now an opportunity of seeing another of these personages who wield the scalpel of Mercer's. He advanced towards us in double quick time, as if on some important errand, his thumbs impacted into the arm-holes of his vest, and his brows corrugated into an habitual frown. The pitted cicatrizations of his visage indicated an era in the history of beauty anterior to the discovery of Jenner, and the aristocratic inflation of his air would lead one to believe that the days of "Feudalism" had not yet expired. He nodded to some indentured vassal, as if conferring a boon, buried his head between his shoulders in a shrug, and, with the clutched satisfaction of the feline race, purred something about the pedigree of the new Member for Dublin in a guttural compound of the English, Irish, and Scotch accents. Though short of stature, he seemed to stand very high in his own opinion; and understanding that he had taken to give "Lessons in Elocution," I thought I might as well witness the expansion of his mind as I had the turgescence of his person. I therefore followed on to the scene of action in a back-house of the hospital, where, before a table covered with scarlet cloth, he commenced reading some surgical "pic-nickery" on urinary complaints, produced, as he observed, by affections of the mind, such as grief, fear, and *tetanus!* and proceeded at such a rapid pace that I was not at all surprised, when at the conclusion he remarked, with a sweep of the head, (the *atlas* making many a full revolution on the *dentata*,) "that indeed he had not yet acquired the tact of knowing how much matter would suffice for an hour's perusal, but he hoped that would be sufficient for that day.

So thought I too, Mr. Ainleek, as I mused on the metastasis of tetanus to the mind, a discovery that surprised me, not less than perhaps the transition of the scene from a lecture room to Morrison's hotel, may startle the reader. But so it is, that a very sensible custom prevails in this hospital, compelling every young gentleman on being bound an apprentice to one of the surgeons, to entertain his fellow students at one of the metropolitan taverns, with a splendid breakfast, or in case of non compliance with this salutary usage, to undergo the penalty of every variety of the "practical joke;" such as stealing his hat, improving the tint of his cloth with lint and spermaceti; and of being pasquinaded in all manner of ways that playful malevolence can suggest.

I was much pleased with the idea of begining the toils of the profession in so rational a manner, and the courtesy of invitation (for none are admitted of right to these banquets but apprentices) being extended to me, I proceeded in company with my young host on one of these occasions to witness his social inauguration in the joint rites of Esculapius and Apicius. It was a most solemn and imposing spectacle. Only conceive about thirty empty stomachs whetted by the expectancy of a sumptuous repast to a late hour of the day, and then imagine a table such only as Morrison could supply, covered over with rosy slices of Wicklow ham reposing on beds of parsley, cold fowl of most tempting plumpness, and frosted over with crystals of picromel, steaks, the genuine incarnation of the shamrock, flanked by mountains of sallelun, but, *deficuent vires*, I must leave you to guess the fearful conflict of knives, forks, and mastication that instantly ensued, having all the sublimity of a battle, without the danger. I had here the pleasure of seeing some others of the medical officers of Mercer's in their proper places, as they should have been on so important a festival. Amongst these there was one with regular features of Grecian outline, but without the animation of that school of beauty, and for whom my fancy, ridiculously perhaps, found a comparison in the metamorphure of a "*Venus*" into the other sex. The rounded contour of his form, and the feminine delicacy of his manner, peculiarly fitted him for the duties of an obstetrician; and I learned, with some selfgratulation on the correctness of my views, that Mr. Michael Daniel had consecrated his talents, in conformity with the indications of his person, to the service of Lucina. But the person who had attracted the greatest share of my attention, was an old man, who I understood to be Dr. Hill, and physician to the establishment. By accident he was dressed in the fashion; his coat, to the cut of which he has inviolably adhered for sixty years, presenting then as great a space between the hip buttons, as the most "exquisite" of his neighbours. He talked of the Greek and Arabian lights of medicine, of Rhazes and Avicenna, and the rest of the Fudge-family, and on entering the room, I thought that one of the figures of Hogarth's "Examination at Surgeon's Hall" had descended from the wall, to converse with us on the topics of his day. He seemed to enjoy the repast with much zest, and it was truly consolatory to his junior friends, with the prospect of old age still before them, to behold successive cargoes of every thing on the board descend into the hold of an octogenerian vessel that had sailed in safety across the quicksands of all the climacterics, and whose timbers still promised to withstand the assaults of many another gale.

Highly edified by the festivity of the scene, I gave God thanks, beckoned the waiter, and pledging the "memory of Mary Mercer" in a libation of "Nantz," departed in silence to my home.

ERINENSIS.

FOREIGN DEPARTMENT.

Uber das Wesen der Wasserscheu. Von Dr. A. A. Berthold, Privat docent an der Universität Gottingen, s. 64. 1826.

On the Nature of Hydrophobia. By Dr. A. A. Berthold, Private Teacher to the University of Gottingen, pp. 64. 1825. (Hecker's Annalen, Nov. 1825.)

THE frequent occurrence of hydrophobia in Germany, no less than 1666 having been affected with this disease in Prussia, from 1810 to 1819 inclusive, has enabled the Germans to investigate this complaint on a more extended plan than any other nation in Europe. The result of their investigations has unfortunately been productive of no improvements in the treatment of this disease when once broken out, a circumstance which has stimulated medical men in all parts, and particularly the veterinary surgeons, to examine the causes which produce this disease in dogs. The respective governments have done every thing to promote the inquiry, and it is to be hoped that ere long some satisfactory information will be obtained on this important point. Different opinions exist as to the causes which produce this disease in animals: some think that it is produced by a suppression of the salivary secretions; some from an unsatisfied desire for connexion, and others, from the animals being kept without a sufficient quantity of water. The first of these opinions is advanced by the author of this work, who says, that hydrophobia, which comes on of itself, is produced by a suppression of the salivary secretion from external causes, particularly bad food. According to this theory, a particular metamorphosis of this suppressed secretion takes place, which, exerting an influence on the fluids and solids of the body, disturbs the blood, and operates prejudicially on the solids, so that if some fortunate circumstance does not take place to produce the secretion of the saliva as well as the suppressed seminal fluid, general madness will be the result. This humoral pathological view of the case is not new, since the importance of the salivary secretions in dogs, perspiration in these animals never taking place, is apparent to all, and has indeed been taken into account by most writers on hydrophobia. The unconditional and general power of suppressed connexion, heat, and want of water, in causing this disease, do not appear to the author as at all correct. With respect to the first of these causes, we will give an account of an experiment which was made by a veterinary surgeon (Greve) to see how far it had any influence.* "In order to see how far an unsatisfied desire for connexion on dogs might produce hydrophobia, I tried, in 1813, the following experiment: I brought on the 12th of March, at 8 a. m. a male pointer, (holding him at the same time by a chain,) to a hot poodle bitch. He immediately prepared himself for connexion, and licked the bitch's organs of generation, but at that instant I pulled him away, without letting him come to the scratch. At ten o'clock I brought him again to the bitch; but let him merely have the same taste as he had at eight. In this way I proceeded for three days in succession, bringing him eight or twelve times each day to the poodle. On the 14th, as I pulled him from the bitch for the last time, he bit at the chain by which I held him. In the evening he became sulky, ate little, and sighed with difficulty. On the morning of the 15th, I brought him again to the bitch, but he shewed little desire to mount her, howled twice in a most extraordinary tone, and then conceiving it not safe to keep him near me any longer, I had him confined in a boarded up stall. I brought him meat, but he did not touch it; he still shewed a desire for water, some of which he took into the mouth, but he could not swallow it."

"On the morning of the 16th he sat on his tail, with his eyes fast closed and his lower jaw hanging down; from the mouth there dribbled a fluid, and every now and then he snapped as if there were flies before him; he also occasionally howled in a peculiar tone. I held a stick before him and he bit violently at it, as well as a piece of wood which was close to him. On this day I bought a healthy dog and a sheep, in order that I might try some experiments with them, but on the following morning I found him dead, with his teeth so firmly fastened in a piece of wood that it was with difficulty I separated them. The examination after death merely showed some inflammation about the æsophagus." This experiment, and some other facts, clearly showed that this cause may exert a considerable influence in producing the disease.

This work contains some valuable information as to the diagnosis of madness in dogs, collected under the direction of Hertwig, a celebrated veterinary surgeon at the Veterinary College of Berlin. The first symptoms observed are a surliness and mischievous turn, which are frequently preceded by a particular liveliness; the liveliness, however, never lasts more than a day, and frequently not longer than a few hours. The most remarkable change takes place in the tone as soon as the madness appears; the dog barks no more, but utters a half suppressed howl. This is so peculiar, that those living in the neighbourhood of the places where the dogs are kept know, by the sound, if a mad dog is among them. That the tongue and edge of the bite are always covered with a frothy mucus is not correct; the eyes also are not always red, as has been asserted by some, but are chiefly dull and shining. The shy and suspicious appearance is the most certain sign which the dog presents, for the carrying of the tail between the legs, as maintained by many, and the dread of water, as stated by others, do not take place in all cases. The author, under Hertwig's superintendence, inoculated three healthy dogs in the head, the one with saliva and the other two with the blood of a dog, which died of hydrophobia; the first one only was attacked with the disease, six weeks afterwards.

The suggestion which the author makes from the theory that he has advanced is, in the treatment of the disease to promote the salivary secretions; but of the author's theory and his treatment we have no great opinion.

In another work, published some time ago,* Dr. V. Schallern, the author whose experience in this disease among animals is most extensive, considers hydrophobia to be a true inflammation of the nerves, particularly of the cercival and palate nerves, and of the part of the sympathetic which goes to the heart, stomach, and intestines, and endeavours to reconcile all the symptoms with this pathological opinion. The treatment which he recommends is the scarification of the wound, the allowing it to bleed, and the use of the actual cautery as soon as the wound is inflicted. If the wound has been made some time before he is consulted, the author still scarifies it and brings it into suppuration by the application of cantharides, red precipitate, and other stimulants; the time which the wound is advised to be kept in suppuration appears to be too short, for we have heard from persons who have had an opportunity of witnessing this practice abroad, that for six weeks at least the suppuration must be maintained. The insufficiency of mere excision, or scarification of the wound, has been proved by too many unfortunate cases, and the following case, related by Dr. V. Schallern, confirms it. An ox was bitten by a mad dog above the tuft of hair on the tail; and two hours after the injury the tail was removed above the wound; but notwithstanding, hydrophobia broke out on the ninth day, and the animal, from its insecure state, was obliged to be killed.

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* Erfahrungen und Beobachtungen uber die Krankheiten der Hausthiere im Vergleich mit der Krankheiten der Menschen. B. I. Oldenburg. 1818. s. 152.

* Anneisung der Hundswuth aufeine durch lange Erfahrung erpronte Weise sicher vorzubanen und sie zu heilern Von Dr. Gottlieb V. Schallern. 1824.

THE LANCET.

London, Saturday, July 15, 1826.

COLLECTANEA.

Observations on a case of Inflammation of the Veins after Amputation, resembling Phlegmasia Dolens. By G. J. Guthrie, Esq. (*one of the College Council!*)

This is not the least extraordinary paper that has been grubbed from the collections of the Hospital gentry to eke out the last Number of the Medical and Physical Journal, whether we regard the omnibus notum character of the facts it contains, or the classical costume in which these facts are arranged. The former might incline us to be silent, the latter obliges us to speak, if it be only to commend the "cut," and induce the other Stulz's[*] of the west end Hospitals to plume the fashion. Jupiter be praised that we have so good an opportunity of encouraging a liberal science! We are far, however, from wishing to straiten or confine the artists to a particular pattern; all we wish is, to stir up a generous rivalry, and so to benefit the craft. Trusting our motives will be duly appreciated, we proceed to Mr. Guthrie's paper.

It seems that the thigh of a healthy woman, ætat. 28, was amputated just below the minor trochanter, on account of "an elastic swelling of the whole of the knee joint; she suffered a good deal of pain after the operation; an opiate was administered and repeated, and she passed a good night." (Sept. 27, 1823.) The next day the pulse was 100, the patient tolerably easy.

"Towards evening the *stomach* became sick; she (the stomach) vomited a quantity of bilious matter; pulse 120. Three grains of calomel, and one of opium, followed by the common aperient mixture, were ordered, and an enema. The region of the stomach, to which part pain was *referred* (why not was painful?) is to have applied to it equal parts of æther and laudanum.

Oct. 1st. *Better* in all symptoms, but looking *irritable* and *ill*. *No* pain *any where;* no sickness (*any where*); appetite good; pulse still quick.

8th. Two ligatures have come away; the wound looks well; the edges have nearly healed (themselves?) *Eats* meat, and with a good appetite.

9th. *Not* so *well;* pulse 120; skin hot; *feels ill;* complains of pain in the other leg and thigh, which disturbed her rest; was well purged, and the leg fomented. Towards evening, the pain was principally felt in the calf, and in the heel.

10th. Pulse 130; tongue furred; vomiting again of bile. The pain in the thigh, extending *upwards* to the groin, and *downwards* to the heel, is intolerable, *particularly in the latter* part." (How, then, most noble Deputy Inspector, doth it appear, that the pain *extended* from the middle of the thigh to the heel? Why trace it both ways, when you might have commenced at the heel, son of Machaon?) "The thigh and leg much swelled, and tender to the touch, although without redness. The swelling elastic, yet *yielding* to the pressure of the finger, but not in any manner like an œdematous limb. Mr. Guthrie (I) pronounced the disease this morning to be inflammation of the veins, extending from the opposite side; but after a careful examination, (marry, how?) *and* on pressure, no pain was felt in the course of the iliac vessels of that side, and the stump looked well, save at one small point, corresponding to the termination of the femoral vein." (Where

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[*] Query, *Stultas's?—Printer's devil.*

> is the proof that the inflammation commenced in the veins of the amputated limb? It is much like the lesser pain at the middle of the thigh being the origin of the greater at the heel!)
>
> 17th. The symptoms continued nearly the same during the week; the sickness *of stomach*, and purging of bilious matter, abating at intervals.
>
> 18th. IS *better*, and the pain is diminished. She *looks* somewhat *better*, but is becoming thinner.
>
> 20th. Less pain in the limb; stump poulticed, &c.
>
> 25th. During these five days it was interesting to see the patient *eat* and *desire solid* food, and in her extremely emaciated state seem to *enjoy* it." (That is, what she desired; what a play of affinities!) "Pulse *always* from 126 to 136. Is slightly jaundiced in colour, but declares she is better, and *will* get well.
>
> 27th. Gradually sunk in the evening, and died.
>
> On examination after death, the termination of the vein on the face of the stump was open, and in a sloughy state; above that, for the distance of four inches, and as high as Poupart's ligament, the *inside* of the vein bore marks of having been inflamed; but the inflammation seems to have been of the adhesive character. Above that point the inflammation appeared to have been of an *irritative* or *erysipelatous* kind; had gone on to suppuration, and the vein was filled with purulent matter, lymph and *blood*, partly coagulated, partly *broken down*. These appearances extended up the cava beyond the diaphragm, and traces of inflammation could be distinctly observed almost into the auricle. This disease had passed along the right internal iliac and its branches; it had descended along the left iliac vein, affecting its branches in the pelvis to the uterus, and along the limb to the sole of the foot. At the left groin, the iliac vein becoming femoral (or the latter the former?) was greatly distended with pus, apparently of a good quality; and if the patient had lived a day or two longer, it would have been discharged by a natural effort, as in chronic abscess. The viscera were healthy."

In his "Observations" on the case, Mr. Guthrie remarks, that inflammation of the veins after amputation "most frequently occurs where the patient has previously been in an irritable or *suffering* state. It is of two kinds," he continues, "the adhesive, or *healthy*, and the irritative or unhealthy, embracing all the shades of inflammation *between* them!" Oh sancte Jupiter! We pray thee Guthrie, to detect a *shade* between health and illness? *Between plus* and *minus*, friend! *Between* attraction and repulsion! It is impossible; for where one state ceases the other begins. We are further counselled that "healthy inflammation is seldom observed, *when it takes place*, and *when* observed is usually cured;" that is, we suppose, when it does not "take place." But *healthy* inflammation may be *cured*, and that is enough. "The unhealthy is almost as invariably fatal." "I have seen it destroy—*I had nearly said*, hundreds; being in fact the most common cause of death after amputation." Why did'n't you *say* hundreds? It is but a figurative expression, you know! He proceeds,

> "When a person, after undergoing this operation, is about to suffer from *unhealthy* inflammation of the veins the pulse quickens, and continues above 90, and generally from 100 to 130, until his dissolution; the *stomach* sickens; there is (are) for the most part frequent *attacks of vomiting*, usually of a bilious character, followed by the common symptoms of fever; he is *restless*, *sleepless*, and *anxious*. There is, (are) in general, after the first three or four days, some marked paroxysms of fever, with remissions (RIGORS.)" REMISSIONS! RIGORS! So indeed Mr. Guthrie hath it. "The patient *emaciates* rapidly; the skin becomes tinged of a yellow hue, and often covered with perspiration; bowels irregular. The pulse becomes weaker and more irritable, and increases in frequency as the disease goes on. The patient gradually sinks; or the febrile symptoms subside, with the exception of the frequency of the pulse, which may *even be* diminished; he rallies a little, and the appetite returns; but whilst he says he is better, and will get well, the daily, nay almost hourly, *deterioration of the appearance* is well marked, and a *slight* accession of fever soon closes the scene. The stump is not in more pain than in many other cases, in which no *inconvenience* follows."

Now in all that is reasonable in Mr. Guthrie s communication, what is there that is not familiar to the veriest tyro in surgery? Who that has read the discourses of Abernethy, the observations of Carmichael, or even the essays of Travers, to say nothing of Cooper's Dictionary, and the excellent work of Mr. Hodgson, does not know infinitely more of the subject than Mr. Guthrie? In truth, nobody. So far from his "case giving rise *synthetically* to phlegmasia dolens from a similar, although not the same cause, occurring in a different manner," and tending "to confirm *analytically* the etiology and pathology of this disease (phlegmasia dolens) as advanced by Dr. Davis," it is the most ridiculous jargon and tomfoolery that we have lately met with in a medical journal, the far-famed Mausoleum not excepted. As to "the evolution of heat, the sudden and great enlargement of the whole of the superficial veins, with the severity of the pain experienced at all times, and augmented to agony on the slightest motion," being "the only perceptible differences, and those only in degree to be observed between it and a case of phlegmasia dolens, *either* by comparison with what" HE "*recollected or recollects of cases previously or subsequently seen*," valeat quantum valeat, we leave him in full possession of his very acute diagnosis, only expressing our surprise that a man who has seen we "had *almost* said hundreds" of cases of *unhealthy* inflammation of veins "terminate fatally;" should make the last of them "give rise *synthetically*," and "confirm *analytically*," the pathology of a disease to which, by his own showing, it is diametrically opposed, not less by its nature and mode of attack, than by its causes, its symptoms, and usually by its result

Such is the paper of the redoubtable Mr. GUTHRIE; such the observations of a Member of the Council of the renowned College in Lincoln's-inn-fields; such the acute reasoning, such the syllogistical arguments of a Member of that Council which presumes to treat with contempt the attainments of the GENERAL Practitioner; such is the style of writing of a man who is a Member of the Surgical Senate, and who, in the College refutation states, "that not any persons, except the Court of Examiners (that is, the Council) are able to judge of the qualifications of surgical students;" and who in the same refutation modestly asserts, "that the increased respectability of the profession may be mainly ascribed to the more *extended education* which has been progressively required of the Candidates for the diploma." If our author is a fair sample of the "extended education" amongst the Members of the Council, then, indeed, as we have all along thought them, they are precious judges of scholastic and professional acquirements. Now we ask the most prejudiced in favour of the existing order of things, we ask the "Hole and Corner" tribe, if the CONSTITUTION of that College must not be radically most injuriously and unjustly defective, which could select for preferment such a gentleman as Mr. GUTHRIE, to the exclusion of a LAWRENCE?—"all the world to nothing!"

The mother of Dr. HEWETT's baby, in gratitude to her *deliverer*, intends to name her child after him, with the addition of St. George—thus, "Hewett St. George Owen;" the peculiar circumstances of the child's nativity merit this distinction.

It is reported in a female circle at the West end of the town, that Dr. HEWETT intends, very shortly, to commence a series of experiments on the important and interesting subject of Impregnation, which together with Mr. CHARLES BELL's observations on the functions of the urethra and prostate, and some extracts from Mr. Joseph Henry Green's private case-book, would prove the basis of a valuable volume, and exhibit some curious specimens of "antecedent" without "consequent unities."

Joe Burns recommends Dr. Hewett to have his "Cap" cut from a child's caul.

In justice to Mr. Jeffreys we have to state that a dresser first attempted to pass the catheter in the case of Catherine Owen; but was baffled in the attempt from the situation of the child's head; a catheter passed into the meatus auditorius would most certainly have to travel some distance, and a curious route too, before it could reach the meatus urinarius.

We are informed that a poor man was turned out of St. Thomas's Hospital, by Mr. Nash. the Steward, a week or two since, i . consequence of his being shabbily dressed and dirty; we hope this is not true, and shall be happy, if enabled on authority, to contradict the report—if true, we beg to inquire if the Wards of St. Thomas's Hospital are to be converted into Assembly-Rooms, and if the Steward is to receive the appointment of Master of the Ceremonies, as well as that of "Prompter?" This Hospital, we presume, was not endowed for the wealthy and well-attired, those whose means enable them to procure baths, and purchase savory odours—but for the impoverished, ragged, and often necessarily dirty pauper. The more destitute the object, the more imperious are his claims on whatever assistance the Institution is capable of bestowing. The officers of public hospitals should bear in mind that those establishments were not erected for *them*, but for the poor, and that they are merely the *servants of the poor*: the Governors of the Hospitals at the same time, who are nominally their masters, being only *trustees for the poor*.

From among the deliciæ with which *pure* surgery abounds, we select the following prescription:—to the General Practitioner, poor ignorant creature, who, from his extreme ignorance is "unfit to enter the front door of the College," and who has been called by the writer of this prescription "a disaffected person," it will prove, we expect, a very great treat.

Take of Chalk Mixture, 6 oz;
Sulphate of Magnesia!!! 2 drachms,
M1X.

Now this is from the hand of our friend Benjamin Travers, F. R. S., President of the Hunterian Society, Surgeon to St. Thomas's Hospital, Petitioner to the College, *Pure* Surgeon, and Speechifier against Surgical Reform!

A fourth part of the above mixture was directed to be taken three times a day, and was prescribed in a case of diarrhœa. A post-mortem examination exhibited an ulcerated condition of the intestines. O Benjamin! Benjamin! thy "tools are blunt" indeed.

We are still receiving a multitude of communications on the mismanagement of the Veterinary College; we have two or three however of an opposite nature; in these the Professor is spoken of in the highest terms of approval, and in justice to him we feel it to be our duty to give one of them a place in this Journal. It is our wish that each party should have a fair hearing; and that the facts on each side should be placed before the world in order that the public may arrive at a just conclusion.

This Institution, as we have already stated, has experienced extraordinary patronage, and it cannot be denied that its means of promoting anatomical and physiological science have been most ample. Now we ask *what has it done* for science? Mr. Coleman's panegyrist asserts that he is one of the first physiologists in Europe; but he omits to state what Mr. Coleman has done to entitle him to this honourable distinction.

VETERINARY COLLEGE.

To the Editor of THE LANCET.

SIR,—Your attention has been directed to abuses existing in the government of the Veterinary College, and especially to the mode in which the examinations are conducted.

That government already trembles, and its members, like cattle affrighted at the distant rolling of the thunder storm, *have assembled together* to seek the means of evading the dreaded effects, to avoid, by enveloping their proceedings in the cloak of secrecy, the searching shaft of scrutiny, the flash of discovery, and the drenching shower of deserved obloquy. Happy indeed would they be, if your animadversions were confined to the department of examination only, for there are other points in the internal economy of the College, which, when properly illustrated, and given to the world through the medium of your pages, will show to what depth corruption and abuse take root, when suffered to go on unnoticed and unchecked.

The objection to the members composing the present junta of Examiners is just, but cannot be remedied as your correspondent the "Veterinary Surgeon" wishes, since the incompetency of the Metropolitan Veterinary Surgeons, as Cherry, Beeson, Goodwin, &c. is universally acknowledged! though, without doubt, as the matter is at present managed, the principal duty, viz. the discussing of the substantial dinner at the Freemason's Tavern, would be performed quite as ably by these gentlemen as any of the present board, Dr. Pearson not excepted.

Coleman's conduct deserves more than a casual notice; his monopoly of nearly all that is profitable at the College, and his indiscriminate admittance of the most illiterate and worthless, provided they come with fee in hand, merit the severest reprobation; but even these will be deemed trifling in comparison with certain abuses existing in the management of that truly Augean stable, the Infirmary of the College; abuses at present under strict investigation, and which, though hastily endeavoured to be amended since the last prick of THE LANCET, shall be displayed in all their deformity, when traced accurately to their source That they may be displayed, the veterinary world look for that aid which you have so liberally and successfully afforded the members of the medical profession, confident that however great corruption may become through long negligence, it can scarcely continue, when regularly subjected to periodical rebuke.

I am, Sir,
Your obedient servant,
JAMES BEARD.

St. Pancras, July 11.

To the Editor of THE LANCET.

SIR,—I am glad to see the Veterinary College and its concerns have at length found a place in the columns of THE LANCET, and I agree in substance with your correspondent "A Veterinary Surgeon," as to the morbid state of that Institution. Now, one of the axioms of its Colossal Professor is, that there is no such thing as *comparative* anatomy; that "he is sick of the term;" and that because a certain quantity of a given substance will operate on the stomach or bowels, for instance, of one animal, it is absurd to infer that a proportionally larger or smaller quantity must operate similarly on another animal. Agreeing, as all rational men with the least experience in animal medicine must do, in the truth of this axiom, I cannot but feel most strongly the absurdity of employing, *exclusively*, persons in one branch of a profession to examine into the fitness of those about to exercise another and essentially very different branch of that profession. To argue this point would be an affront to common sense; and in point of fact, these medical examiners of the veterinary students resort to the "College" for treatment of their own horses, and to the veterinary practitioners for information on all practical points.

One of these two cases must be the fact, viz. that there are individuals practising the veterinary art, competent to act as members of an examining committee; or that there are not individuals competent so to act. In the first case, reason and justice, both to the profession and to the public, require seats for a portion of such individuals at the examing board; and in the second case, the morbid state of the constitution of this College, and the unfitness of its professor for a TEACHER of veterinary medicine and surgery, or at any rate his ill success after thirty years labour, must be evident: and the sooner the one is renovated, and the other removed, the better for the profession and the public.

Your Correspondent, a "Veterinary Surgeon," when animadverting on the admission of men who can neither read nor write, could hardly, I should think, have calculated on so happy an illustration of his position, at least as far as reading and writing to an useful purpose go, as that which has been given on the same page of "THE LANCET," by Mr. R. Vines, who makes the *valves* in a set of vessels, about which he seems to entertain most confused ideas, RAISE *the column of fluid* circulating in them, and jumbles together names and terms used in an art, of which he forsooth is a "*Demonstrator!*" in a way that must puzzle any mind attempting to follow him, as completely as he has puzzled himself in giving birth to this undescribed something, or for ought that appears to the contrary, a mere phantasy of a disordered imagination. Let any one carefully read the two experiments, as this "Demonstrator" calls them, and he will pity the young men and the old men who are to be led through the intricacies of anatomical knowledge by such a guide. But let me ask a question or two, and when these are answered, I have others in *petto* Was Mr. R. Vines selected for the purpose of being "*accelerative*" of science? or, was Mr. R. Vines selected as the person who, under the name of "Demonstrator," would consent to take the lowest rate of pay from Professor Coleman for having his name placed as filling that office? I am, Mr. Editor,

Yours respectfully,
PETER PESTLE.

Charlton, near Wolwich,
July 11, 1826.

To the Editor of THE LANCET.

SIR,—Having read a letter in the last Number of your valuable Publication, relating to the Veterinary College, I am induced to reply to it on two points: first, as it regards the persons who are appointed Examiners; and secondly, relating to the very improper persons who are allowed certificates from the Board of Examiners. On the first point, I am confident that the College is very much indebted to those gentlemen who have so kindly (and I may say condescendingly) lent their assistance in this case; as far as I can judge, they are the most proper men that can be chosen to fill the office, inasmuch as they are men of the first medical talent. I will ask your correspondent this question: can there be chosen the same number of men belonging to the Veterinary Profession who are so capable of judging of the qualifications of a pupil as our present Examiners are? If there could be men chosen out of the Veterinary Profession equal in abilities to Mr. Coleman, then I should say by all means have veterinary surgeons on the examing committee; but unfortunately for us, there is not one veterinary surgeon in this kingdom, who is equal in talent to our worthy professor. In fact, the Veterinary College has to boast of having at the head of it one of the first men this country ever produced, as far as medical knowledge is concerned; as a physiologist, he stands unrivalled; under these impressions, I shall say, continue (as long as they will do us the honour of holding the office,) the same enlightened men as are now elected, and do not let us for a moment suppose that it is for the sake of partaking of a good dinner at the Freemasons' Tavern, and to pocket the pupil's money that they hold the office; but on the contrary, let us come to this conclusion, that they are actuated solely with a view to the advancement of the welfare (which they certainly are) of the veterinary profession at large. Now as to the subject of the second part of my letter, I will admit that many improper persons are admitted as veterinary surgeons; but are there not many improper persons admitted into the medical profession? Certainly these are such exceptions as will unavoidably take place sometimes; but your correspondent asserts, that there are many veterinary surgeons that have obtained certificates from the Examining Board, and so utterly ignorant that they are unable to read or write; in reply to this unfounded assertion I shall make use of an old saying that a friend of mine occasionally quotes, which is this:

"Lest men suspect the tale 's untrue,
Keep probability in view."

By allowing this letter a place in your next Number, you will much oblige

Sir, your obedient servant,

A VETERINARY SURGEON.

London, July 11, 1826.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

In our Journal of June 10th, we reported two cases of injury of the head, which occurred at this Hospital, wherein decided benefit was derived from prompt depletion, purgatives, low diet, and quietness; with great caution in the use of local applications. The following two cases illustrate the effects of an opposite plan of treatment, and the mischief from delay in the use of active remedies.

FATAL INJURY TO THE HEAD.

George W. æt. 3. There is a wound of an inch and a half long, extending across the middle of the frontal region of the left side, the edges of which are much swelled, puffy, and widely separated from each other; the subjacent bone is denuded and white; the wound discharges a thick and fœtid pus; both eyelids are considerably œdematous; the child is feverish and restless, and continually calling for something to drink; Skin very hot; pulse 150; bowels irregular; urine very high coloured and scanty; tongue white and chopped.

The mother states, that a fortnight ago, while playing on the stairs, the child fell down four or five steps and struck its head against the edge of the stone. The wound bled very freely for two hours, when it was taken to an hospital, and the house surgeon brought the edges of the wound closely together by adhesive straps. This dressing was allowed to remain for three days, during which time the child was very irritable, and complained much of its head. On the third day the straps were removed and a poultice applied. The child from this time became much easier, and a copious discharge of matter took place. The poultice was continued, some internal medicines ordered, and the child remained apparently recovering and in good spirits, until three days ago, when the edges of the wound were again drawn together by straps, and a bandage applied tightly round the head. These produced great irritation, but were not removed till the afternoon of the following day, when the mother was much struck with the change in the appearance of the wound, which, from not having been at all swelled, had now assumed its present appearance. On coming into this Hospital, Mr. Wardrop ordered the head to be shaved, and six leeches to be applied immediately.

Eight o'clock, p. m. The leech wounds have bled copiously, and are still bleeding; the child is quiet and inclined to sleep. Pulse 150; skin cooler.

℞ *Subm. hydrarg:*
Pulv. antim. aa. gr. i. M.

to be given every two hours.

2d day. The leech wounds continued to bleed during the greater part of the night, and since the bleeding stopped the child has become more restless. Powders have not operated on the bowels; pulse 140; skin of the head very hot.

The leeches to be repeated; and ʒi of castor oil, with a ¼ grain of calomel, to be given every three hours.

In the evening the bowels were opened, and what came away was of the most offensive nature. Skin very hot, and pulse about 150; mouth dry, and tongue furred. Let three leeches be applied, and continue to give the castor oil and calomel.

2d day. Passed a very good night, and is composed this morning. Leeches bled well; skin cooler, and pulse about 140, Had an enema last night, which brought away a quantity of stuff of a more natural appearance.

4th day. Had several copious stools yesterday, and is this morning much better. The erysipelas of the eyelids have almost entirely subsided, and the edges of the wound are much less swollen and puffy. Skin of the head hot; pulse 140, and firm. Three leeches to be again applied to the head, and ʒss of the ol. ricini to be given at bed time. A poultice to be applied over the wound.

5th day. To-day the countenance is much improved, and the child is amused with any plaything; the wound looks well, and the discharge is less fœtid. Skin cool; pulse as low as 110, and soft; bowels not open.

℞ *Infus. sennæ*, ʒss.

to be given immediately, and cold water to be applied to the head.

6th day. Yesterday the friends, having had access to the child, remained speaking to it for a considerable time, and allowed it to eat a piece of cake, since which the fever and restlessless returned, and it passed a sleepless night.

Its head this morning is very hot, and the pulse 140, vibrating; bowels not open during the night. Six leeches to be applied to the temples, and the calomel and castor oil given every two hours till the bowels are freely opened.

7th day. Slept pretty well last night, and the bowels have been freely opened this morning. Pulse increased in frequency, but firm. Repeat the leeches, No. iv., and give the calomel every third hour.

8th day. Last evening a bladder of ice was applied to the head, and allowed to remain for six hours, during which time the child was quiet and its breathing less hurried; this morning, however, it is again restless, with burning skin, and accelerated, but easily compressible pulse; bowels not opened by the powders. To take ʒij. of the ol. ricini, and the ice to the head to be repeated.

9th day. Since last report the child has been gradually sinking, and he died ten o'clock this morning.

Dissection (*three hours after death*).

Beneath the occipito frontalis muscle surrounding the wound, there was a considerable quantity of a greenish coloured pus, also three or four small abscesses of the size of a shilling, each between the pericranium and bone. In the course of the coronal suture to the extent of several inches, the pericranium was puffed up, under which pus was also collected; the integuments and muscles were of a pale colour. The internal plate of bone, corresponding externally to the denuded portion of the cranium, was of a dark brown colour, and had no attachment to the dura mater. The dura mater immediately under, to the extent of two or three inches, was of a dark sloughy appearance, with matter effused on its surface; the whole anterior portion of this membrane was considerably thickened, and at several points small quantities of matter effused between its laminæ. The substance of the brain beneath this dark portion of dura mater, was converted into a slough the size of a crown piece, and about a quarter of an inch in thickness; it was of a light green colour, gave way on the slightest pressure, and emitted a most offensive odour. The surrounding portion of brain was more vascular than natural, and a number of red vessels could be traced running towards the diseased mass. The rest of the brain was exceedingly firm, and of a paler colour than usual. The lateral ventricles contained about two ounces of serum.

INJURY TO THE HEAD.

Henry J., æt. 5. A fortnight ago, while playing on a tombstone, he fell down and struck his head above the right eye-brow; he was taken up quite sensible, but the part, although apparently only slightly bruised, immediately swelled to the size of a pigeon's egg. About half an hour after he became stupid, and complained much of pain in his head; he remained in this state for an hour, when he went to sleep, and awoke seemingly well. Did not complain again for three days, and the swelling on the forehead had completely subsided; his head now became painful, and has continued more or less so since. Complains also of pain in his belly; appetite gone; much thirst; pulse very quick and small; has an anxious look, and is of a sallow complexion. When he was brought to the Hospital, he had a convulsive fit, which lasted about ten minutes.

Six leeches were immediately applied to the forehead, and

Subm. hydrarg.
Pulv. antimon. aa. 1 gr. M.

to be given at bed time.

2d day. Is much the same as yesterday. Skin very hot; pulse 120; bowels not opened. Was bled at the arm this morning to ℥x., and ordered to take the calomel and antimony every two hours.

4th day. Is much better, and has been free from pain since the bleeding; has taken six of the calomel powders, which have acted freely on his bowels. Pulse quick; tongue white; skin hot.

℞ *Infus. sennæ*, ʒij.

to be given four times a day, and four leeches to be applied behind the ears.

6th day. Since the last report the child's bowels have been kept very open, and he is now free from all bad symptoms. To continue the powders and senna mixture occasionally, and enjoined great quietness.

ANOMALOUS DISEASE OF THE TOE.

A. Z. a tailor, 35 years of age, appeared at the Hospital some months ago, with an affection of the skin of one of the toes of his left foot, to the extent of a shilling piece; the integument was then considerably thickened, and there were on this part a considerable number of small points of ulceration. About two years before, from wearing tight shoes, the skin had been abraded, and the small ulcerations had subsequently appeared. Various caustics, ointments, &c. had been successively employed, but without benefit; two attempts had also been made to excise the diseased portion of skin, but the disease returned after both operations. A third operation was performed at this Hospital, which consisted in removing what was considered as *beyond* the diseased skin; and the wound cicatrized quickly, and he left the Hospital apparently cured.

About three weeks ago, he however returned, with the toe much in the same state as before the last operation. Adhesive plaster and arsenic were now tried in vain, and the poor man despairing of the disease being cured, and suffering from it great inconvenience, particularly in walking, he was anxious to have the toe removed.

Operation.—The toe was amputated by Mr. Duncan at its articulation with the metatarsal bone, by making a full sized flap from the integuments of the sole surface of the foot, in order to avoid having a cicatrix to come in contact with the ground in walking. One of the digital arteries bled profusely, but the hæmorrhage was easily arrested by a compress and bandage. Two grains of opium were given immediately after the operation. In the evening he complained of pain in the wound, and on examination slight swelling and inflammation were found extending from the wound along the dorsum of the foot, which induced Mr. DUNCAN immediately to cut through the bandage in several places, (we wish to God there were such *house surgeons* in some other hospitals) which was followed by immediate and permanent relief, and the wound healed by adhesion, an excellent stump being formed.

DISEASE OF THE WRIST.

Daniel S., æt. ——, a sailor. This was an example of caries of the joint of the wrist, the affection being confined to the extremity of the radius and scaphoid bone, which is articulated with it. The disease had commenced without any apparent cause, six months previous to his admission, and he had used no remedies. From the incurable nature of the disease, the constitutional irritation, and pain accompanying it, amputation was deemed the only resource, and the patient himself was anxious for the operation. The limb was removed by Mr. Wardrop, by the flap operation, and there has been no point of particular moment in the history of the case, except the great benefit which appeared to be derived from full doses of opium, given both previous and subsequent to the operation, a practice adopted by Mr. W. as a general one in all cases of operation. The bowels having been for some days carefully evacuated, he took two grains of solid opium on the night previous to the operation, slept unusually well, and felt very tranquil. Two additional grains were given immediately after the operation, and one more at bedtime. The effects of the opium were, that the severe pain after the operation soon ceased, that he remained tranquil all day, and that he passed an excellent night, neither was his pulse in the slightest degree altered from its natural state. He continued the opium for two nights, his bowels were easily regulated by senna mixture, and the comp. colocynth pill. The wound healed by adhesion, and he never had a febrile symptom.

On examining the wrist, the styloid process of the radius was found carious, and a considerable portion of the articulatory surface of that bone ulcerated. The corresponding surface of the scaphoid bone was also diseased. Around the extremity of the radius there was a considerable quantity of osseous matter deposited, giving it a notched irregular appearance.

GUY'S HOSPITAL.

The following cases were admitted into the Hospital under the care of Mr. Morgan, on Wednesday, June 14th.

Males—Four cases of ulcer on the leg; ulcer on the foot (connected with diseased bone); hæmorrhoids; chronic enlargement of the testicle; periosteal swellings; inflammation of the wrist joint; lumbar abscess; chronic disease of the knee joint (2).

Females—Ulceration of the palate; chronic inflammation of the wrist joint; scaly eruptions; ulcer on back from a burn.

The cases of ulcer do not offer any thing worthy of notice. The patient with *hæmorrhoids* was much relieved by the exhibition of the following medicine three times a-day, and left the Hospital about a week after admission.

Castor oil, 1 *drachm;*
Laudanum, 15 *drops*. M.

CHRONIC ENLARGEMENT OF THE TESTICLE.

The disease in this case is of six weeks standing; the testicle is enlarged to more than twice is natural size, and is very hard to the touch. The patient states that he has not had gonorrhœa recently, nor has he received any injury at the part affected. The following plan of treatment has been pursued with success in this case:—half a drachm of mercurial ointment rubbed in every night, with the daily exhibition of purgatives, and the patient kept to his bed.

PERIOSTEAL SWELLINGS.

The particulars of this case are as follow:—C. J. ætat. 45, a pale half starved looking wretch, has been ill one year. He states that he had a small sore on the penis twelve months ago, for which he took mercury three weeks, and ptyalism was induced and kept up during the greater part of the time. The sore spread during the use of the mercury, and he went into Bartholomew's Hospital, where he remained six weeks. He is not able to say whether he took mercury in any form whilst in that institution; it does not appear, however, that the mouth was affected. And from his description of symptoms, we suppose he must have had an attack of fever during his sojourn in the Hospital. He was recommended to go into the country, and he did so, the sore at this time not having quite healed. It got well eventually, and he was in some measure regaining his strength, when, after exposure to wet and cold, he was attacked with pains in the limbs. He now had recourse to medical advice, and mercury was again exhibited; under this treatment he grew worse, and nodes appeared on the shins and arms. Under the impression that the disease was only to be rooted out by mercury, the use of this medicine was persisted in.

When admitted, we found a painful swelling on the outer part of the right ulna, about half way down, a similar swelling just below the olecranon, one on each shin, and, lastly, on the os frontis. These swellings were very painful and tender, and the pains in the limbs are most distressing at night. He had superficial ulceration of the cheek on each side of the nose (that species of sore which is so frequently seen in cachectic habits), and was covered with a scab. The patient informed us, that he had no eruption on the skin during his indisposition, nor had his throat been sore. The periosteum, or bone, in this case, therefore, appears to have been affected before the "first order of parts," as they are termed by Hunter (meaning the skin and throat). Whether the nodes were produced solely by the *unmerciful* exhibition of mercury; whether they are the result of the combined action of mercury and syphilis; or, whether they are to be considered as the products of venereal disease alone, is a question we cannot resolve.

Under the following plan of treatment, the patient has experienced much benefit: Blisters to the swellings; ten grains of Dover's powder given night and morning, and 20 minims of nitric acid three times a-day, with a generous diet.

INFLAMMATION OF THE WRIST JOINT.

W. Neas, a young man of unhealthy appearance, admitted on account of disease in the right wrist. He states, that about a month ago he fell upon his hand, and thus violently sprained the parts about the wrist; it swelled and became very painful, and he applied for relief at the Middlesex Hospital as an out-patient; this was two days after the accident. Some cold lotion was given him to apply to the injured parts, and he continued his occasional attendance for about a fortnight. During this period the parts about the joints became much inflamed, swollen, and exceedingly painful. He had also a great degree of febrile excitement; he was thirsty, and the throbbing pain precluded him from obtaining rest; in fact, the symptoms which he describes are those characteristic of acute inflammation of the joint, and of course require active treatment. The junior House Surgeon, Goss, (one of Shaw's satellites), prescribed *eight leeches, and a purging powder!*

The poor man obtaining little or no relief from such imbecile treatment, went to a Dispensary in Welbeck-street, but with no better success, at length he made application at this Hospital and was immediately admitted. (The case was not deemed of sufficient importance to be admitted into the Middlesex Hospital.) The present symptoms are—swelling of the parts on the back of the wrist-joint, as if effusion had taken place in the thecæ of the tendons at this part. The integuments are inflamed; there is excessive pain on motion, and tenderness on pressure; the pulse quick and sharp; the tongue furred; also restlessness and thirst.

Mr. Morgan observed on this case, that although from the patient's description of his former state the symptoms had in some degree subsided, still there was so much inflammation going on that it would require active local depletion. He feared, however, that already much mischief was done, and he should consider it a favourable termination of the case if it ended in partial anchylosis.

Twelve leeches to be applied every second day, and the bleeding to be freely encouraged; the hand to be placed on a splint

Tincture of henbane, thirty drops,
Camphor mixture, one ounce and a half;
to be taken three times a day.

Dover's powder, ten grains;

to be taken at bed time. The bowels to be kept open by the occasional exhibition of the house physic.

From the period of his admission up to the present date (July 3d), the plan of treatment laid down above has been persisted in. During the first week the leeches were applied every day, and of late a cold lotion has been constantly used. The swelling of the parts has greatly abated, and there is much less pain on motion. The constitutional symptoms too have subsided; the appetite is improved, and he sleeps well.

LUMBAR ABSCESS.

The patient afflicted with this formidable disease is a sickly looking boy, five years of age; a swelling made its appearance in the loins about eight months since; it was punctured, and no attempt made to close the opening; it has been constantly discharging pus from the time the opening was made. The mother states, that previous to opening the abscess, the child's health was but little impaired; since that time, however, its health has rapidly declined.

Mr. Morgan supposes there is disease of the lumbar vertebræ, consequently nothing can be done for such a case, and it must (in our present defective state of knowledge) be left to pursue its own course.

The case of *ulceration of the palate*, occurs in a delicately looking young woman; there is an ulcer on the roof of the mouth of an unhealthy character, with a small opening in the bony palate. She states that the disease has existed three months; she is married, and has been living in the capacity of a wet nurse. She is evidently much out of health, pale and debilitated; she denies ever having had any form of venereal disease.

Mr. Morgan directed her to take a wine glassful of Griffith's mixture three times a day, and a solution of the nitrate of silver (one scruple to an ounce of water) to be applied to the part. Under this plan of treatment she was improving, when she was attacked with erysipelas, from which she is only just recovering.*

The patient affected with *chronic inflammation of the wrist joint*, is a young woman of strumous habit. The disease was brought on by injury, and is characterised by external swelling and pain on motion. By the frequent application of leeches and cold poultices (made with Goulard lotion), the symptoms have entirely subsided.

The two remaining female cases do not require any further notice.

OPERATION OF LITHOTOMY.

Mr. Bransby Cooper performed this operation on Tuesday (June 27). The patient, a boy about fourteen years of age. Mr. Cooper used on this occasion Mr. Key's knife with the straight staff. The incisions were very well made and with due facility, and the calculus was readily extracted; but there was great awkwardness shown in the attempt to introduce the staight staff. This part of the operation alone occupied more than a quarter of an hour, the patient at the same time calling out vehemently, at the pain occasioned by the attempts to pass the instrument.

The calculus was of the mulberry kind, of the size of a horse chesnut, and rough externally.

We observed several foreigners present, and we found on conversation with them afterwards, that they had not seen the operation performed with the straight staff, until the present occasion. In consequence of the difficulty experienced in its introduction, they evidently carried away a prejudice against its use.

ST. THOMAS'S HOSPITAL.

CASE OF POPLITEAL ANEURISM.

W. L., ætat. 34, a man of spare habit and somewhat lax fibre, but not unhealthy in appearance, was admitted on the 22d of June into the Hospital, under the care of Mr. Travers, on account of a tumour in the right ham.

He stated on his admission, that he first discovered the swelling about a month ago, it was then small, but went on gradually increasing.

For the space of two months previous to the appearance of the tumour, he had felt painful and uneasy sensations about the knee joint, which he attributed to rheumatism. The pain was not constant, and it was of a dull aching kind.

He consulted a *surgeon* at Clapham, on the nature of the tumour in the ham soon after its appearance, and it had then, according to the patient's statement a pulsatory motion, or to use his own expression, "a beating" could be distinguished. This *surgeon*, however, told him that his complaint was "a touch of the rheumatism and gout," *he ordered a blister to be applied to the tumour, and the leg to be immersed in warm water*, at the same time exhibiting some purgative powders!

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* It is a notorious fact, that the ward in which this woman is placed (Charity) has not been free from erysipelas for nearly twelve months. We cannot pretend to say in what the *fomes morbi* exists, but it would perhaps be right to let the ward be empty for a short time, and thoroughly ventilate it.

From the time these measures were complied with, the leg became exceedingly painful, and the patient was rendered incapable of using the limb.

Present symptoms.—There is a firm pulsatory tumour of about the size of a hen's egg, situated in the popliteal space; pressure on the femoral artery at the middle of the thigh completely stops the pulsation and reduces the swelling to about one-third of its size. When the pressure is removed, the tumour speedily resumes its original size and pulsatory motion.

The leg is not swollen nor œdematous, but the patient suffers great pain, which is referred more especially to the calf of the leg, and to the inner malleolus, extending across the instep. The pain is of a "gnawing" kind, and is much increased on motion; the limb is kept in the flexed position.

As it has been supposed particular occupations have an influence in producing this disease of the popliteal artery, it may be right to mention the nature of the patient's present and former employment. He was for several years at sea, but returned to England about the time of the bombardment of Algiers, and then pursued the trade of a calico printer, to which he was originally bred. In this employment he was accustomed to carry very heavy weights. Being unable to procure work at this business, he became an itinerant chair-bottomer, and consequently walked about a great deal: for the last twelve months he has been a watchman.

Mr. Travers having explained to the man the nature of his disease, and the necessity of an operation for its cure, he readily assented. Soon after he came to the Hospital, the pain in the limb increased so much, as to deprive him of rest and render him anxious to have the operation performed.* He applied, of his own accord, cloths made wet with cold water to the leg, which had the effect of somewhat lessening the severity of the pain. It was eventually determined to perform the operation on Friday, June 30.

Operation.—The patient was placed on the operating table, with the right leg semiflexed, laid on its outer side, and supported by a pillow. The operator was seated in a chair on the right of the patient, and after carefully tracing the course of the artery down the inside of the thigh, he commenced the operation by making an incision through the integuments. The extent of the incision was upwards of two inches, and it was made at about one-third way down the thigh. The integuments and fascia lata being divided by this incision, the sartorius muscle was exposed. Mr. Travers, with his finger, drew this muscle to the outer side of the wound, and by a careful process of dissection, at length arrived at the femoral sheath, into which an opening was made, and the artery separated from its surrounding connexions. There was a considerable time spent in attempting to pass the aneurismal needle under the artery; we could not ascertain from what cause the difficulty arose. A single ligature was eventually passed round, drawn tight, tied, and one of the threads cut off. The edges of the wound were brought together by means of adhesive plaster; the patient was put to bed and the limb wrapped in flannel.

Nothing remarkable has occurred since the operation, the patient in every respect has gone on favourably. The pain in the limb was immediately relieved by the operation.

In addition to the foregoing operation by Mr. Travers, Mr. Green performed on the same day an operation for hare-lip, and for entropion. The latter operation consisted merely in excising a portion of integuments beneath the lower lid.

PAINFUL AFFECTION OF THE NERVES OF THE LEG FOLLOWING A WOUND.

C. N. ætat. 53, a carpenter, was admitted into the hospital under the care of Mr. Tyrrell, on Thursday, June 15, on account of neuralgia of the right leg. It appears that about fourteen months ago, by means of an axe, he inflicted a severe wound on the fore part of the right leg. The scar is now apparent, it is of about two inches in length, situated over the lower and expanded portion of the tibia, and taking an oblique course from within, outwards. It reaches over the tendons of the extensor muscles.

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* Mr. Travers, in offering some remarks on this case, observed, that the cause of the acute pain sometimes experienced in popliteal aneurism, was by no means satisfactorily accounted for. He had seen it prevail in some cases to the most distressing degree, whilst others, as is well known, were totally free from pain.

The wound bled very much, recourse was had to medical assistance, and it was found necessary to apply a ligature to a bleeding artery. The wound healed in the course of three weeks, but about a fortnight after, he began to experience a burning heat in the joints of the great toe, and he shortly after had so much pain, with increased sensibility, that he could not put his foot to the ground. He had also twitchings or irregular muscular movements in the leg and foot. These symptoms continued unrelieved until the month of February last, when he saw Mr. Tyrrell at Dover. That gentleman made an incision at the lower part of the leg, and excised five eights of an inch of the anterior tibial nerve. The only benefit which he experienced from this operation was, that he could afterwards move the foot without producing pain as formerly.

Present Symptoms.—These are of such a peculiar and irregular nature, that it is difficult to express accurately the morbid sensations which the patient describes himself as suffering. He first feels a tingling pain attended with heat at the joint of the great toe, at the same time there is a dragging uneasy sensation in the outermost toe. The heat and tingling pain extended from the great toe along the inner side of the foot to the depression of the os calcis, and then a tingling or creeping sensation extends up the leg to the body.

The paroxysms are uncertain in their occurrence, and generally of two or three hours duration. The integuments over the fore-part of the great toe are benumbed; on rubbing the scar of the wound, a prickling feel is produced. The patient has constant pain, with vertigo, and other uneasy sensations in the head. He has been deaf from infancy, but states that when the paroxysms are on, he can distinctly hear two voices singing, and he attempts to describe the sounds produced. So forcible is the hallucination, that it is with difficulty he can divest himself of the belief of the reality of persons singing.

Mr. Tyrrell directed the following plan of treatment: the tartar emetic ointment to be rubbed over the foot;

Blue Pill, 3 *grains;*
Extract of colocynth, 3 *grains;*
to be taken at bed time;

Subcarbonate of soda, 15 *grains;*
Infusion of gentian, 1½ *ounce;*
to be taken three times a-day.

The ointment having failed in producing much external irritation, a portion of blistering ointment, was added to it; this succeeded, and a copious crop of pustules was produced.

Three weeks after admission the symptoms continued much the same. The patient is in Isaac's Wards, and the case is well worthy of inspection.

OPERATION OF LITHOTOMY.

This operation was performed by Mr. J. H. Green on Friday, July 7th. The patient, a healthy looking young man, 18 years of age, had laboured under the usual symptoms of stone upwards of ten years. The calculus extracted was about the size of a walnut. The operation was very well performed, Mr. Green using the gorget.

The operation was performed at noon, and in the evening of the same day, the patient was attacked with great pain in the abdomen, with high excitement. Indeed the symptoms were so alarming, that Mr. Green was sent for; on his arrival, he found the symptoms so urgent, that he hesitated as to the propriety of venesection. Upon investigating the nature of the symptoms, however, more minutely, it was discovered that the urine could not find a free passage through the wound, and consequently had accumulated in the bladder. Mr. Green passed a female catheter through the wound, and drew off a considerable quantity of urine, which afforded almost instantaneous relief. A dose of laudanum was exhibited, and the patient had a comfortable night. On the following day it was found necessary again to introduce the catheter, but subsequent to this period the patient has done well.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF DISEASED CARPUS;—AMPUTATION OF THE JOINT.

James F., 57 years of age, was admitted into this Institution on Thursday, June 8th, labouring under extensive disease of the right carpus. He informed Mr. Lawrence, under whose care he was admitted, that twelve months since, whilst driving a gig along the street, a hackney-coach came in contact with it, and he was thrown with violence on the ground. Whilst in the act of falling he stretched out his right arm to protect himself, and the injury was by this means occasioned. As well as he could judge there did not appear to be any serious injury incurred, and although very soon afterwards he suffered severe pain, yet he considered it merely as a sprain, and in consequence had recourse to stimulating liniments. From the first occurrence of the accident he has suffered severe pain, but has sought no surgical assistance until within the last three months, when he consulted a medical man, whose opinion was unfavourable. Within the last month four sinuses have broken out; two on the dorsal surface, and one on each side of the wrist; from these holes a thin ichorous matter has been continually oozing. The whole joint is considerably enlarged, but the remaining portion of the hand and also the contiguous portion of the fore-arm, are of their natural size. In addition to this local malady, the man's constitution has of late greatly suffered; from a strong and healthy individual he has become weak and enfeebled, latterly getting indifferent as to his fate, since he says "for him to live is but to suffer."

Taking the history and duration of the disease, with its present condition, into consideration, Mr. Lawrence considered there was no hope of benefitting the patient but by amputating the joint. He requested, however, that Mr. Earle and Mr. Vincent might see the man before he operated. They did so; Mr. Earle was of Mr. Lawrence's opinion, but Mr. Vincent thought the operation might be deferred. It may be proper to observe that on introducing a probe into the sinuses, no bone could be distinctly felt, except in one of them. As Mr. Earle coincided in opinion with Mr. Lawrence, the latter gentleman considered it unnecessary to defer the operation, and on Saturday, June 10, he performed it by making a semicircular incision on each side of the forearm, about three inches above the carpus; the flaps were dissected back, the interosseous ligament, &c. divided and the whole of the soft parts kept back by means of the retractor, when the radius and ulna were sawn through. The radial, ulnar and interosseous arteries were secured, and the flaps brought together by adhesive straps. Previous to the operation, care was taken that the bowels should be well open, and an opiate was given at bed time.

CASE OF FRACTURE OF THE FIFTH CERVICAL VERTEBRA.

Charles M———, a bricklayer, 43 years of age, was brought into Accident Ward, on the 28th of April, having just before fallen off a scaffold twelve feet high. He fell on his back, and struck with considerable force, the cervical and lumbar portions of the spine. At the time of his admission into the hospital, no characteristic symptoms of injury to the spine manifested themselves; he had the fullest control over all his limbs, and complained of no particular pain, except in the back of his neck and loins, and this not in any great degree. On examining the vertebræ, no fracture could be detected. He was ordered to bed, and had a dose of house medicine given him.

29. About twelve hours after his admission, he began to loose his power over the lower extremities, and also sensation to a certain extent. To day, we find him lying on his back, with the free use of his upper limbs, but total suspension of voluntary power over the lower. He moreover passes his stools involuntarily, and the bladder has become paralysed, so that it was necessary this morning to draw off his water by means of a catheter. He has had some sleep through the night, but the tongue is dry and rather brown; pulse 90 and rather full. *Let him take saline mixture, with half a drachm of solution of tarturized antimony every four hours.*

May 1. Tongue moister; bowels have not acted since yesterday; the water drawn off by the catheter is very dark and slightly turbid. The lower extremities quite insensible. Mr Lawrence, under whose care the man was, again examined the spine, but no fracture could be detected. On making pressure on the hypogastric region, the urine is observed to dribble from the orifice of the urethra. *Ordered to have an enema administered immediately.*

May 3. Has passed a restless night; attributes it to the griping occasioned by his taking some aperient pills. Bowels have not acted since the 1st. There is no increased power of motion over the lower extremities, but he says that within the last two days he has felt a shooting sensation down his legs and thighs. Urine is still drawn off by the catheter. Pulse 85, and small. Tongue rather dry and brown.

4. Bowels relieved; but the stools were passed involuntarily. In other respects just the same.

8. Somewhat improved. He says the sense of feeling in the lower limbs is increased. His bowels being confined yesterday, he was ordered to take a dose of calomel and jalap, and two hours afterwards, two ounces of house-medicine, which have had the desired effect.

11. He continues just in the same state. Bowels open; tongue continues rather dry; pulse 85, small.

17. Worse. Has had but little sleep for some nights past, and to-day he looks dejected and anxious. The urine drawn off to-day is exceedingly turbid, has purulent matter in it, and it has also a very strong ammonical odour. For the last few days he has had priapism. Pulse 80.

23. Within the last few days he has complained of great weakness and loss of appetite; the countenance has become sallow, and the features attenuated. The fæces still continue to be discharged involuntarily, and the urine to be drawn off. Pulse 80, very feeble; bowels kept open by aperients. Ordered to have six ounces of wine daily.

He continued in this condition with but a trifling, if any alteration in the character of the symptoms, until the 18th of last month, when his daughter came to see him, and for the purpose of kissing him, she put her arm round his neck; this is supposed to have displaced the fractured bone, for in a few seconds he became slightly convulsed and died.

Inspectio Cadavaris.

There was a general pale and flabby condition of the whole muscular structure of the body. The heart was particularly so, and formed an excellent specimen of what the French call "ramolissement du cœur;" with very little force the thumb was thrust through this organ. The blood was found in a fluid state, and as we have already observed to be the case under these circumstances, the internal membrane of the arteries was stained by it of a purplish hue.

The large intestines were loaded with scybalæ. None of the pelvic viscera were examined!

On examining the spine, the spinous process of the fifth cervical vertebra was found to be fractured, and the body of this vertebra separated from the one below. Blood was found effused on the theca throughout the whole extent of the canal below the injury, and on that part which corresponded to the fracture a hard clot was found. The theca was stained by the blood which was effused on it. The theca being slit up, that part of the chord situated opposite to the fracture was found quite in a pappy condition, and, although in a less degree, the portion of the chord inferior to the injury was also much softened. (It may be proper here to observe that the man had been dead two days.) That portion of the chord above the fifth cervical vertebra, was harder and more healthy. On making a section of the lower part of the chord an immense number of bloody points were observed in its substance. In No. 122, we have reported a similar case, in which the patient had a portion of the fractured bone driven into the medulla spinalis, by his wife attempting to raise him in bed; the man almost instantly expired.

CASE OF IMPERFORATE ANUS.

An infant, nine days old, was lately brought to this Hospital, having an imperforate anus. On examination there appeared to be a large accumulation within the rectum, as the space between the tuberosities of the *ischia* was tense and bulging. From this circumstance, Mr. Earle inferred that simply puncturing the integuments at the place where the anus is usually formed, would effect the desired end. A trocar was therefore thrust through the integuments and instantly a large discharge of flatus and bilious feculent matter followed. On introducing the finger the sphincter muscle was found perfect. For the first few days a canula was kept in the opening to prevent adhesion taking place, and subsequently a bougie has been passed twice a-day. The child has now left the Hospital cured.

It is proper to remark that the mother took her child to a *surgeon* in town, who told her *nothing could be done* for it, and that it must be left to its fate! Happily, however, she thought otherwise, and the life of her child has been saved. The child takes the breast with avidity, and the stools are of a most healthy character.

MIDDLESEX HOSPITAL.

SYPHILIS.—CHANCRE.—BUBOES; WITH SOME HOUSE-SURGICAL TREATMENT.

—— Morris, a stout muscular man, was admitted into Percy's Ward, in the early part of May, on account of a bubo in each groin.

The man was received as a patient of Mr. Joberns, but as our friend Joe was at this time indisposed* and incapable of attending to his hospital duties, he fell under the *care* of Messrs. Bell and Shaw. Each of these worthies occasionally visited the patient; a mercurial plaster was ordered to be applied to the part, and afterwards poultices, with the occasional exhibition of purgative medicines.*

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* There have been various surmises as to the nature of our *illustrious* friend's indisposition. It was reported at one time that it was a *cerebral* affection; this, however, is not at all probable.

About a week after the man's admission, one of the buboes suppurated and burst, and in the course of another week, the bubo in the opposite groin likewise suppurated. From this period, which is about seven weeks since, the man has done nothing but apply poultices to the parts, and now the discharge from them is nearly as profuse as at first.

Mr. Joberns went through the Hospital for the purpose of *seeing* his patients; and as usual, inquired of the House Surgeon the particulars of the case. "Simple buboes," was the reply; ("simple" *booby*, thought we.) "Well, well," said Joe, "has he no chancre on the penis"? (Only think of Joe's sagacity!) "Oh! no Sir, (replied Hind,) he has had a severe gonorrhœa which is now almost gone."

Mr. Joberns, then turning to the man, desired him to draw back the foreskin, which exposed a small chancre, with thickened edges and base. We had ascertained the true nature of the case some time before, but wished to mark the sequel. We learned from him then, that he contracted the disease a few weeks previous to his applying at the Hospital; that at the time of admission, in addition to the buboes, he had phimosis in a slight degree, and from under the prepuce there issued a purulent discharge. (It was this, we suppose, on a superficial and careless examination, that induced Hind to conclude the man had gonorrhœa.) After he had been in the hospital a few days, he was enabled to draw back the prepuce. Since Mr. Jobern's *discovery*, black wash has been applied to the chancre, but no mercury has yet been given internally. The sore on the penis has not altered in character, and the sores in the groin continue in the same state.

Perhaps Messrs. Hind and Joberns are anxious to become experimentors, and accordingly have selected this as a suitable case for trying the efficacy of the non-mercurial treatment. Seriously, we would observe, that this case affords a tolerable specimen of the gross neglect and inattention usually shown to the patients of this Hospital by the surgical attendants. The House Surgeon must have examined the patient whose case we have related above, in a very negligent and superficial manner, or he would have detected a chancre. We know of no excuse that can be offered for him, and much less for Messrs. Bell and Shaw, who had the charge of Mr. Jobern's patients in his absence, and whose duty it became therefore to examine the cases. But this is only one of a thousand instances of like inattention to their duties, which we could enumerate as having occurred in this Hospital.

ST. GEORGE'S HOSPITAL.

CASE OF FISTULA IN ANO.

Edward Hutchinson, a middle aged man, was admitted into this Hospital, May 17, under the care of Mr. Brodie, with fistula in ano; on the 17th of June, he underwent the operation of completely dividing the sphincter ani for the cure of the fistula. Mr. Brodie, in his clinical observations on fistula, observes that fistula in ano generally requires for its cure a surgical operation, although there are some cases that can be cured without an operation, and even cases where an operation would be absolutely improper; there is, for instance, a man up stairs with fistula, on whom I did not perform the operation, but why? oh! because he has an abscess in the lungs, and a worn-out debilitated constitution; and in those cases, where the constitution is very much impaired, all such surgical operations are injudicious and improper. The operation is likewise improper when the fistula burrows far up by the side of the rectum, for in cutting far up, you run a considerable danger of wounding large vessels, and the fistula can be cured without ever running such a risk. Fistula may form on the outside of the sphincter muscle, it may form in the substance of the sphincter muscle; it may form between the sphincter muscle and the membrane of the gut, but the most common seat of its formation is the substance of the muscle. In all these cases dissection, or a minute investigation, will show fistulas to be more or less connected with the sphincter muscle, and this will explain why an abscess in the perineum, when the urine has its natural passage free, does not heal as readily as an abscess elsewhere. You would not expect an abscess among the muscles of the thigh or leg to heal as long as the patient was walking about, but confine him to his bed, and bandage the muscles above and below the abscess, so as to retain the muscles in the most perfect state of rest, and the abscess will soon heal. Just in the same manner the action of the sphincter muscle prevents the healing of an abscess in the perineum; therefore if you want to effect a cure, get rid of the action of the sphincter muscle. How can this be effected? for passing the evacuations from the bowels, coughing, and laughing, constantly disturbs these parts, by calling the sphincter muscle into action. Well, then, all this is to be overcome by completely dividing the sphincter muscle; after its division, it cannot act as a muscle, and the parts are left in a state of quietude. The cure of fistula by the common operation is often tedious and difficult, and considerable care and attention is requisite in dressing it after the operation; and often when it heals in one place it breaks out in another; by the division of the muscle, you soon effect a cure, with very little probability of its returning again. I was led first to perform this operation by a patient I had six years ago, who plagued me for six months, without effecting a cure. for as soon as one sinus healed, another broke open; at last a sinus broke far out, on the outside of the sphincter muscle, I then passed a lead ligature through the rectum, and over the sphincter muscle, (as recommended by Dessault,) I found there was something very hard I could not cut through, I then cut down upon it, and found it to be the sphincter muscle; I cut through the muscle, and the fistula soon healed. Since then, I have been in the habit of dividing the sphincter muscle entirely through, and with very evident advantage over the old operation. In performing this operation, I introduce a scalpel on my finger into the rectum, on a straight bistoury; having introduced the knife into the gut, I turn the sharp edge outwards, and cut slowly through the sphincter muscle, till it is completely divided; there is some hæmorrhage, but it is of no consequence, for it soon ceases. Previous to the operation, I give a purge to the patient, and a dose of laudanum afterwards; thus, by clearing the bowels with the purge, and giving the laudanum afterwards, you bind the patient's bowels. He has no evacuation for a couple of days, and the parts in the perineum enjoy perfect rest. I seldom dress the wound with any thing after the operation, for I find, unless there is any thing wrong going on in the constitution, that the parts heal much quicker without than with dressing. I made some experiments on this, and the result of my experience is, that without any dressings, the fistula will heal nearly in one half the time it takes if dressed; this is interesting, because some cases of fistula are very troublesome to the surgeon and to the patient when they require to be dressed every day. I performed the operation on two different individuals, both of good constitution, the one on a Monday, the other on the Tuesday following. I dressed one secundem artem for a month, the other was never dressed at all, and was perfectly well in a fortnight. Sometimes when the edges of the wound become callous and hard, the slight application of the nitrate of silver will hasten the cure. You would be led to believe that incontinence of the fœces would be the result of the division of the sphincter muscle, but I never knew but two instances of that; in one, an oozing continued for six months, the other not so long; but this arose in both from a too long and too attentive use of dressings. If the sinus extends far up by the side of the rectum, do not cut far up, for it is attended with considerable danger, and it is not necessary, for the division of the muscle does as much for the cure, as an operation can do. If there is a large abscess high up, I generally recommend my patient to the sea side. If the situation of fistula in ano at any time happens to be in the space between the anus and the os coccygis, I do not recommend to divide the muscle towards the os coccygis, because I have not found it to be attended with the same advantage as dividing it towards the tuberosity of the ischium, and I always divide it in this direction when the fistula is in the former situation. By dividing it in this situation, the extremities of the sphincter keep better asunder, and the parts enjoy more perfect rest.

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* It is worthy of remark that the surgeons of this Hospital seldom examine a case for themselves, when they are "going round," they merely inquire of the House Surgeon how the case is going on. As to pointing out to the pupils any circumstance connected with its history—it is quite out of the question.

ERRATUM.

At page 528, 1st column, 13 lines from the bottom, for "arranged," read *arrayed*.

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

Lecture XXIV.

Amaurosis.

Gentlemen,

Amaurosis and gutta serena are names applied indifferently to those forms of blindness, whether partial or complete, which result from an affection of the nervous structure of the eye, whether it be seated in the retina, optic nerve, or sensorium; or whether this affection be produced immediately by vascular congestion, inflammation, or organic change; or indirectly by sympathy with other organs. The word amaurosis is the more general term, and etymologically considered it means obscurity of sight, being derived from the Greek word *αμαυροω*, to darken, or to make obscure. The term *gutta serena* was applied to this affection from a notion that the ancients had of its pathology; they had an idea that a humour, or drop of fluid, was deposited between the pupil and the nervous structure of the eye, and destroyed the sight; as the pupil generally retains its clear blackness, they called it the gutta serena; this term is translated by Milton literally into English, he calls it the "drop serene." In his address to light he says—

> ———————— "but thou
> Revisit'st not these eyes, that roll in vain
> To find thy piercing ray, and find no dawn;
> So thick a *drop serene* hath quench'd their orbs,
> Or dim *suffusion* veil'd."

Suffusion is also a technical term; it is employed by Celsus* and other medical writers to denote generally an imperfect or lost state of vision, whether arising from cataract or from affection of the nervous structure of the eye; and for the present affection he uses the term *suffusio nigra*, on account of the natural dark colour of the pupil.

The retina may be affected exclusively, or in common with the other component textures of the eye; it is to the former of these cases that the term amaurosis is properly applied, for although the eye may become amaurotic in other affections, as active internal inflammations, and others, yet such affections are named from the more prominent characters which they exhibit.

The sight may be lost in consequence of concussion, or other severe injuries to the sensorium, or the eye may become amaurotic from injury being done to the orbit. Amaurosis, double vision, and strabismus, are often the precursors of severe affections of the sensorium, as apoplexy or palsy.

We labour under great disadvantages in arriving at a knowledge of the affections of the retina, because the seat of disease does not come under our immediate observation, either during the progress of the affection, or after death.—Since amaurosis does not terminate in the destruction of life, we have few opportunities of ascertaining the morbid anatomy of the retina; hence the attention of medical observers has been less directed to the changes of structure in the retina than to their symptoms, as impaired vision, defective sight, pain in the eye or head, and so forth. Of course you must be aware that these are only symptoms, and that our notions and treatment must be imperfect, until they can be founded on a pathological knowledge of the affected texture. The impaired function is not in itself any proof of the nature of the disease; we should gain very little information respecting any disease of the lungs, or of any other organ, if our knowledge were confined to the imperfect manner of their performing their functions.

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* A similar application of the term is made by Lucretius and Pliny.

Amaurosis, in its most frequent and important form, that which is seated in the eye itself, is generally inflammation of the nervous structure, including under that phrase all degrees of increased vascular activity, whether designated as fullness, turgescence, determination, congestion, or as inflammation in its more limited sense; and the usual result of inflammatory disturbance, that is, organic change, permanently destroying the function of the part. When we advert to the structure of the retina, we must suppose that it would be liable to such affections; we find it composed of minute ramifications of the arteria centralis retinæ, and on this net-work of vessels the nervous pulp is expanded; it is a structure of the greatest delicacy, and appears to be made up of minute ramifications of blood vessels. The state of the retina, when examined after death, in amaurotic eyes, accords with these views; it exhibits those changes, which long-continued inflammatory disturbance would produce; it has been found thickened, opaque, spotted, buff-coloured, tough, and in some cases even ossified. The retina and optic nerve may be disordered sympathetically, as the stomach may be disordered without any change visible on dissection. When we say that amaurosis is to be regarded essentially as inflammation, you are not to expect that every change of function of the retina, as displayed in amaurotic affections, is attended by actual change in structure; but, on the whole, impaired vision bears the same relation to the retina as other diseases do to their respective organs. Now the prevailing notion respecting amaurotic affections has been of a different kind; the idea has been, that it is a disease of debility, that the eye, or its nervous structure, is weakened. It is common for patients to express themselves in that way, when they find the eye beginning to get dim; they say that the sight is weakened, and there is no better foundation for such pathology than the mere opinion which patients have been in the habit of expressing; this has induced medical men to believe that there is debility of the optic nerve, and has caused them to form their treatment on this conviction. Stimulant means have been resorted to of various kinds, without looking to the cause of the affection. On the contrary, the only scientific and successful treatment of amaurotic affections is found to be of a very opposite kind, such as is generally called the antiphlogistic.

Amaurosis generally commences in one eye; it attacks one first and then proceeds to the other. Amaurosis is, as I have already observed, a very general term; and under it are included many varieties, some of which I consider necessary to be mentioned to you. Amaurosis is divided into recent and confirmed; into partial or imperfect, and complete; into functional or sympathetic, and organic. The latter division would be important, if we had the means of making it; no person can ascertain whether the retina is disordered functionally or not; there are some appearances which seem to distinguish the functional from the sympathetic, but they are very obscure; the distinctions are very imperfect. Indeed if we could see the retina, we might not succeed in establishing the distinction clearly. Ought we to consider a distended state of vessels an organic or a sympathetic change? Amaurosis has been divided again into the periodical and continued; the former must of course be sympathetic, while the latter will probably be organic. It has been divided into purely local or nervous, and complicated; the first being supposed to be seated in the retina alone, and the other accompanied by affection of the other textures of the eye, or of other parts of the body. It is difficult to separate these forms distinctly, as it generally happens that when any serious affection of the retina occurs, that some other textures suffer. Such are the general divisions which have been adopted in reference to amaurosis. You will find it necessary to turn your attention very closely to the history of each case; to observe all the circumstances which each case may present, in order to arrive at a correct opinion of the affection.

Symptoms.—The symptoms of amaurosis are such as are derived from the altered state of the function of the part, and under this head you may have every kind of impaired vision; every kind of defect in the perception of objects as to form, colour, and their relations to each other. The patient who has amaurosis generally complains of weakness or dimness of sight; he cannot employ the eye so long as he used to do; the letters of a book begin to run into each other, or other evidences of imperfect sight are noticed. In this early and incipient stage of the affection, where sight is only partially imperfect, it has been called *amblyopia* *amaurotica*, amaurotic weakness of sight. The various defects of sight (*vitia visus*) enumerated as distinct diseases, in nosological catalogues, are only to be considered as amaurotic symptoms, forms of the impaired function. Of these I may mention to you, *visus nebulosus*, *visus interruptus*, *visus dimidiatus*, *visus muscarum*, or *myodesopia*. Floating bodies appearing before the eye have been called *muscæ volitantes*, and when only a single black speck is seen, it is called *scotoma*. It is not uncommon for a patient to see a black speck in the centre of an object, and as the affection proceeds the opacity increases in size, becoming larger and larger until it covers the field of vision. When these objects increase in number, they form before the eye a sort of gauze or net-work, and that state of vision has been called *visus reticulatus*. Sometimes objects appear brighter than is natural, and that is called *visus lucidus*, or *photopsia*, and occassionally that brightness is so considerable as to produce uneasiness to the patient, which is then named *photophobia*. Isolated objects are seen occasionally double, and hence the name sometimes given to amaurosis of *visus duplicatus*; this, however, is generally the result of strabismus. There is also a *visus coloratus*, and a *visus defiguratus*, from objects being seen of wrong shapes and colours. In particular instances, the eye affected with amaurosis becomes near sighted, or far sighted, or as it is termed myopic or presbyopic; a presbyopic state of the eye is the most common attendant on amaurosis, it is less frequent for the eye to become myopic in this affection. There are some instances in which the patient can see only during a part of the twenty-four hours, and is blind during the other part; he may be able to see very well during the day, but be blind at night, the *cæcitas nocturna*, or *hemeralopia*; or he may be blind during the greater part of the day, and able to see only toward the approach of night, the *cæcitas diurna*, or *nyctalopia*. These are not distinct diseases, although from the names affixed to them, you might be disposed to consider them such; they are mere variations in the state of vision, and all arise from the same cause, from an increased excitement or disturbance of the nervous structure of the eye; we cannot tell exactly what that disturbance is; we cannot point out any thing in the retina, which will enable us to account for the change of relation, colour, and figure of objects. It is very common for patients to be able to see objects laterally after they have lost the power of seeing them in the direct line of vision. The central portion of the expansion, which is the usual seat of impression, loses its sensibility first; the circumference, which is habitually exerted in a much less degree, does not suffer till afterwards.

The progress of amaurosis occupies different portions of time in different instances; vision may be entirely lost in a few hours, or several months or years may elapse before the vision is entirely destroyed. The progress of the affection, if unchecked, is certain, although slow, and it ultimately ends in total blindness. When it has arrived at this stage, there is a peculiar vacant stare in the eye, which is very characteristic of this affection; when a patient enters a room, he seems to bend his eyes on vacancy; he fixes them upon no particular object. This never occurs in cataract; although opacity may exist to a considerable extent, the patient appears to be conscious that the eye is capable of seeing, and never exhibits that vacant stare, with the eye fixed upon nothing, as is observed in confirmed amaurosis.

The iris and pupil exhibit various changes in amaurosis. The former becomes sluggish, and often, at last, motionless, and the latter is changed in size, form, and position. It is commonly stated that a dilated pupil and motionless iris are symptoms of amaurosis, and such is the usual state in that complete insensibility of the eye, properly called gutta serena; but the pupil is sometimes contracted, and you not uncommonly meet with cases in which this aperture exhibits the natural changes of size. The motions of the iris become sluggish as the retina loses its sensibility, and when that loss is complete, the iris is motionless. Hence we may state, as a general rule, that the sensibility of the retina is impaired in a corresponding degree to the imperfect motion of the iris. There are, however, some cases in which the iris retains its power of motion, and indeed such cases are not uncommon. There is a boy now attending this Infirmary, who is so completely amaurotic, as to be incapable of distinguishing between light and dark, and even to experience no sensation when the sun shines on the eyes, and yet the motions of the iris are nearly perfect. I have observed many other such instances. When the affection is confined to one eye, we must examine both the independent and the associated action of the iris. The latter frequently remains when the former is completely lost. If you open and shut both eyes together, the two irides move equally well; but if you previously close the sound eye, the iris of the amaurotic eye will remain perfectly motionless. I have seen some instances of complete amaurosis of old date, consequent on violent internal inflammation, and accompanied with change of colour in the iris, where the strongest light directed on the affected eye with the other closed, caused neither sensation nor change of the pupil; yet the associated action has been perfect.

The pupil is sometimes irregular in form, not circular, but oval, oblong, or angular; and it may be also changed in situation, appearing as if moved upwards and inwards; we seldom find it displaced in any other direction.

The colour of the pupil, in many cases, is not natural; it does not present the clear jet black which distinguishes the natural state of the eye; it has a dull smoky appearance of a greenish, greyish, or leaden cast; sometimes it is of a yellowish hue, a discoloration hardly to be distinguished from glaucoma. It may be supposed, that this change of colour is the result of some alteration in the state of the retina; we can hardly account for the phenomena, except on this supposition: however, the alteration, although sufficient to alter the colour of the pupil, is not irremediable, and this symptom alone is not a ground of unfavourable prognosis. The retina in the healthy state is perfectly transparent, and the dark colour of the choroid is seen through it, making the pupil black; but if the state of the retina be changed, we must expect corresponding alteration in the appearance of the pupil.

You might expect to find that this affection of the nervous structure of the eye would be attended with pain, but that is not always the case; the progress of the disease may be slow, and the eye become completely amaurotic, without any pain whatever in the organ. Frequently there are painful affections, such as headaches, giddiness, dimness, dizziness, and so on, preceding or accompanying the impaired state of vision; sometimes there are pains in the forehead, over the eye-brow, in the temple, or one side of the head. You may have heaviness about the eye, increased on moving the globe, aggravated by the employment of the organ; and with these circumstances there may be general uneasiness about the head, and sleepiness. The condition of the digestive organs is very various in amaurotic cases; they are sometimes in a very unhealthy state; and this disturbance is a leading circumstance in the affection; but in others there is no marked derangement of their functions.

Causes of Amaurosis.—No age is exempt from amaurosis; it is sometimes congenital, and it may occur at all periods of life, from the earliest to the latest. It is, however, more frequent during the active middle period of life; and very common about the cessation of menstruation in females, and the corresponding age in the male.

It has been said, that dark coloured eyes are more frequently affected than light ones; and Beer makes the proportion as great as twenty-five to one.

In amaurosis, we observe a very marked influence from hereditary disposition; it is not uncommon to meet with many cases in one family. We had two twin sisters at the Infirmary, who were very much alike in form, colour of the hair, eyes and integuments, and state of their general health: they were both amaurotic at the same time, and with exactly the same symptoms. Beer says that he has often seen amaurosis occurring in many individuals of the same family; and he mentions rather a curious case in which, in a given family, all the females became amaurotic about the period of the cessation of menstruation for three generations, excepting those who had borne children. There are many cases on record of many individuals in the same family having been the subjects of amaurosis.

With respect to the more immediate causes of amaurosis, the most powerful is that general fullness of habit consequent on errors in diet. This certainly is the leading cause of amaurosis, as well as of most other affections of the eye and of the head generally. The influence of this cause is seriously aggravated by a sedentary mode of life. The occurrence of amaurosis will be rendered still more probable, if the organ be excessively employed, particularly if it be habitually exerted on minute or shining objects. We see here great numbers of cases, where amaurosis may be clearly traced to the inordinate use of the eye; and in many instances this influence alone brings on disease, without the occurrence of other causes. Hence the frequency of the affection in those engaged in the various mechanical and other occupations, which require close attention and constant exertion of the organ, as in tailors, shoemakers, compositors, engravers, jewellers, sempstresses, mantua-makers, &c. and when we consider the almost incessant action, which, during many hours in the day, the eye undergoes, and reflect on the very delicate texture of the retina, we can only be surprised that it should maintain its powers so long unimpaired.

A limited or temporary exposure to a strong light, may produce amaurosis suddenly, as flashes of lightning, *coup de soleil*, and telescopic observations; but we more frequently see it as the consequence of habitual exposure to strong but less powerful lights, as in cooks, workers in metal, soldiers and sailors in tropical countries. All causes which favour the production of plethora, or determination to the head in particular, create a disposition to this affection; the sudden suppression of accustomed discharges, the period of the cessation of the menses in old, and their interruption in young women, frequently lead to this result. The continental writers speak of amaurosis being produced by the suppression of the hæmorrhoidal discharge, of epistaxis, perspiration, or the secretion of milk, and by the healing of large ulcers. That the latter cause is capable of seriously affecting the head, we have frequent opportunity of noticing.

Certain states of the abdominal viscera I have adverted to as capable of producing amaurosis. Some irritations of these organs, as by acrid ingesta, worms, &c. may suddenly cause temporary blindness. An instance is recorded in one of the periodical journals, of amaurosis, with fixed pain over the brow, occurring in a child. It was not relieved by purging and other depletive measures; an emetic was at last given, and under its action a bead was rejected from the stomach, and the amaurosis immediately disappeared.

Syphilis is enumerated by the continental writers as a remote cause of amaurosis, but I never saw any cases in which syphilitic affection of the constitution appeared to exert any influence of this kind; nor have I ever seen gout or rheumatism give any tendency to affections of the nervous structure of the eye.

Other causes have been mentioned by some writers, respecting the operation of which I entertain doubt. The narcotic vegetables used to dilate the pupil, are supposed to give a tendency to amaurosis; I have never seen any such effect produced by the belladonna, excepting the temporary influence before mentioned, and you recollect that I spoke to you of a case in which it had been used a great length of time. The effect of bitters, as quassia, hops, and wild succory, seems to me equally problematic.

Those who have considered amaurosis to arise from debilitating causes, have considered that debility and atony of the nerve may be produced by all those circumstances which debilitate the system generally, such as loss of blood from profuse hæmorrhage, diarrhœa, copious salivation, and so on. I have never seen amaurosis produced by such causes. That great anxiety and grief may favour the occurrence of amaurosis, I am inclined to allow; for it is not improbable that severe impressions of that kind may produce inflammatory excitement in the brain or eye; but I think we cannot, without more direct proofs, admit the influence of debilitating causes generally in the production of amaurosis. The most clear instance of any direct debilitating cause producing amaurosis, is that of protracted suckling; we know that if that drain upon the system be too long continued, the strength of the patient will be very much reduced. The imprudent continuance of suckling, so frequently seen in the lower classes, brings on impaired vision, and will ultimately lead to confirmed amaurosis. We may, perhaps, refer to the same head, the amaurosis ascribed to excessive venereal indulgence, and to the practice of a solitary vice; if, indeed, those causes are capable of producing such an effect. Various organic changes in parts adjacent to, or connected with the nervous structure of the eye, may cause amaurotic affections, as tumours in the orbit or head, exostosis or caries of the orbit or cranium, changes in the structure of the nerve, or of the *thalamus nervi optici.* Mr. Langstaff has a fine specimen in his Museum of two amaurotic eyes, taken from the same individual, in which the optic nerves are shrunk to about one-third of their natural size. Similar instances have been recorded by Dr. Monteith, the translator of Weller's book on the eye; he found the nerve shrunk, and gone into a state of atrophy. Mr. Langstaff has also some interesting specimens of enlargement in the front of the third ventricle, the parietes of which bulge so as to press upon the optic nerves, and thus to account for the amaurosis under which the patients laboured. Various other organic changes may exert a similar influence in diminishing or destroying vision. Amaurosis has been produced sympathetically from some irritating cause, whose mode of action has been quite obscure; for instance, by a carious tooth.

Beer has hinted at the deficiency of the pigmentum nigrum in old persons being the cause of that imperfect sight called *amblyopia senilis;* but it would be difficult to verify this opinion. In elderly persons it is by no means uncommon to see a considerable change in the colour of the pupil, which may not improbably be produced by alterations in the quantity or quality of the pigmentum nigrum. We find the pupil green or grey, and yet the sight is perfect. You will not confound this change either with amaurosis or cataract, because, although the grey discolouration is sometimes equal to that of cataract, it is deeper seated in the organ, and sight is unimpaired.

Diagnosis.—The subject of diagnosis is very important in amaurotic affections, and as they are liable to be confounded with *cataracts*, you should be familiar with every distinction which exists between them; these, however, I shall reserve until I speak of the symptoms of cataract. It is necessary to distinguish amaurosis from *glaucoma;* although in this particular, the diagnosis is not so important, since the treatment is nearly the same in both cases. The prognosis, however, will be different. The marked dilatation of the pupil, its green colour, and the motionless state of the iris, with the change of colour in that part, and the considerably impaired degree of vision in the early stages of the affection, will generally sufficiently distinguish glaucoma.

In some cases we cannot satisfactorily distinguish between internal inflammation of the eye and amaurosis: indeed there is no distinction, for amaurosis is an inflammation of the retina. It is a question, not involving the nature of the disease, but its precise seat and extent. The treatment of the two affections is exactly similar. Thus it is not of any great consequence to establish the distinction between them; but, by internal ophthalmia, we generally mean a case in which there is evident inflammation seated in the internal tunics generally, as well as in the retina; while, when the retina alone is affected, we class the disease under the head of amaurosis. We might call this case *retinitis*, but as we are not able actually to see the retina, it is rather a matter of inference than of direct evidence, and it is well not to affect in our language a greater degree of precision than is consistent with our knowledge.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXXIV.

Gentlemen,

HAVING in the preceding Lecture spoken of *Carditis*, or Inflammation of the Heart, I shall now speak

Of the Consequences of Carditis.

1. *Adhesion of the pericardium to the heart* is a common effect of inflammation here, as we know by examinations after death. Such an occurrence, however, cannot be known during life; nor, if it could, is it an object of practice.

2. *Hydrops pericardii* is another not unfrequent result of inflammation in this part. It has been attempted to distinguish this from *hydro-thorax*, or dropsy of the pleura, by stating that in dropsy of the pericardium the patient breathes most easily when inclining forwards; while, in hydro-thorax, respiration is easiest in the erect posture. These distinctions, however, are little to be relied upon; nor are they of any consequence, as the treatment is the same in both cases. Indeed, the two affections will be generally found in combination. In both, the great object is to inquire into the existence of inflammation, in order to its removal when present, before the attempt to promote absorption is made.

3. *Change of structure.* Disorganization is, of course, one of the consequences of inflammation in this as well as in other parts. The structure, it is evident, may be variously altered, according to the degree and duration of the disease, as well as the particular seat it occupies. Minute distinctions have been laid down by writers on the subject; but I believe it will be found that they have been rather inferred from reasoning *à priori*, than actually proved. Happily, such distinctions are of little importance in regard to practice, as the cases all require the same general management.

The heart is often preternaturally enlarged, so as to be felt strongly pulsating at a considerable distance from its usual situation. This may arise from a diseased state of the lungs, not admitting a free passage to the blood through the pulmonary artery. The resistance thus encountered by the heart incites it to greater action, and an increase of growth and distention are often the consequences of this. The same thing may occur from constriction at the origin of the arteries. The substance of the heart, in these cases, is variously changed. Sometimes the ventricles, one or both, is found after death to be preternaturally thickened: on other occasions, the reverse. In the latter case, it is supposed that the power of the heart will be diminished, and that *syncope* may result from this cause. Irregularity of action in the heart may be naturally expected to accompany either of these states: but our knowledge of the precise condition of the organ, in regard to structure, in general comes too late, as it can seldom be acquired till after death.

The violent and irregular action of the heart, occasionally taking place in all these cases, sometimes ends in an actual rupture of the substance of the organ, with immediate destruction to life. This occurred in George the Second; the right ventricle gave way; and although a small quantity only of blood escaped into the pericardium, he died suddenly. This is a result always possible, and therefore to be apprehended in long-protracted diseases of the heart, attended with violent as well as irregular action.

A deposition of earthy matter (improperly termed *ossification*) in the valves or vessels of the heart, and even in its substance, as well as in the great arteries arising from it, is far from being an uncommon occurrence in advanced life. Such a state, however, can never be clearly ascertained during life; nor does it admit of any remedy.

4. *Irregular action of the heart.* I have added this to the other consequences of *carditis*, because, in a great proportion of cases, it has no other origin. The heart, however, is so much under the influence of the brain, (or what in more general language is called the *nervous system*), that it may be, and often is disturbed in its action from this source, without any primary affection of the organ itself. Such cases require to be discriminated in practice, in order that our attention may be principally directed to the part or organ primarily affected. The distinction may be generally made with sufficient certainty, by inquiring into the attendant symptoms. When the irregular action of the heart is secondary only, and originates in the brain or nervous system, there will be commonly found head-ache, with more or less of disorder in the *sensorial functions*; while the signs of inflammation, or other topical disease in the chest, will be wanting. Cases may be so complicated, however, as to make the distinction impossible.

Among the irregularities of action to which the heart is liable, *palpitation* is one. This may be considered as a *convulsive* action of the organ, and is found to accompany a great number of its diseases. Palpitation is mostly, though not always, attended with an irregular pulse. It sometimes arises from mental emotion merely, without actual disease in the heart itself. This is apt to occur in irritable subjects, but particularly where the heart is preternaturally irritable. It likewise takes place in many pulmonary affections, and may arise either from the extension of inflammation to the heart, or from the resistance the heart meets with in its endeavour to carry the blood through the lungs, from the diseased condition of these organs.

The treatment of *palpitation* will depend upon the cause inducing it. When it can be traced to inflammation either in the lungs or the heart itself, the treatment is obvious, after what I have already said. You should be cautious in treating it as a *nervous affection*, by the use of *stimulants and antispasmodics*, as is often done; for if inflammation in any degree exists, such remedies will do harm. And even where this is not the case, their effect is very temporary, and ultimately prejudicial.

5. *Excessive irritability of the heart* is sufficiently common, and is marked by the frequency of its pulsations, and its tendency to be excited by trivial causes. When it is so excited, its action is apt to be disordered as well as frequent. Excessive irritability of the heart is constitutional in some, and is scarcely then an object of practice. Great attention should however be paid, in such cases, to avoid all causes of excitement.

The heart is often left in too irritable a state from preceding inflammation, especially of the acute kind. The inflammation may have wholly ceased, yet upon the slightest disturbing cause, whether mental or bodily, the disordered action of the heart is renewed, and that very painfully. This will often be the case for months afterwards. Time and quiet, both of body and mind, are the only effectual remedies. The heart thus will slowly and gradually return to its natural state of feeling and action. But in all these cases you should be very careful to ascertain, that no inflammation, even of the slightest kind, is still remaining; for if it is, the symptoms will infallibly increase, until the disease becomes really formidable. A clean and healthy appearance of the tongue is the circumstance most to be relied upon; for this shows an entire absence of all febrile action; and when this is the case, there will be little, if any, reason to suspect inflammation to be going on. The *digitalis*, and even *opium*, may be employed occasionally, to lessen the irritability of the heart. But any advantage derivable from them is in general more than compensated by the disorder of system they are apt to produce.

Of Angina Pectoris.

I mention this here, chiefly for the purpose of remarking to you that it is an affection that has been much misunderstood, and often improperly treated. The name itself is objectionable, as leading to the supposition that there is some analogy between this disease and the other affections to which the term *angina* has been applied. The expression *angina pectoris* is altogether modern; it was first used, I believe, by the late Dr. Heberden. Dr. Parry called it (rather more appropriately,) *syncope anginosa*. One might imagine from this, that it was a new disease; but it has certainly no claim to such distinction; nor, indeed, to be considered at all as an original or primary affection, as you will perceive when a description of it has been given.

This affection is characterised by sudden paroxysms of acute pain, shooting across the upper and middle part of the sternum, through the left breast, and down the left arm, sometimes as low as the wrist. The pulse is feeble, faltering, and occasionally imperceptible. There is a sense of constriction or suffocation in the chest, and a dread of impending dissolution. If the patient is walking, he is obliged to stand still; upon which often all the symptoms immediately vanish. At first, the paroxysms are brought on by walking quick, especially up an ascent. As the disease advances, however, they recur from slighter causes, such as mental emotion; and at length they come on without any obvious cause, and even when the patient is lying down. Ultimately, the patient, in many instances, dies in one of the paroxysms.

The symptoms now described, sometimes exist alone; but in many cases they are preceded and accompanied by cough and difficult respiration, arguing disease of the lungs.

The appearances found after death have been various. In some cases, the heart has been found full of blood; in others, quite empty. Sometimes the heart has been much enlarged; while at others, it has been found unusually small; as was the case in Mr. Hunter, who is said to have died of this disease. In some instances, but not in all, the coronary arteries have been found ossified.

Theory.—The explanation that has been given of the symptoms called *angina pectoris* is very contradictory, and therefore unsatisfactory. One opinion was, that the symptoms were owing to the suspension of the action of the heart; which is in fact considering it as a case of *syncope*, (whence the term *syncope anginosa*;) but the severe pain felt in the paroxysm, as well as the perfect consciousness of the patient, negative this opinion. Another is, that it is owing to ossification of the coronary arteries of the heart. But, besides that such a condition of the coronary arteries affords no satisfactory explanation of the symptoms, I may observe that this state of the coronary vessels has not always been found in this disease; while, on the other hand, these arteries are often ossified, without any such symptoms taking place. The ossification of arteries, as well as the enlargement of the heart, or other change of structure, are only to be considered as proofs of the existence of disease in the organ, but not as the immediate cause of the symptoms. Lastly, the disease has been considered to be *nervous* merely, but it is difficult to say what is intended by the use of such a term. Certainly the disease takes place in general in habits not usually considered *nervous*.

The immediate or *proximate* cause of the symptoms, appears to be a *spasmodic* contraction of the heart, which, for a time, and while it lasts, has the effect of suspending the circulation, and which, if it continued, must quickly end in the destruction of life, as indeed it sometimes does. This accounts readily for the cessation of the pulse, the pain felt in the region of the heart, and all the other symptoms. Such a spasmodic state of the heart, admitting it to exist, would not be discovered after death, for obvious reasons.

There is reason to believe that, in general, this disposition to spasm in the heart, is the result of antecedent inflammation; the common effect of which is, to increase irritability in parts, and thus to dispose them to violent and preternatural contraction. Accordingly, in all the cases of this disease that have come under my notice, I have been able to trace back the symptoms to inflammation. The patients have been subject to frequent attacks of this in the chest, which may be naturally expected to have laid the foundation for such increased irritability of the heart. Further than this, I have found marks of existing inflammation at the time; such as furred tongue, and other febrile symptoms.

The treatment proposed for *angina pectoris* or *syncope anginosa*, has been as various as the supposed proximate cause of the disease. It has been treated by *stimulants*, like ordinary syncope. Also, by *nervous*, and *antispasmodic* remedies, as *æther*, *opium*, and the like. But nothing more than temporary advantage has been gained by such means.

According to my own experience, the most useful practice is that which is founded upon the idea of the disease above given: namely, that it consists in spasm of the heart, the spasm originating in inflammation. So that the object of treatment is two-fold: first, the relief of the paroxysm; second, the prevention of it in future, by the removal of the cause, (inflammation) if it still exists, and diminishing the irritability occasioned by it, upon which the recurrence principally depends.

Now the means of accomplishing these different purposes are not only not the same in their nature, but different and even opposite. The paroxysm is best relieved by *opiates* and *antispasmodics*, which act by taking off the spasm of the heart. These remedies, however, have no tendency to prevent the recurrence; while they are calculated rather to aggravate the inflammation where this exists, as it often appears to do. This state calls for very different treatment.

The most useful practice in these cases, as far as my experience goes, consists in endeavouring to take off any degree of inflammation present, and in preventing as far as possible its return. This is best done by very small bleedings, from time to time, not exceeding four or five ounces at once; by a cautious use of the *digitalis*, combined with *simple bitters;* and by absolute rest in the horizontal posture, (unless this should be found less easy to the patient than sitting up.) A plain, ordinary diet may be allowed; but all *stimulants*, either as food, drink, or medicine, should be cautiously abstained from. In this way, the paroxysms may be mostly prevented; there will be no occasion, therefore, for mere palliative means, which are generally in themselves objectionable.

By a cautious procedure of this kind, continued for a considerable length of time, I have seen the best effects produced, life to all appearance prolonged, and, in some cases, the disease altogether cured. This, however, must depend upon the soundness, or the contrary, of the organs concerned, a point which cannot be ascertained with certainty; and therefore the *prognosis* in any case is doubtful.

Is the heart liable to *spasm* simply? This we may reasonably suppose, from analogy, to be the case. But it cannot be proved by dissection. The primary symptoms to which it might be expected to give rise, would be pain in the region of the heart, and a failure of the pulse. This state, if it continued for even a very few minutes, must necessarily prove fatal, by interrupting the circulation of the blood. It is not improbable, that sudden death is sometimes owing to this cause; and that *angina pectoris* more especially proves fatal in this way, as I have just stated. The most immediate relief of *spasm of the heart* (if such a state could be ascertained), might be expected from the use of *æther*, *ammonia*, or *opium*, singly or combined.

It is equally probable that the heart, like other muscles, is subject to *paralysis*. But we know little or nothing of this.

Of *Syncope*.—The heart may cease to act for a time, either absolutely or nearly so; when, of course, the general circulation, and, with this, most of the other functions, will be suspended, particularly those of the brain. The signs are obvious, and easily understood: failure of pulse, paleness, and coldness of the body, a death-like countenance, and total insensibility.

The *causes* of *syncope* are various, and must be distinguished from one another in practice; because the affection requires different treatment according to the nature of the cause inducing it.

1. *Mental emotion* of different kinds, will occasion syncope; as fear, terror, joy, and even disgust. 2. *Violent pain*, as during surgical operations, though terror may here come in for a share. 3. *Large evacuations* of any kind, (whether of blood, water, purulent matter, or fæces,) taking place suddenly, especially when the subject is much debilitated previously. 4. Getting suddenly into the erect posture, after the body has been long recumbent. (I have known patients, when recovering from protracted fever, die suddenly from this cause.) 5. Abstraction of the usual stimulus of food and drink. 6. Lastly, *syncope* occasionally takes place in some of the organic diseases of the heart; or it may follow a violent palpitation or convulsive action of the organ.

Treatment.—The immediate danger of *syncope* is best obviated by placing the patient in the horizontal posture, as most favourable to the passage of blood towards the head; for in this posture the slightest degree of action in the heart will afford the necessary supply of blood to the brain, to enable it to resume its functions, the suspension of which appears to be the immediate cause of the symptoms. *Stimulating* and *irritating* applications of all kinds, tending to excite the action of the heart or brain, may then be resorted to. Sudden constriction of the small vessels by cold, by which the blood is thrown back on the heart, will cause it to resume its action. The same remedy, by producing powerful sensation, will also serve to excite the brain.

When *syncope* is the result of hæmorrhage, it is better not to stimulate the patient too soon; in order that time may be given for the extreme vessels to contract themselves, which they will gradually do; and also that the blood may coagulate in their ruptured extremities. I much question the propriety of administering large quantities of brandy and other stimulants, in cases of uterine hæmorrhage, as the present practice is. If the quantity of circulating fluid is greatly and suddenly diminished, it is of importance that the remaining blood should occupy the large vessels; by which the action of the brain and heart, as vital organs, will be supported. The circulation in the extreme parts may be dispensed with for a time. Now the small vessels are best made to contract by the application of cold to the surface; and if the application is sudden and intense, as by dashing very cold water on the body, not only will the effect be greater upon the bloodvessels themselves, but the powerful sensation produced will act as a stimulus to the brain. In order to facilitate the supply of blood to this organ, it might even be useful to make the head in a slight degree the most dependent part.

Malformation of the Heart.—Preternatural communications sometimes exist between the two sides of the heart; owing to which, the blood does not receive the full benefit of respiration, but retains its *venous* character, in greater or less degree. This is attended with a livid colour of the surface every where, deficiency of animal heat, and an imperfect performance of all the functions.

A nearly similar train of symptoms may arise from disease in the lungs themselves. The former case may commonly be distinguished from the latter, by its being congenital, and by manifest disorder and irregularity in the action of the heart. In the latter case, the existence of pulmonary disease is in general sufficiently obvious. I need not observe, that original malformations are beyond the reach of art.

Aneurism.—The large arteries near to the heart are liable to become diseased, and to undergo a change of structure, which disposes them to yield to distention, and thus *aneurism* is produced. This state is not simply *dilatation*, but actual change of structure, produced by slow acting inflammation of the arterial coats. The signs are, a continued strong and painful pulsation near to the heart, and which sometimes can be felt above the sternum or clavicle, according as the disease is seated more or less remote from the heart. On some occasions, a pulsating tumour is perceived between the ribs, the substance of which is at times removed by absorption. These cases are not always distinguishable from disease of the heart itself. The distinction, however, is of little moment, as the treatment is the same.

These cases, sooner or later, mostly prove fatal, and that suddenly, by a rupture of the vessel and effusion of blood. They may nevertheless be protracted for years. In a few rare instances, the symptoms, contrary to all expectation, have slowly and gradually subsided, leaving the patient in health. What takes place in such cases, whether the nature of the disease had been mistaken, no such disease of structure as was supposed having existed; or whether a kind of natural cure was effected by obliteration of the diseased artery and the substitution of new channels, by the enlargement of lateral branches, as we know to happen in diseased arteries in other parts of the body, has not been sufficiently ascertained.

The object to be pursued in the treatment of all these cases, is very simple. It is that of restraining and keeping down the force of circulation, within moderate limits; guarding cautiously against all excitement of the heart and vascular system. With this view, a simple and abstemious diet, occasional bloodletting, and quiet of body and mind, are the essential means to be employed. Little aid is to be expected from medicine on these occasions. The *digitalis* may be used from time to time with some advantage.

A strong pulsation is sometimes felt in the epigastric region, which is liable to be taken for aneurism, where no such disease exists. I have been repeatedly deceived in this way, and I mention it to prevent your falling into a similar error. When any disease of an inflammatory character is going on in this region, the arteries in the neighbourhood pulsate with unusual violence; and thus the idea of aneurism is suggested. This is more likely to be the case in emaciated subjects. But a careful examination will in general serve to prove that no aneurism really exists. A tumour of any kind, lying over the artery at that part, will give nearly the same impression to the finger, as where the artery itself is diseased. Real aneurism, however, does occasionally occur in this situation, and prove suddenly fatal, as elsewhere. In all doubtful cases, therefore, your prognosis should be very guarded.

I shall next have to treat of the diseases of the *respiratory organs.*

FOREIGN DEPARTMENT.

PHYSIOLOGY.

Dr. Edwards' Physiological Inquiries.—Connexion between the Animal and Vegetable Kingdoms.

In the month of May last, our countryman, Dr. Edwards, read a paper before the Academy of Medicine of Paris on the connexion which exists between the vegetable and animal kingdoms. Dr. Edwards' investigations are no less valuable for the care with which they are conducted, than for the novelty of the views which they disclose. This distinguished physiologist was led to depart from the old and beaten tracks of studying the laws of life and of organization by the unsatisfactory result of past inquiries; for he conceived that no advancement, in this part of our knowledge, was likely to take place till we commenced our investigations with those beings in which life is at its minimum. The misfortune has been, that physiologists have invariably commenced their inquiries on this subject with man, in whom the organization is the most complex, whilst they have overlooked those animals in which it is most simple.

Dr. Edwards began his inquiries by some experiments on a species of microscopic plant, known under the name of conjuguées, and which is comprised with several others in that of the confervæ. To the naked eye they appear merely formed of very fine green filaments, united in floating masses on the surface of the water. Without the aid of a good microscope the organization of these filaments are not to be discovered; they are a kind of transparent tubes, internally separated by partitions, which contain within each other particles of green matter, arranged in different figures according to the species. After noticing the labours of his predecessors, with the greatest impartiality and justice, he states the point from which he has set out.—"What astonished me," says Dr. E., "in pursuing my researches, was to see these small cells move, and sometimes even grains, or particles of green matter, come out in their turn, and move of their own accord." Dr. E. then examined these grains, which he discovered to be vesicules, that appeared to be the elementary principle of their singular organization. Priestley had examined before him this green matter, which detaches itself from animal or vegetable substances; and Dr. E., recollecting the researches of the English philosopher (Priestley), suspected the identity between these living particles of a vegetable, which he had under his inspection, and the globules escaped from an animal substance. Ingenhousz and Sennebier had already discovered, in this green matter of Priestley, the one animalculæ and the other a conferva, which had been described by Haller.

"I commenced," says Dr. E., "with new observations. I put in one vessel, filled with water, a small quantity of veal, which, according to Priestley, produces most readily the green matter; and, in another vessel, a small portion of cabbage leaf, from which, according to this observer, green matter may be equally obtained. I exposed the two vessels to the sun; at the end of a few days, no change of colour having taken place in the vessel containing the piece of veal, I put a few drops of water on the surface. I then distinguished in it vesicular globules, some unmoveable, others moving in every direction. Afterwards, seeing that the water and the parietes of the vessel commenced to turn green, I examined again a few drops of the water always on the surface. I recognized in them a great number of animalculæ, similar for the most part to those which I had seen before, differing from them only in colour, as they had become green. It appeared to me evident, that they had undergone a similar alteration to that which the white part of a plant experiences on exposure to light. A great number of these animalculæ had the character of the *monas pulviusculus* of Muller. They were frequently seen approximating, and when they came in contact their progress was stopped, or its speed sensibly diminished. They at first appeared to make efforts for the purpose of separating; sometimes they joined, and often remained so, continuing then the *monas uva* of Muller. In a few of these groups the movements were entirely suspended or destroyed. The same phenomenon was observed at the parietes of the vessel; for when the animalculæ touched the vessel, contact, to a greater or less degree, diminished or stopped the motion. In allowing the liquid to evaporate slowly, the same aggregation of globular animalculæ will be produced at will. "In proportion as the water diminished, the movements became slower, and were confined to mere oscillations; at the same time a great number came together; when the motion in all ceased, it was only necessary to add a drop of water, and the movements gradually returned; but if the addition of the water were delayed too long it never appeared again. Thus the same beings, or entities, had alternately life with spontaneous motion and vegetative life, and they could be made at will to pass from one kingdom to the other.

Such, then, is the green matter coming from an animal substance; but the point was to compare this matter with that afforded by vegetable decomposition.

Dr. Edwards examined with the same care the water contained in the second vessel, and recognized it in the same monades. But among these isolated or agglomerated monades, i. e. animals or plants, he saw fusiform cells, which might be compared to the kind of cells which have been described in vegetables; they enclosed each two grains or globules of green matter. In the first place, Dr. Edwards did not distinguish in them any movement, but afterwards he perceived one oscillating, then moving in progression among them. "In this state," says Dr. Edwards, "it is the *vibrio punctatus*, and Muller himself, struck with the resemblance of this animalcule with the conferva, had suspected that its vibrion might be a small species. Indeed the same cells examined on other occasions, and with other decayed plants, were found absolutely deprived of motion, and presented the appearance of a young conferva * of the most simple. We see every thing which this approximation of facts has in it singular, and what light may throw on the mind of the observer What! these animalculæ grains of green vegetable matter? The living cells vegetable cells, and these belonging to the confervæ! But in this case the proper vessels, which are to the fusiform cell what the latter is to the monas, ought themselves to furnish larger confervæ." Dr. E. verified this fact; he did not decompose any more of the plant by maceration alone; he took bundles of leaves, placed them under the microscope, struck them, tore them with the point of a pin, and had the pleasure of perceiving a multitude of confervæ of the same kind as those which he had seen scattered in the water, and identical with those which might be gathered in the marshes; but he succeeded at last to discover them living (to use the expression) in the plant itself, in the midst of the air tubes, the spires of which were sufficiently unfolded to allow them to be perceived. These experiments were made in every possible manner, and it was perfectly demonstrated, that the proper vessels, in detaching themselves from each other on a slight maceration, by imbibing water, and experiencing the influence of the sun, acquired an independent life, and became confervæ.

Thus all the principal parts of the leaf undergoing decomposition under suitable circumstances, may acquire an independent life.

1. The smallest vesicules, which are the grains of the green matter, and which are the parenchyma of the leaf, are contained in cells, and are susceptible when they escape from the small decomposed cells of acquiring an independent life, either animal, if they remain isolated, or vegetable, if several agglomerate together.

2. In the same way the cell, containing grains of green matter, without being decomposed, can, when it is detached, pass over to these two states.

3. Lastly, the proper vessels are equally susceptible of independent life, and constitute a kind of conferva.

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* The confervæ are a species of the cryptogamia.

Observations and Experiments on Cutaneous Absorption. Memoir read at the Royal Academy of Medicine. By M. C. P. Collard.*

The absorbing power of the skin is no longer a subject of controversy, and the only point which remains to be decided, is to know what are the substances which cannot be taken into the absorbent system through this medium. Several physiologists, among whom are Currie, Klapp, Chapman, Seguin, and Magendie, resting on the supposed impermeability of the epidermis, are of opinion that merely irritating substances, or those capable of altering the cuticle, are absorbed. They are unwilling to believe that water, milk, broth, aqueous infusions of weak medicines, can be introduced into the course of the circulation through the external surface. This objection has been principally supported by M. Seguin, and is mentioned in Magendie's physiology, as well as under the article *Peau* (*skin*), in the large *Dictionnaire des Sciences Medicales.* This physiologist made fourteen venereal patients take foot-baths, which held corrosive sublimate in solution. Eleven experienced no effect from this treatment; three only were benefited, and in these persons were some slight excoriations on the legs, which appeared to M. Seguin to be the way in which the mercury entered the absorbent vessels. Every one will easily perceive how unsatisfactory and incomplete this experiment is, and how little it proves either for or against cutaneous absorption.

Does the epidermis allow aqueous fluids to penetrate it? Such is in the greatest state of its simplicity the theoretical question of cutaneous absorption. Considering this tissu as an inorganic body, physiologists have pretended to determine its force and mode of inhalation, according to its chemical properties; and seeing it insoluble in water, they have concluded that it is also impermeable to this menstruum, but reason and experience prove that the epidermis is not opposed to the absorption of aqueous fluids, and direct experiment also confirms the fact.

Experiment 1.—Wishing first to assure myself if the engorgement of the ganglions of the groin, as advanced by Mascagni, was not the result of an anormal or individual disposition, I plunged my hands up as far as the wrists, into water at 18° Reaumur. At the end of two hours and a half, I observed a remarkable swelling in the veins of the fore-arm and of the hand, as well as the glands of the axilla: I withdrew the hands from the water, and in rubbing them one against the other, I soon found a portion of the epidermis raise itself under the form of a white dust. I observed none of the symptoms mentioned by Mascagni. What conclusion ought to be drawn from the above experiment? Was the enlargement of the fore-arms, of the hand, and of the axillary glands, produced by the absorption of water?

Experiment 2.—By means of a very accurate balance, and one sufficiently nice to be acted on by a quarter of a grain, I weighed a handkerchief, the weight of which I instantly marked. After removing it, I placed on each of the plates of the scales an earthenware vessel about five inches eleven lines in diameter; I then balanced the two, and poured into them equal quantities of warm and cold water. I took care to establish between this temperature and comparative weight, a strict equality, and then removed one of the vessels, which I replaced by the same weight of stones. By this means I knew the quantity of water with which I had to experiment.

The weight of the handkerchief and of the water being determined, and a perfect equilibrium obtained between the two vessels, I plunged both hands as far as the wrist into one of the vessels, leaving the other untouched. After keeping my hands in the bath half an hour, I removed them, and *instantly* wiped them in the handkerchief mentioned above, at the same time I weighed it and carefully noticed its weight. Then replacing the vessels in the scales exactly in the same circumstances as they were in prior to the experiment, I found that in which I had soaked my hands very much lighter than the other. I restored to it its primitive comparative weight by adding several marks, the amount of which represented that of the water which had disappeared.

Weight of the handkerchief before the experiment, 2 oz. 14 grs.
Ditto - - after experiment, 2 oz. 40 grs.
Increase .... 20 grs.

Weight of each vessel full of water before the exper., 12 oz. 4 dr. 24 gr.
Ditto - - after exper., 12 oz. 2 dr. 65 ½
Total diminution.. 104½ grs.

Water taken up by the handkerchief, 26 grs.
Definitive loss.... 78½ grs.

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* Archives Generales, May, 1826.

It is evident in the above experiment that there was a deficit of 78½ grains, and which could not be explained on any other ground than that of its being absorbed. Will it be said that this had evaporated during the experiment? But this evaporation should have taken place equally in the two vessels, since they both were at the same temperature and of the same diameter. Will it be objected that the heat of the hands could have removed the temperature of the water in which they were placed? This and similar experiments I repeated several times with the same results, from which I conclude—1. That water is absorbed by the skin. 2. That the epidermis offers but a feeble resistance to absorption.

From other experiments, M. Collard found that milk and animal broth become also absorbed, but the latter with the greatest facility. A fact communicated to the editor of the *Archives* by Dr. Bonfies of Nance, as bearing on the subject, deserves to be noticed. This physician having placed on the skin of the abdomen of a venereal patient, who was kept in a state of supination, several drops of a saturated solution of corrosive sublimate, covered them with some water glasses, and these he fastened by a tight bandage. After a short time the water had entirely disappeared, the glass and the skin were dry, and the cuticle, on being accurately examined by a strong glass, presented no trace of the mercurial salts—a proof that it had also been absorbed, and that the water had not evaporated; for if this had been the case a portion of the corrosive sublimate would have been found on the skin.

SURGERY.

On the Evacuation of the Contents of the anterior Chamber. By Dr. Basedow of Merseburg. (*Gräfe's and Walther's Journal, fur die Chirurgie.* Vol. 8.—No. 4.)

It has appeared to me very remarkable, how seldom this operation, the emptying of the anterior chamber, as recommended by Mr. Wardrop, is resorted to as an *ultimum remedium*, when the termination of inflammation of the eye in the production of matter threatens the patient with the loss of this organ. All the remedies which lessen the general action and stimulate the absorbents often prove ineffectual in removing the matter, and in my own practice, where the most opposite plans of treatment had been employed without advantage, I have performed the incisio corneæ with complete success. The following cases will illustrate the benefit of this practice; but before proceeding to detail them, I cannot refrain from expressing my most earnest wish that, both in public and private practice, more attention may be paid to this important subject, and more facts be collected which may enable the profession at large to decide on its merits.

Case I.—A girl of this town, three years of age, was attacked with a scrofulous rheumatic ophthalmia. Notwithstanding that the most energetic measures had been adopted by her medical attendant, the disease proceeded with such violence, that on the ninth day, when I saw the child, I found the cornea distended and ulcerated in several places, and possessing such little transparency that it was with some difficulty the reddish brown iris, and some matter deposited in the anterior chamber, could be seen. *Continued* evacuations, with calomel and jalap, and the strictest diet, which were ordered in order to lessen the irritation and produce absorption, as well as the tinctura opii externally, and a blister to her head, proved insufficient to arrest the disease, so that I determined on making an incision of the cornea. I opened the cornea to a third of the extent which is employed in extraction, and immediately there escaped matter, together with some aqueous humour. The pain of the eye was immediately relieved; for two days there was a discharge of the watery humour over the cheek, and on the third day the cornea was quite clear at its upper half, the surface of the ulcers regular, the iris of a dark brown colour, the anterior chamber free from matter, and nearly filled with aqueous humour. On the sixth day after the operation the cure was completed and the sight restored; there only remained three small opacities, which disappeared in a short time, from the local application of some stimulating remedies.

Case II.—A servant maid, in Kreupau, struck her eye with an ear of barley, which gave rise to an inflammation of the part. The complaint assumed the rheumatic character, and in two days from the accident the conjunctiva and sclerotic were affected. Bleeding, cold applications, and purgatives afforded no relief; there formed on the iris small points of matter; the pupil became contracted, the cornea projected, cloudy, and ulcerated, and the anterior chamber was a third full with pus. I saw the patient in this state at her own lodgings, and immediately *punctured* the cornea with a common lancet. The aqueous humour escaped with the matter, and the peculiar aching pain in the eye disappeared, but soon after the patient complained of a shooting pain in the eye-brow. Two days from this I saw the patient again, and was told that after the operation vomiting had come on. On opening the eye-lid I found no amelioration; there was more matter than before in the anterior chamber, and the wound had healed. I immediately saw that instead of *puncturing* I ought to have made the *incisio* corneæ. I immediately took a cataract knife and made an incision two thirds of the size used for extraction, to the lower part of the cornea, and as close as possible to the sclerotic. Two days afterwards the patient remarked, every now and then, an escape of water from the eye, which was followed each time by an alleviation of the sense of pressure in this organ; the wound soon healed, and ten days afterwards I again saw the patient; the eye had recovered its natural size; there was an opacity from the ulcers as well as from the wound, which last made it difficult for the person to see objects situated much below her. Besides this there was a drawing of the pupil backwards from synechia posterioris; but in the horizontal direction and upwards the sight was not impaired in the least.

Case III.—A man, fifty years old, was attacked with acute ophthalmia, for which he applied to me for assistance. I found the anterior surface of the cornea very convex, but smooth and not ulcerated; it presented, however, a completely yellow appearance, which was given to it from matter within the eye. I requested that a medical gentleman of the place might be called in consultation, and after stating the doubtful nature of the result, we determined on making the incisio corneæ. I performed the operation, when a considerable quantity of matter and aqueous humour escaped. The iris could now be perceived; it was of a greenish colour, and covered with points of matter. On the following morning the anterior chamber was again filled, and the wound had closed; the pain of the eye was removed, but it was still very sensible to the light. The pain returned in three days, and the quantity of matter had increased, so that I determined on repeating the operation. In two days' time I had the satisfaction of finding the eye completely recovered.

I will add a fourth case where this operation was practised with advantage, in true traumatic ophthalmia. A labourer, æt. 54, was operated on for cataract, on the 15th of August 1821; the operation was that of reclination. In the evening violent pain and a sense of heat came on in the operated eye. Cold fomentations and bloodletting eased these symptoms, but on the 16th the conjunctiva was swollen and of a dark red, the upper lid attacked with an erysipelatous inflammation, and the cornea hazy; the cornea was distended from the anterior chamber, containing an unusually large quantity of aqueous humour, and there was a sense of tightness, with pain in the eye, all indicating the speedy formation of matter. The paracentesis corneæ was immediately performed, and on the 17th, every one of the symptoms disappeared, and the eye was restored to its natural state as far as the inflammation of the tunics, or any other part was concerned.

On the frequent occurrence of the Loss of the Nose in Russia. By Dr. Edward Grafe.* (Ibid.)

It will be soon perceived, by a mere glance at both modern and old authors on the state of disease in Russia, that in no country does the loss of the nose more frequently occur. E. S. V. Bessarabsky, in his recent work on Podolia, speaks on this subject in the following words:

"Although syphilis has diminished for some time past in the Ukrane, and one might seek in vain for instances similar to those mentioned by La Fontaine;† yet still the ravages which it even at present makes are sufficient to attract attention. An animal desire for coition which exists among the Polish Jews, and which is said to depend on their food, this consisting chiefly of strong roots, is assigned as the cause, why this disease is found in this people in its most aggravated forms. Syphilis among them is malignant and destructive; the venereal sores extend themselves over all the parts of generation, and sometimes the whole of the body. From all the modifications of this disease, says Stork,‡ none is more frequently observed then the sores on the nose, and there is perhaps no land in Europe where there are more men seen without noses, than Poland. Partly the syphilitic disease, and partly the very cold frost, are the reasons. Now also in Siberia, the loss of the nose is common. Y. G. Gmelin, in his travels through Siberia, says, that in no part of the world had he met with so many persons without noses as in Tobolski. The cold he considered could not be the cause, as it was not colder there than in Petersburg, where such effects of the disease are observed, but much less frequently. Up to the present time no attempts have been made for supplying the loss of the old nose by the formation of a new one."

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* The title is, "*Nachrichten über Podolien Bassarabien und die Bukovina. Ein Beitrag zur näheren Kenntniss des süd ostlichen Europa's. Von E, S. V. Bessarabskey.*

† Among 100 recruits he found 80 syphilitic.

‡ Stork's historisch-statistisches Gemnälde des russischen. Reichs. 1. Th. S. 500.

THERAPEUTICS.

Camphor in Rheumatism.

In the May number of the *Revue Medicale*, there is an account by M. Dupasquies on cases of acute rheumatism cured by camphor fumigations. The best manner of administering the fumigations, says M. D., is to expose the patients to the action of the camphor vapour, in a kind of encasement. The portative fumigating boxes, devised by M. Dr. Rapon, are peculiarly fitted for this purpose. If the patients are not sufficiently rich to be able to procure the fumigating apparatus, the best substitute is to place them on a chair, put on a small furnace, and the top of the furnace is covered by a metallic plate. The patients must then be covered with great quantity of linen, which ought to be pulled tight about the neck, and descend to the ground. A teaspoonful of powdered camphor is then to be thrown on the metallic plate every five minutes; it becomes immediately volatile, and the parts with which the vapour comes in contact never fail to be covered with perspiration. This operation is to be continued from three quarters of a hour to an hour, just as the patients bear with a greater or less ease the temperature of the vapour, which may be carried to forty-five degrees centigrade, and even above that. After the operation is terminated the patients are wrapped up in the same clothes which served to contain the vapour, after which they are placed in bed and allowed to perspire. Half an ounce of camphor is generally sufficient for a fumigation, but the dose may be carried still further. If the pain is confined to any particular part, the fumigation may then be applied to the part affected.

Bite of a Viper, treated by the application of Cupping-Glasses.

A man. 46 years of age, subject to attacks of epilepsy, followed by mental alienation, was bitten by a viper on two parts on the back of the left hand. Two hours afterwards there was pain, with œdema of the limb, the volume of which had become double its usual size; shivering, action of the heart feeble, want of pulsation in the radial and carotid arteries, syncope, nausea, vomitings, involuntary excretion of fæces, enormous tumefaction of the face.

A cupping-glass applied on the wounds evacuated the serosity, with which a young cat was inoculated, without producing any evil consequences.

No blood came from the lips of the incision which were under the vacuum. *The internal symptoms ceased.* The limb was attacked on the following day with phlegmonous erysipelas, which disappeared on applying cataplasmata and 40 leeches. A lotion of sugar and water was the only internal remedy employed.

M. Piorry believes that this fact proves more than any other the efficacy of cupping-glasses in cases of poisoned wounds. This, says he, is perhaps the first time that this remedy has been employed in the human species to the exclusion of every other.

The remaining part of the work of Mons. Piorry embraces the following questions:—

1. What is the modus operandi of the poison of the viper?

The author establishes, from conclusions and facts, that the blood is primitively, and that the organs and the brain are secondarily, changed. The first effect of the poison is asthenic, but ultimately inflammation may supervene.

2. Can the wound of a single viper be mortal to man?

Fontana has resolved this question negatively. The object of his experiments was, to determine the quantity of poison necessary to kill an animal of a known size. From his calculations, men could not die in consequence of the bite of a viper.

3. What is the mode of action of the cupping-glass?

The author believes that the inflammatory action it produces, by retarding absorption, has more effect than the extraction of the poison. Nevertheless he does not deny that part of the poison may be extracted, but he believes with the Committee appointed to examine the experiments of Dr. Barry, our countryman, that the fluid absorbed in the vessels does not return to the wound.

4. Does the action of the cupping glass prove any thing in favour of Dr. Barry's hypothesis on the course of the venous blood?

The author is of a different opinion. For, says he, the force which causes the blood to circulate in the veins comes from the capillaries, and not from the heart. By compressing a vein of the arm, you will be convinced of the fact; and besides, in bleeding we never see the air to enter in the upper part of the vein, or if this misfortune has taken place, it is very rare. The venous circulation also goes on in the fœtus, which does not breathe.

OXFORD CIRCUIT.

Stafford, Monday, July 17th.

THE APOTHECARIES' COMPANY v. FERNYHOUGH.

This was an action brought by the Worshipful Company against Mr. Fernyhough, to recover penalties under the Act of 55th George III, for the better regulation of the practice of Apothecaries throughout England and Wales, he having practised since the 1st of August, 1815, without the regular certificate.

Mr. Taunton pleaded the cause of the Worshipful Company, and having called several witnesses, who proved that Mr. Fernyhough had professionally attended them, the learned Counsel, to show that Mr. Fernyhough had not successfully studied the English language, and had not been qualified for his profession by a liberal education, read the following answer, which he sent to Apothecaries' Hall, when application was made to him for his qualification:

"To Edmund Bacot, Esq.
Apothecaries' Hall, London.

SIR,—I received yours on the 16th inst., and was much surprised, on perusing the contents. The person who AS given the information to the Master and Wardens of the Society of Apothecaries, respecting my not being duly qualified to practise as an Apothecary, is incorrect. If I had been called upon by that person, whoever IT may be, I could soon have satisfied him that I had a legal right to act as an Apothecary, and he would have appeared more like a gentleman; but as the matter AS proceeded so far, I beg to inform you that I was in practise as an Apothecary prior to the Act of Parliament passed for the better regulation of Apothecaries in England and Wales. I entered into partnership with a respectable medical gentleman the 1st day of June, 1815, consequently the stamped articles of agreement of copartnership, which instrument is in my possession, will clearly prove that I am legally authorised to practise as an apothecary; therefore your informant is in error in supposing that I was not duly qualified; but I understand there is a gentleman in the neighbourhood carrying on the medical practice, who is liable to the penalties imposed by the said Act.—I am, Sir, your obedient Servant,

J. FERNYHOUGH.

Yoxhall, near Litchfield,
Dec. 19, 1825."

A copy of the defendant's baptismal register was then put in, to shew that in February 1818, he was only 18 years of age, according to that record.

Mr. James Heap, druggist, of Wolverhampton, proved that the defendant had been with him from the year 1810 to the year 1814.

Cross examined: He had free acess to his library, was very attentive, and made up the usual prescriptions correctly; if he did not entirely understand the Latin language, he had a dictionary always for reference, and knew it technically, as well as the figures used to describe weight and measure; he was very diligent while with him.

Mr. Wm. Gaunt proved, that he had attended the defendant during an illness, when he was 18 years of age. He told him he had been an apprentice to Mr. Heap, of Wolverhampton, but had left him because his father could not raise the fee of 100l. after he had been there six months. He had never been witness's assistant, though he resided for a short time in his house as a patient. Mr. Fernyhough's habits were those of a farmer's son; he was not studious, and he never saw him look into a book for eight months. He was in his house from the end of the year 1814 to the beginning of 1815.

Cross examined: He had never agreed to give Fernyhough money for assistance, nor had he ever attended any of his patients. The names of several persons were mentioned to the witness, but he denied that Mr. Fernyhough had ever professionally attended any of them on his account, or made up prescriptions for him. He never said to one Knot that Fernyhough was learning the profession from him, and would make a clever fellow. He remained four months after his restoration to health in witness's house, and had paid nothing in return. He never heard of any action having been instituted against him by Mr. Fernyhough, for non-payment of wages for professional assistance. He was positive none had ever been brought. He had repeatedly begged of defendant to leave his house, to make room for an apprentice, who had 200l. to give as a premium.

Two witnesses discredited (according to their opinion) the testimony of Mr. Gaunt.

Edward Forris produced a bill, dated from 1814 to 1819, for medical attendance given by Mr. Sutton, in which there was no partnership of Fernyhough alluded to.

Cross examined: Witness knew that the defendant did a great deal of Mr. Sutton's business, and always gave the best satisfaction to the country. He would have him in preference to any other doctor on any future occasion.

Mr. Jervis addressed the Jury at great length for the defendant, and called the following witnesses.

Mrs. Mary Fernyhough, the mother of the defendant, who was now 33 years of age, said he was born on Plough Monday, 1794, but not christened till the year 1797. She described the progress of his education from the village to the boarding-school of Doveridge and elsewhere; afterwards tracing him to Mr. Heap's, Mr. Gaunt's, and Mr. Sutton's, to the last of whom she had furnished 100l. for her son to be admitted into partnership with him.

Henry Fernyhough, a cousin of defendant's, corroborated the mother's evidence; and upon the articles of partnership with Mr. Sutton being produced, said, that the hand-writing of the witness to the deed was that of his late brother, who died on the 17th of March, 1816.

Wm. Cooper proved that he saw the defendant repeatedly assisting Mr. Gaunt in surgical operations in Mr. Gaunt's surgery, as well as making up medicines for him. He also saw the articles of partnership executed at Mr. Sutton's, in May, 1815, and the payment of the 100*l*. by Mr. Fernyhough. Sutton was very much addicted to liquor, and known by the people around to be so, and after the partnership the whole of the active conduct of the business devolved upon the defendant.

In his cross-examination, he could not specify the particular money of which the 100*l*. consisted.

Mr. Heap, of Wolverhampton, being recalled, proved that the defendant had paid him 100*l*. upon his signing his indentures, which were afterwards cancelled, in consequence of disagreements between the parties.

The indentures with Mr. Heap, and articles of partnership with the late Mr. Sutton, were then read in evidence.

Mr. Thomas Rushton, solicitor, proved that he first saw these articles of partnership four years ago; they were then unstamped; but in April, 1825, he sent them to London, and had them stamped, as they now were, for the defendant.

Several other witnesses corroborated the evidence that Mr. Fernyhough had been the principal acting man in Mr. Sutton's business early in 1815, and since; of which, as well as of Mr. Gaunt's, he had obtained some share.

Mr. Jervis said, he had upwards of 20 witnesses to show that the defendant was recognized as a partner with Mr. Sutton, had walked the hospitals, and was known by several eminent physicians of the county, as a skilful man. He must call them, unless the Learned Counsel for the prosecution gave in.

Mr. Taunton declined complying with this requisition.

Mr. Jervis then called one or two witnesses, who supported the positions he had laid down. Among them, to sustain the defendant's professional competency, was Dr. Jones; but the Court said that this testimony was extra-judicial, as the Act of Parliament specified the mode in which the professional qualifications of an apothecary were to be ascertained, and that mode was by a particular examination.

Mr. Jervis strongly pressed for the further examination of his witnesses, and said it was due to the defendant, after his skill and orthography had been so impugned.

Mr. Justice Burrough said, that the attack was all nonsense; he had known gentlemen of the bar to write the words, *ops*, *orse* (hops, horse.)

Mr. Taunton replied.

Mr. Justice Burrough, in summing up the evidence to the Jury, said, that the only question was, whether the defendant had practised as an apothecary on his own account before the 1st of August, 1815? for if he had, then there was an end of the case, he being, under such circumstances, excepted from the penal operation of the last Act of Parliament, for the better regulation of the trade of Apothecaries; and their decision upon that fact entirely depended on the credit which they attached to the testimony in support of the articles of partnership with Sutton.

Verdict for the Defendant. (Applause.)

THE LANCET.

London, Saturday, July 29, 1826.

COLLECTANEA.

It has for some time been rumoured in certain quarters, that the Worshipful Company of Pharmacopolists, alarmed at the recent indications of their approaching downfall, had resolved, during the interval between the dissolution and the next session of Parliament, to make a vigorous effort in vindication of their privileges, and to convince mankind that medical interests could not be confided to a more dignified and efficient body, than that of the incorporated retailers of rhubarb, who have so long oppressed the profession by the mercenary exercise of powers which ought never to have been conceded to them, and degraded it by their legislatorial imbecility. We have now before us the first fruits of their vigorous resolutions, in the prosecution of an individual of the name of Fernyhough at the assizes for the county of Stafford; and we suspect that this is nearly the last act of dotage which they will have an opportunity of committing. The Profession must and *will* be emancipated from the domination of these contemptible hucksters, who succeeded, through the absurd efforts of the "Associated Apothecaries," in smuggling through Parliament an act framed for their own emolument, and who, consistently with the spirit of the enactment, have never ceased to employ it as an instrument of profit. The Old Ladies have lived too long; they abuse the privileges of anility, and they have become a public, as well as a professional nuisance, which must and *will* be abated.

The case of *The Apothecaries' Company* v. *Fernyhough* has, we doubt not, by this time, excited the contempt and indignation of a great majority of our readers; lest there should be any, however, whose notice this delectable specimen of Worshipful vigour may have escaped, we have inserted a brief abstract of the principal facts of the case as reported in the *Morning Chronicle* of July 19th. A more vexatious and oppressive proceeding than this prosecution of Mr. Fernyhough, never, perhaps, disgraced a public body. If the Worshipful Company ot Apothecaries were capable of exercising a sound discretion, it might be imagined that in seeking out cases for enforcing the penalties of the Apothecaries Act, they would select either those in which the parties had *recently* attempted to invade it, by starting as unlicensed practitioners, or those in which, having *long* operated upon their fellow creatures without license, had recently furnished proof of their incapacity by some signal instances of ignorance and failure. Now what is the situation in which Mr. Fernyhough stands, as it appears from the evidence *on the part of the prosecution.* Mr. Heap, a druggist of Wolverhampton, stated, that the defendant lived with him from 1810 to 1814, that he was studious and diligent, and that he knew enough of Latin technically to make up prescriptions with accuracy. In the year 1815, Mr. Fernyhough went to reside with Mr. Sutton, a surgeon at Yoxall, and from that period up to the present time, he has been constantly engaged in medical practice. Not a single instance of professional ignorance was attempted to be made out against him; on the contrary, the witnesses called by the prosecutors to prove that he acted as an apothecary, expressed their satisfaction at the manner in which their cases were treated, and their confidence in the defendant's skill. An attempt was, indeed, made to prove, that he was unfit to practise as an apothecary on another ground, and this is not the least curious part of the proceedings. Of a truth, the attempt was worthy of the Worshipful Company; they do not pretend to justify the enforcement of a penal statute against an individual who had been ten years engaged in practice, on the only ground which could warrant such a proceeding, viz. his want of professional skill; but the language which they have the effrontery to hold towards this individual is this:—"We are informed by our ferret, an apothecary in your neighbourhood, that you have no authority to practise; you maintain the contrary in a letter of which the orthography is faulty, and the grammar otherwise inaccurate; we have, besides, good reason to believe that your classical education has been neglected, and we therefore hold you to be a fit object for prosecution."

It cannot be denied, that if a knowledge of the Latin language, and an accurate acquaintance with the principles of grammar were to be insisted upon as indispensable qualifications in apothecaries, the crop of pharmacopolists, metropolitan as well as provincial, would be very considerably reduced. We cannot defend Mr. Fernyhough's scholarship; still less can we defend *the five years' education behind the counter*, which is a part of the system upheld by the Worshipful Old Ladies of Rhubarb Hall; and which cannot be rendered more efficient by any regulations or tests these senile dames are capable of framing or applying. But if grammatical and classical knowledge were indispensable qualifications, we should be glad to know what would become of the Old Ladies themselves? Their functions and their monopoly must from that moment cease; not another ounce of senna or magnesia could they vend from their counters at a profit commensurate with the superior purity of their cathartics, to their costive and credulous customers. One of the gentlemen at the bar, indeed, observed that the Worshipful Company *examined candidates in Virgil;* God help him, for his simplicity; he little knew the intellectual staff from which these incorporated tradesmen are selected.

Of the two errors with which the Old Ladies charge Mr. Fernyhough, the orthographical one comes within the limits of their critical capacity; Mr. F., it seems,* writes the word *has* as it is pronounced in the counties of Stafford and Worcester without the initial aspirate; the other grammatical charge, however, as might be expected, is a failure, and tends only to establish the ignorance of the Worshipful Apothecaries. The evidence touching Mr. F.'s lack of Latin also breaks down; the village schoolmaster, it is true, proves that he only taught him "the matter of writing and arithmetic;" but it appears that Mr. F. afterwards went to a boarding school, where he no doubt acquired the minimum of Latin, which is all that his prosecutors themselves possess. But the question is not whether Mr. Fernyhough is an accomplished scholar, or whether even his English orthography is immaculate, but whether during an uninterrupted practice of eleven years, he has in any case or cases, manifested such a degree of professional unskilfulness as to justify the Apothecaries' Company in point of decency and moral justice in instituting this prosecution. This question is sufficiently answered in the evidence produced by the Worshipful Apothecaries; that they have abused the powers given them by the Act of Parliament and converted them into an instrument of oppression, is demonstrated by their own witnesses. On the part of the defendant, a number of persons proved that he had given great satisfaction as a medical practitioner, in short that he was the popular apothecary of the village of Yoxall. Mr. Fernyhough's Counsel was anxious to call several physicians, who were ready to corroborate this testimony, but their evidence was considered unnecessary by the learned Judge, since the case turned upon the fact of Mr. Fernyhough's having been in partnership with Mr. Sutton, prior to the 1st of August, 1815, which exempted him from the operations of the Act; this having been proved, a verdict was returned for the defendant, and it was followed by one of those spontaneous ebullitions of public feeling by which vexatious and oppressive prosecutions are commonly stigmatised—it was received with *applause.* The Old Hags were in effect hooted out of Court, and whatever resolutions they might have formed of following up this prosecution by others of a similar description, they are not much disposed, we suspect, to return to the charge. This prosecution has, in fact, overwhelmed them with disgrace. Let it be remembered that Mr. Fernyhough had been *nearly eleven years* in practice at the period when this action was tried, and no instance of professional mal-practice was adduced by his prosecutors; this fact of itself is sufficient to characterise the proceeding.

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* This prosecution, which was intended to expose the ignorance of an apothecary, seems rather to have developed that of the gentlemen at the bar. Mr. Jervis charged one of his learned brethren with a neglect of the aspirate, which we certainly never detected in any well educated gentleman; as to Mr. Fernyhough's orthography, Mr. Justice Borough remarked that the objection to it *was all nonsense*; he knew gentlemen of the bar who pronounced hops and horses—ops and orses; peculiarities we should have supposed to be confined to that class of persons represented by the celebrated Mr. Green (not JOSEPH HENRY) in Tom and Jerry.

Let it not be understood from the foregoing remarks that we advocate the sufficiency of Mr. Fernyhough's medical education; on the contrary, we deem it most inefficient, and it would be a source of deep regret to us if it were general.

In our next number, now that we are on the subject, we will enter into a *legal discussion* on the Apothecaries' Act; and we will prove to the satisfaction of every individual who is capable of comprehending the simplest proposition, that the convictions which have already taken place under this Act are *illegal*, and that they would not have occurred had the Counsel for the defendants understood the *law* of the cases in which they were engaged. In fact, we will prove that this Act need no longer disgrace the surgical profession, and that in a pecuniary point of view it is not worth the Old Hags of Rhubarb-Hall a single straw.

We have received we hardly know how many letters, respecting the *clinical lecture* of that egotistical "Hole and Corner" little gentleman, BRODIE, which we published in our last Number, and we cannot do less than plead guilty to the charge of having occupied a page of our Journal to little purpose. The modest gentleman tells us, that "the cure of fistula by the common operation is often tedious," &c. &c. &c., and that HE was induced to adopt another method—actually to divide the circle of fibres at the end of the rectum; in fact, *to cut through the sphincter ani!* And this is a *new* method! an operation, we should think, which he witnessed a hundred times during his apprenticeship; and yet in 1826 it is HIS operation—HIS thunder! Mighty man! No individual has exhibited a greater horror than BRODIE at the practice of publishing the lectures of Hospital Surgeons; we know WHY, *and so shall the profession.*

The *new* operation of EXPLORATION, for which the profession and the public are indebted to the talent and ingenuity of JOE GREEN, was performed with its usual brilliant success the other day, at ST. GEORGE'S HOSPITAL. A *boy*, under the care of a physician, (we believe the renowned accoucheur Dr. Hewett,) had a large tumour on his right side, the nature of which the learned Cambridge professor could not well understand. He was therefore induced to call in the assistance of a *pure* surgeon (of which animals this Hospital affords an abundant store), in order to cut into it some how or any how, to discover of what said lump was composed; accordingly Mr. ROSE performed JOSEPH HENRY'S operation of EXPLORATION, which he accomplished by thrusting a a trocar into the poor lad's side, and drew off a table spoonful or two of fluid (of which we should be happy to see an analysis by Dr. PROUT,) and, as it was anticipated, a *post-mortem* examination took place in a few days, when it appeared that the tumour was neither an *ovarian dropsy*, nor an *enlarged uterus*, but a fungus hæmatodes of the right *kidney!!*

> " The Sons of Art all medicines tried,
> And ev'ry noble remedy applied;
> With emulation each essay'd
> His utmost skill; nay, more, he pray'd!
> Never was *losing game* with better conduct play'd.
> * * * * * *
> Death never won a stake with greater toil! "

PATRICK MACGREGOR observed one day at the Medical Board, when a certain book was the subject of conversation, that it was at least *well written*; at which AUTHOR GUTHRIE, with his usual modest air, exclaimed, "We can all write English, it is to be hoped"!.!

Mr. EARLE, like Mr. STANLEY, always appears to be in a fidget when he is in the presence of Mr. LAWRENCE; indeed, one would suppose from the twinkling of his eyes when he looks Mr. L. in the face, that he perceived too much light. During one of Mr. EARLE'S fidgety exacerbations last week in the ANATOMICAL THEATRE, whilst a *post mortem* examination was taking place, he said to Mr. LAWRENCE, "How very *hot* it is in this Theatre to-day?" "Why, yes," rejoined Mr. L., "that I think is not at all surprising, considering the season of the year—this Theatre was built, you know, for WINTER COURSES!"

" What, in the name of all that is chemical," said a gentleman to JOE BURNS, " could have induced TRAVERS to write such a prescription in a case of *diarrhœa* as was reported in THE LANCET of last week; in fact, for what purpose did he give his patient GYPSUM?" " For what purpose!" exclaimed JOE, " why he wanted to take a *cast* of the man's guts, to be sure."

At length the College folks have thought proper to unlock the Museum to the Members on Mondays and Fridays, from 12 to 4 o'clock, *throughout the year*. Each Member is now allowed to introduce three or four friends. Is this an act of pure benevolence, or has it been forced upon them?

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

[The Report of this Case, and the Remarks, were written by Mr. Quain.]

E. M., ætat. 20. This female has for nearly six months laboured under paralysis of both the extremities of the left side; she was assisted into the hospital, being totally incapable of moving her left leg, or of supporting herself upon it. The left arm hung motionless by her side, its substance was considerably lessened, and the deltoid muscle in particular so flaccid and wasted that the limb seemed to be supported by the capsular ligament alone. Between the end of the humerus and acromion process, there was a considerable depression and interval, in which the tendon of the biceps muscle could be distinctly felt as it passed over the head of the bone. The temperature of the arm was nearly natural, it could scarcely be said to differ from that of the opposite side; but though the power of motion was altogether lost, the sensibility (at least of the skin) was by no means diminished, as she at once perceived the slightest pressure or pinching.

The substance of the lower extremity did not appear diminished, yet its temperature was somewhat below that of the other side. The pulse was small and weak; the tongue clean at the sides and point, but slightly coated towards its base; catamenia regular during the whole of her illness.

On inquiring into the previous history of her case, Mr. Wardrop learned that she had always enjoyed good health, until about 7 months ago, when she was seized, without any assignable cause, with a severe pain in the back of her head, which continued unabated for about ten days, when she began to feel a sensation of pricking and numbness in the ends of the fingers of her left hand; it was at first perceived in one finger, gradually extended to all the others, and after some time seemed to creep up the whole length of the arm towards the top of the shoulder. The pricking and numbness were soon felt in the toes of the left leg also, and thence gradually proceeded, until the whole limb was affected in the same way as the arm, and with the same consequences; namely, *complete loss of the power of motion, the sensibility being still retained.*

On the closest inquiry it could not be discovered that she at any time suffered the slightest suspension or diminution of her intelligence; her articulation is now quite natural, and her answers to all questions prompt and clear. During the progress of the symptoms above stated, she occasionally took some opening medicine, and eight leeches were at one time applied to the back of the neck, which altogether removed the pain of the head; a blister was however placed on the same situation, shortly after which the pain returned unabated; Mr. Wardrop ordered the following draught to be taken three times a-day:

Olei terebinth, gtts. xv.
Olei ricini, ℥ss.

12. The medicine produced 3 or 4 copious but light-coloured stools; she feels much better, and already begins to move the fingers a little.

20. The quantity of the oil of turpentine was gradually increased up to this day, the dose being now 35 drops three times a day, in conjunction with the castor oil, which produced 4 or 5 copious stools every day, she felt some return of the pain in the back of the head, but it has now gone off, the power of moving the fingers is still more perceptible, there is also some improvement in the leg.

28. Not so well as before, thinks she caught a slight cold, the pain of the head somewhat returned, the stools still copious and of the same colour as before.

℞ *Hydrarg submur*, gr. ij. at bed time;
Pergat c. *oleo terebinth.*

30. Much relieved; pergat.

June 15. Pulse accelerated, complains of thirst and pain of the head; face and eyes appear slightly suffused.

Omit the mixture. Emittatur sanguis e venâ brachiali ad ℥viij.

16. Much better, the bowels freely acted on without medicine; the countenance quite natural.

29. Last night the pain in the head returned; ordered to be cupped on the neck to ℥viij.

30. Feels weak and faint from the bleeding, but the headache is much relieved.

July 3. A seton was placed in the neck, the bowels were freely acted on by aloetic pills, producing 4 or 5 motions a day.

4. Much better; was permitted to go out to day in a carriage; can move the left leg slightly, and support herself upon it.

Remarks.—It may probably appear premature to comment on a case which has not yet terminated either by a complete recovery or by death, and which, therefore affords no opportunity of pointing out the advantage of a particular mode of practice, or of verifying or correcting the diagnosis. This case, however, is so interesting, and presents so many circumstances tending to establish the diagnosis on rational principles, that there can be little hesitation in offering a rationale of the symptoms.

The disease in the first instance was evidently inflammatory. This is proved by the symptoms which attended it, as well as by the effects of depletion; for the head-ache was relieved before her entrance into the hospital, by bleeding, and since that period, by cupping, venesection and purging. There is sufficient reason to conclude (particularly when the patient's age is considered,) that if these means had been resorted to at an early stage, with sufficient decision, the effects of the inflammation might have been averted, namely, " ramollissement," and consequent paralysis.

The seat and extent of this derangement can only be determined by considering the function which is injured by it. The pain always referred to the head, may induce a suspicion of the affection being situated in that part; but if it were seated in the hemispheres of the brain, the memory, power of utterance, or some of the intellectual faculties would have been affected in some degree, which effect would have gone on increasing in proportion as the paralysis of the limbs had increased; " La paralysie de l'intelligence à suivi la même progression que celle des membres, excepté dans trois cas oú la maladie n'affectait pas les hemispheres du cerveau." (Lallamand, Let. 2. 249.

When " ramollissement" is seated in the pons varolii, and particularly when the affection extends to the *crura cerebri*, the power of utterance is lost, the paralysis becomes general, and death takes place at a very early period.

The situation of the " ramollissement" then, in the present case, appears to be in some part of the medulla spinalis, and that part can be assigned by considering the functions of the nerves which arise from it, and the effects known to be produced by injuries of them. As the anterior roots of these nerves supply the power of motion, and the posterior that of sensibility, it is fair to conclude that when, as in the present case, the *power of motion is lost, the sensibility remaining unimpaired,* the *anterior* roots of the spinal nerves or the part of the medulla from which they arise, are destroyed or injured; the *vosterior* remaining in their natural state. There is a very remarkable case reported by Ollivier, which clearly proves the correctness of this inference. A patient in the hospital at Charenton, complained for some years of weakness of the lower extremities; he ultimately became confined altogether to his bed, in which he lay with his thighs flexed on the pelvis, and the legs on the thighs without being able to extend or move them in the slightest degree. Still these parts *retained their natural sensibility*, as was evident on pricking or pinching them. After death the corpora pyramidalia and olivaria were found softened and converted into a greyish diffluent pulp, which alteration extended along the whole of the *anterior* part of the medulla, almost to the lumbar region. The " ramollissement" could be traced upwards into the brain through the pons varolii, crura cerebri, thalamus and corpus striatum, even to some of the convolutions. None of the other parts of the brain or cerebellum presented any sensible change; the *posterior* part of the *medulla* and the membranes investing it were perfectly healthy.

A case very similar to the above, is reported in the last number of Magendie's *Journal de Physiologie*, by M. Velpeau, an account of which we will publish next week.—*Ed.*

CANCER OF THE MAMMA.

A woman sixty eight years of age presented herself at this hospital, having a very considerable *scirrhous tumour* of the right mamma, the skin of which had begun to ulcerate. On an attentive examination of the adjacent parts, a small indurated gland, from which she felt no pain, was detected under the edge of the pectoral muscle. The existence of this enlarged gland made Mr. Wardrop advance a decided opinion against the performance of an operation. It is worthy of remark, that this woman, though the mother of six children, had never suckled with the diseased mamma, in consequence of a congenital retraction of the nipple.

GUY'S HOSPITAL.

Mr. Bransby Cooper admitted the following cases into the Hospital on Wednesday June 21st.

Males—Abscess of the thigh: injury to the head; enlargement of the tonsils; disease of the testicle; nodes, with a scaly eruption; chronic enlargement of the knee joint; ulceration of the legs.

Females — Fungous tumour growing from the inferior maxilla; ulcer of the leg; ulcer of the foot;—phagadenic ulceration of the face.

INJURY TO THE HEAD.

In the case we are about to relate, the effects arising from an injury to the head occur at a very distant period from the receipt of the accident; they can, however, be clearly traced to that cause. The symptoms which form the patient's complaint, consist in an interruption to some of the cerebral functions, as loss of memory, with disordered sensations, as vertigo, tinnitus aurium, &c.

G. M. ætat. 38, somewhat robust and healthy in appearance, states, that in the month of August 1825, he was thrown from his gig, and fell upon his head. Severe concussion of the brain was the consequence of this fall, and he remained for ten days after the accident in a state of insensibility, during which time he was freely bled, both generally and locally. He states that he gradually recovered, so as to be enabled in the course of a few weeks, to pursue his ordinary avocations. He has never been free, however, from uneasy sensations in the head, since he received the injury; and within the last two months, his mind having been rendered very anxious by losses in trade, all the symptoms have much increased.

The present state of the patient is as follows:—loss of memory, as regards recent occurrences; on attempting to write a letter, he cannot, as he emphatically expresses it, "collect his ideas." He writes one sentence correctly, and then follows it up with another of an incoherent nature. Upon looking intently at objects, he becomes giddy, and he has occasionally fits of a short duration, which, from his description, are probably of an epileptic character. The pulse is slow and hard, the bowels generally open, and the general health good, with the exception of the cerebral disturbance.

Under the following plan of treatment, much benefit has been derived, and our report of his state on the 8th of July was as beneath:—Has been much better one week; memory improving; does not complain of vertigo, and has had no fits recently. He says, that when the bowels are costive, all the symptoms are much aggravated; he takes a dose of the house physic every morning. A seton, which is put in the back of the neck, discharges freely.

On the 22d of June (the day after his admission,) Mr. Cooper directed the head to be shaved, and the tartar-emetic ointment to be rubbed over the scalp night and morning.

Calomel, 1½ *grain;*
Extract of henbane, 5 *grains;*
Antimonial powder, 3 *grains*,

to be taken twice a-day. (These pills were continued until the mouth became very sore.)

27. A seton put in the back of the neck, and as the tartar-emetic ointment has failed in producing much external irritation, the following ointment was directed:

Ung. lyttæ, ʒij.;
Ung. ant. tart. ʒvj. Mix.

30. Omit the former medicines:

Plummer's pill, 3 *grains;*
Extract of hemlock, 3 *grains*,

to be taken at bed time.

Subcarbonate of soda, 10 *grains;*
Infusion of cascarilla, one ounce and half,

to be taken three times a-day.

The ointment produced a copious crop of pustules, and much irritation; poultices were applied, and a free discharge was for some time kept up.

DISEASE OF THE TESTICLE.

J. A., ætat. 33, a painter, of spare habit, but healthy appearance, states, that about three months ago, he received a violent blow on the right testicle. He experienced very great pain at the time, and about a week after, he perceived that the testicle began to enlarge, at the same time becoming painful. His health has not been at all affected, and he has pursued his ordinary occupation, until within a fortnight of his admission.

Present symptoms. — The testicle is larger than a swan's egg, and of an oblong figure, being rather smaller at its upper part than at the lower. It is very firm to the feel, but yields to strong pressure, and is then found to be elastic; very little pain is produced by handling the part. There are two small projections, each of about the size of a nut, on the fore part of the testicle, and these feel much softer than the remaining part. The swelling extends up to the abdominal ring, and is, as it were, pushing up this part, so that it is impossible to ascertain satisfactorily, whether the cord is thickened. The veins of the scrotum, more especially on the right side, are much enlarged; the integuments are not much discoloured. The man complains of occasional lancinating pain in the part, and of a dull aching pain in the loins.

Mr. Callaway saw the patient about three weeks before admission; he made a puncture on the fore part, when a quantity of serous fluid escaped.

Mr. Cooper decided that the disease was of a malignant nature, and recommended the patient to submit to the operation of castration, and in the mean time the following plan was directed:

Plummer's pill, 5 *grains;*
Extract of henbane, 5 *grains*,
to be taken at bed time.

Extract of sarsap., ½ *drachm;*
Decoction of ditto, 2 *ounces*,
to be taken three times a-day. Ten leeches to be applied to the testicle.

July 4. The man has experienced so much relief since he has been in the Hospital, that he now wavers in his resolution to undergo the operation. The part is not altered in appearance, but there is much less pain.

11. Mr. B. Cooper, being fully impressed with the belief of the disease being of a malignant nature, earnestly pressed the patient to-day to undergo the operation. The man, however, obstinately refused. Mr. Cooper observed, that if the patient had assented, he would have made an opening into the tunica vaginalis previous to undertaking the operation for the removal of the testicle, and thus have fully and clearly ascertained the nature of the disease.

Sir Astley Cooper's opinion was requested on this case, and he visited the patient to-day after the proposal to operate. Sir Astley differed in opinion from his worthy nephew. He said that there was enlargement of the testicle, with an accumulation of fluid on the fore part. Not a word was uttered about fungoid disease. Mr. Bransby looked "mumpish and glum;" our worthy friend Callaway, who held the same opinion, put the best face on the matter, by assuming one of his good humoured smiles. The senior surgeon of Guy's, (than whom no man better understands the art of *trimming*,) was *nearly* of the same opinion as Sir Astley Cooper. (When does he *venture* to differ?) He (Mr. K.) thought the fluid collected in the tunica vaginalis was blood.

Sir Astley Cooper recommended the plan of treatment laid down by him in his Lectures for the cure of chronic enlargement of the testicle, viz. leeches to be applied occasionally, a cold lotion, with the observance of the recumbent position, and the exhibition of five grains of calomel night and morning.

The patient remains in Naaman's ward, and we shall take a future opportunity of recurring to the case.

The patient affected with *nodes and a scaly eruption*, is a middle-aged man, and has been ill eighteen months. He says, that three years ago, when in Brazil, he had a bubo, but had no chancre or other sore on the penis. About 12 months since, he was attacked with pains in the limbs, and for this symptom mercury was exhibited for a long time, but failed in producing any benefit. There is periosteal enlargement on both shins, and on the face is a scaly eruption; the pains continue, and they are much aggravated at night. He has received much benefit from the following plan of treatment:—

Calomel, one grain and a half;
Opium, half a grain,
to be taken every night.

Extract of sarsaparilla, half a drachm;
Decoction of ditto, 2 *ounces;*
to be taken three times a-day.

Subsequently the calomel and opium were exhibited night and morning, and three grains of the *sulphate of quinine* given three times a-day. The sarsaparilla mixture omitted.

TETANUS FOLLOWING THE EXTRACTION OF POLYPI FROM THE NOSE.

Sir Astley Cooper, in going round the Hospital on Tuesday last, remarked to the pupils, that he had that morning seen a gentleman who had symptoms of tetanus, which came on shortly after the extraction of two polypi from the nose. The jaws were partially closed, and the patient complained of pain and stiffness in the muscles of the thigh on attempting to walk. Sir Astley, however, observed, that the symptoms were not acute, and hence he was disposed "to augur a favourable result." Sir A. further said, that he had not before met with or heard of a case of tetanus succeeding to the extractionof a nasal polypus.

CASE IN WHICH DEATH ENSUED FROM DRINKING A LARGE QUANTITY OF SPIRITUOUS LIQUOR.

A chimney sweep, apparently of about 25 years, was brought to the Hospital in a wheelbarrow, by his drunken associates, on Wednesday evening, about 9 o'clock. From the statement we were able to collect, it appeared that the man had drunk a large quantity of rum, in an undiluted state. A sum of money had been given to him as a reward for restoring a lost child to its parents; the poor wretch, with true Hibernian thoughtlessness, hastened to a pot-house to squander his money, and there drank *eighteen glasses of rum* in rapid succession.*

The following symptoms were present: a profound state of coma, with total insensibility to external impressions; the respiration slow, stertorous, and exceedingly laborious; the pulse slow and oppressed; both pupils widely dilated, and insensible to the stimulus of light; the lips of a livid hue; the countenance bloated and devoid of expression; the odour of spirit was perceptible in the breath. (From this description, it will be seen that the symptoms were closely analogous to those of apoplexy.)

The dresser of the week prudently judged that, under these circumstances, it was advisable to empty the stomach as speedily as possible. Immediate recourse was therefore had to Read's syringe, and the tube being introduced into the œsophagus, a considerable quantity of water was first injected, and this, with the previous contents of the stomach, were then quickly removed. The fluid thus withdrawn smelt strongly of rum, and the operation of filling and emptying the stomach was repeated until the water returned unchanged. During this pumping process Mr. Callaway arrived; he directed the external jugular vein to be opened; this was immediately done, but only three or four ounces of *very dark coloured blood* could be abstracted. The loss of this small quantity of blood, however, afforded much relief to the symptoms, and therefore Mr. Callaway thought proper to open a vein in the arm; from which upwards of twenty ounces of blood was obtained. There was now less insensibility to external stimuli, and when the arm was punctured by the lancet the patient withdrew it, being sensible of the pain produced; this effect was not observable when the jugular vein was opened. The application of candle light close to the eyes showed that the irides were not entirely fixed, as previous to the venesection; they acted, however, very feebly.

After some time had elapsed, a small quantity of ammonia, dissolved in water, was injected into the stomach by means of Read's Syringe. This was done with a view of stimulating the stomach to action, and it had the desired effect, for shortly after the exhibition of the ammonia, the stomach rejected its contents.—A colocynth enema was administered, which acted freely on the bowels, and sinapisms were applied to the soles of the feet.

Notwithstanding the use of these prompt and judicious measures, (for the adoption of which we give Mr. Callaway much credit) the faint spark of hope, which was kindled by observing the return of sensibility in the iris and also in the stomach, was speedily extinguished; the poor man relapsed into the same state as when first admitted, and expired in about six hours from that period.

Post-mortem Examiation.

There was much importance attached to the examination of this case, and there were many speculations on the probable state of the brain. M. Ferrus, one of the physicians of Salpetrie, was present. The body, externally, presented nothing remarkable; the features were somewhat distorted.

There was very firm adhesion between the cranium and dura mater, but this membrane was not observed to be preternaturally vascular. The pia mater was not loaded; and the tunica-arachnoides was healthy in appearance. The substance of the brain, when sliced, presented more bloody points than natural; there was only a small portion of serum in the lateral ventricles, and the vessels of the plexus choroides were full. The sinuses of the brain were much loaded with blood, as were also the large veins of the neck and the right side of the heart; his lungs were not, however, full of blood. The stomach presented nothing unnatural, with the exception of several ecchymosed spots on the inner surface, at the cardiac portion, apparently produced by the tube of the stomach pump.

The post-mortem examination of this case must, therefore, be regarded as very unsatisfactory, for, with the exception of the increased vascularity of the substance of the brain, and the ecchymosed spots of the stomach, nothing unnatural was observed. These two circumstances are not sufficient to account for the death of the patient, and consequently the true pathology of the case remains hidden.

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* The quantity of rum drank amounted to *upwards of a quart!* From the experiments of Brande, we find that (on an average) rum contains 53.68 per cent. of alcohol, consequently this man swallowed more than a pint of *pure* spirit!

Mr. Brodie has given us the result of some experiments performed on rabbits, by injecting proof spirits into the stomach; he found the stomach of these animals highly inflamed by the injection of the spirit, but never observed any preternatural appearances in the brain. We think it is Dr. Cooke, in his work on Nervous Diseases who relates the case of a woman that died from drinking a large quantity of gin. On examining the brain, *a fluid was found in the ventricles which had the smell and taste of pure gin!*—some of "Hodges's best," doubtless. In another case, in which the patient had taken a large dose of tincture of asafœtida, we have been told that the fluid in the ventricles smelt strongly of asafœtida. Sir Everard Home, we believe, affirms that gin was present in one case which he examined; we cannot dispute the point with *him*; he is so much accustomed to *toddy* and *maxy*, that he cannot be deceived. *Spiritus* intus alit.

With respect to the symptoms produced by taking large quantities of spirits into the stomach, they are, as Mr. Brodie observes, "such as entirely arise from disturbance of the functions of the brain." Mr. Bedingfield has published an excellent paper on this subject in Vol. 12, of the Edinburgh-Medical and Surgical Journal. This gentleman had extensive opportunities of observing the deleterious consequences resulting from drinking inordinate quantities of rum, amongst the sailors on the arrival of the fleets from the West Indies.

He states, as the result of his experience, "that the degree of danger may be best estimated by the irritability of the iris;" that if the iris preserves its power of contraction, the patient will generally recover, however overpowered his senses may be; but if it remain in a state of extreme dilatation, when a strong light is directed on it, only a feeble hope of recovery can be entertained. Next to insensibility of the iris, the want of energy in the stomach indicates the greatest danger.

We have ourselves witnessed two cases in which death was produced from drinking ardent spirits. The patients were soldiers, stationed on the sea-coast, and a cask of spirits being washed ashore they partook so freely thereof, that they were reduced to the same condition, and precisely the same symptoms, as the poor sweep whose case we have related above: death ensued in the space of a few hours. No opportunity was afforded us of examining the bodies.

ST. THOMAS'S HOSPITAL.

INCISED WOUND OF THE NECK—OPERATION OF TYING THE RIGHT COMMON ARTERY.

——— Black, a middle-aged man, of dark complexion, was brought to the Hospital about seven o'clock on Tuesday morning, (June 17), having inflicted a severe wound on the right side of the neck, in an attempt to commit suicide. The circumstances under which this event took place are as follow:—He was found by the watchman very early in the morning, ringing violently at the door of a gentleman in Lambeth, it was supposed on his return from Vauxhall. He alarmed the family residing in the house very much, and as he refused to give any account of himself, the watchman was ordered to take him in custody. Seeing that he was a man of respectable appearance, and imputing his conduct to intoxication, the watchman was contented with placing him inside the watch-house, and did not put him in the cell or cage, which is used for refractory or desperate culprits. He (Black) remained quiet for some time, until the two or three Dogberries, the occupants of the watch-house, had fallen asleep; he then started up, and having seized the fire-shovel, made a desperate blow at the man who sat nearest to him. The "sweet repose" of these watchful guardians of the night, being thus broken in upon, they thought proper to put their prisoner into close confinement, which was accomplished after a desperate struggle.

He had not been long there, when he rushed to the bars, and shouted out, "I have done it," his hands were covered with blood, and it was fast streaming down the side of his neck.

He was of course instantly removed from his place of confinement, and seeing that the blood was flowing very fast from a wound on the side of the neck, pressure was made over the part, until surgical assistance could be procured. A neighbouring surgeon having arrived, he introduced a piece of sponge into the wound, and over this applied a compress and bandage. By this means the bleeding was in a great measure restrained, and in this state he was conveyed to the Hospital.

He was put to bed immediately, and was apparently faint from loss of blood. On removing the bandage and withdrawing the sponge, for the purpose of examining the nature of the wound, there was a profuse gush of blood, evidently arterial.

The dresser made constant pressure on the right common carotid artery, and introduced sponge into the wound, making pressure there also, and thus restrained the hæmorrhage. In the mean while a messenger was dispatched for Mr. Travers, the surgeon for the week; that gentleman arrived about nine o'clock.

Mr. Travers proceeded to examine the wound. It was on the right side of the neck, of about an inch in length, very deep, and having an oblique course, between the ascending plate of the lower jaw, and anterior edge of the sterno cleido mastoideus muscle. It extended somewhat below the level of the angle of the jaw, and its edges were rather uneven; it was supposed to have been inflicted with a pen-knife. Mr. Travers passed his finger into the wound nearly to the extent of two inches, and removed the coagula. The tremendous gush of blood that ensued, rendered it apparent that a vessel of considerable magnitude had been wounded. The lower portion of the parotid gland was now observed to be wounded; this circumstance, together with the direction of the wound, rendered it probable that the bleeding proceeded from the trunk of the external carotid artery, and that this vessel was wounded where entering the substance of the parotid gland, and previous to its division into the temporal and internal maxillary arteries.

The blood, although issuing per saltum, was not thrown to any distance in a stream; we know of no more appropriate and adequate phrase to express our meaning than by observing, that the blood was "pumped up" from the bottom of the wound.

With a view of discovering and securing the bleeding vessel. Mr. Travers dilated the wound in both directions. The great depth of the wound; the peculiar situation and connexion of the bleeding vessel, and the obscurity which was momentarily thrown over the parts by the profuse flow of blood, were all circumstances calculated to baffle, and they eventually rendered the proposed object impracticable. Mr. Travers spent a considerable time in attempts to secure the vessel; we suppose upwards of an hour. It was found, (and it is a circumstance worthy of remark), that pressure on the trunk of the right common carotid artery did not control the hæmorrhage. On introducing the finger into the wound, carrying it deeply down, and making firm pressure against the side of the spine, the bleeding was restrained. The internal carotid artery could be distinguished pulsating. The patient had by this time lost a large quantity of blood, although there was less exhaustion than might reasonably be expected. The only chance which now remained to save the poor man from dying of hæmorrhage was to apply a ligature round the common carotid artery.

Mr. Travers, therefore, determined on performing this operation. He continued the incision downwards from the lower part of the wound, between the sterno mastoideus and trachea, and by a careful process of dissection laid bare the artery and eventually applied a ligature round the vessel opposite to the lower part of the thyroid cartilage. The descendens noni was divided; the internal jugular vein somewhat interfered with the operation, more especially during the act of inspiration, when it became distended, and, to a certain extent, covered the artery. It was, however, carefully avoided; the nervus vagus was not seen during the operation. The ligature was applied by means of the aneurismal needle, which was passed from within outwards.

The bleeding from the wound was not immediately restrained by the application of the ligature to the artery, and hence apprehensions were felt for the success of the operation. And considering the free anastomosis which exists between the carotid arteries in the neck, it must be confessed that the danger apprehended was not altogether speculative. The cessation of the bleeding, however, set at rest all doubts and fears. The edges of the wound were now brought together, with two ligatures, and strips of adhesive plaster; the strictest directions were given to keep the patient quiet, and only to allow him to drink cold water. The pulse, about half an hour after the operation, was 108, and small; countenance anxious.

Evening. He has been tolerably quiet throughout the day; there is a wild, maniacal expression in his countenance; but it is, upon the whole, less anxious. His pulse has acquired more force; he takes freely of cold water. There is no bleeding from the wound.

28. Noon. Was quiet during the night, but did not sleep; pulse 100, and much increased in volume; tongue moist; bowels have not been moved since his admission; ordered a dose of castor oil; he continues to take frequently of cold water.

29. The patient dosed at intervals throughout the night. He is quiet, and answers some questions rationally, but still the countenance expresses a disordered state of mind. The bowels have been freely opened by the castor oil; the motions were dark coloured and offensive; the pulse is full, tongue moist, and skin hot. He is almost constantly drinking cold water; there seems to be some pain occasioned by deglutition.

30. Notwithstanding the quiet and comparatively favourable state in which we left the patient yesterday at noon, we learn from the dresser, that in the afternoon high excitement came on. The face was flushed, and pulse quickened, and delirium of the most furious kind ensued. He suddenly sprang from his bed, and escaping from the nurses, ran out of the ward, and being pursued, he jumped from off the banisters into the passage below, being a height of more than 20 feet. It is truly astonishing that he sustained no injury, with the exception of a slight bruise on the arm, although he alighted with his feet on the stone floor. He was taken back to his bed, and secured with a strait waistcoat. He was less furious during the night, but this morning we find him labouring under the highest possible state of mental excitement. He is constantly vociferating the cry of murder, and is haunted by imaginary spectres. The pulse, during the fits of raving, is very rapid. He got one of his hands loose, and tore off the dressings from the wound; it has a sloughy appearance at the lower part, but discharges a healthy pus. The bowels have not been moved to-day, nor yesterday. Ordered a dose of castor oil.

July 1. During the greater part of yesterday he was quiet, and gave rational answers; his pulse in the afternoon had subsided to 70. In the evening, however, we learn, that he again became delirious, and continued so throughout the night. When we visited him to-day at noon with Mr. Travers, the excitement had subsided, and he seemed almost in a state of collapse. Pulse 72, and rather feeble; he spoke faintly, but rationally, expressing a desire for food. He has taken no other sustenance since his admission than barley water; Mr. Travers directed him to have a few strawberries with milk and crumbs of bread. The bowels not having been acted upon for two days, he was ordered to take a dose of castor oil.

2. The placid state of yesterday soon gave way to a fit of violent raving, and he has been very delirious throughout the night, not obtaining the least repose. The countenance this morning is very anxious, with a wild hurried expression; pulse 92, and full, and considerable heat of scalp. There is no preternatural throbbing in the left carotid artery; the pulsation in the right temporal and facial arteries is suppressed. The dressings again removed and fresh ones applied; the wound is granulating. Ten grains of the extract of henbane were given last night, but it produced no beneficial effects. He refused to take the castor oil; a purgative enema was therefore administered, but it speedily returned. Mr. J. H. Green being at the Hospital, saw the patient to-day, and directed that he should be cupped on the temples, and eight ounces of blood abstracted. Cloths made wet with vinegar and water to be applied to the scalp.

3. The patient is in a more tranquil state this morning, and he obtained some refreshing sleep in the night. The pulse is 70, and somewhat feeble, the features collapsed, the lips blanched, and he appears exhausted. The bowels were acted upon yesterday, and also this morning; the tongue is dry and brown in the centre, moist at the edges. He was removed from his bed and washed this morning, but during this process he became so faint, that the nurse exhibited a small quantity of wine and water.

5. He continues calm, and now is allowed a small quantity of wine (two ounces) daily; he partakes freely of arrow root. The pulse ranges from 70 to 89; he answers questions rationally, and his countenance is much improved.

9. The improvement in the state of the patient has been progressive since our last report. He takes food freely, and sleeps tolerably well; his bowels are regulated by the occasional exhibition of castor oil, and he takes the following tonic draught three times a-day.

Infusion of cascarilla, 10 *drachms;*
Tincture of bark, *half a drachm;*
Diluted sulphuric acid, 12 *minims;*
Syrup of orange peel, 1 *drachm.* Mix.

The ligature was found to-day lying loose on the dressings, being the twelfth day since its application.

15. We have visited the patient daily since the date of the last report; but nothing has occurred worthy of notice. The wound has nearly healed; the patient's mind is tranquil, although he is occasionally desponding. Mr. Travers ordered the following draught to be taken three times a-day. He has not taken the medicine last prescribed for several days.

Decoction of bark, 10 *drachms;*
Diluted sulphuric acid, 10 *minims;*
Tincture of bark, 1 *drachm.* Mix.

18. In every respect going on well; health and spirits fast returning, and he looks forward to leaving the Hospital shortly. He appears to be perfectly rational, and says that his memory is not impaired.

Mr. Tyrrell's admission of cases into the Hospital on June 15, was as follows:

Males—Cellular inflammation of the arm following injury; contusion of the loins; stricture in the urethra; necrosis of right femur; caries of right femur; hydrocele; ulcer on the leg (2); hydrocele; iritis; disease of the knee; neuralgia of the leg.

Females—Cachectic sores; ulcer on the leg (2); ulcer on the ancle; chronic ligamentous affection of the tarsus; chronic synovial inflammation of the knee joint.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF ACUTE RHEUMATISM.

We give the following case more for the purpose of showing Dr. Latham's plan of treatment in this distressing malady, than for any unusual circumstance manifested during its progress.

John Bowen, the subject of this complaint, is a sawyer, in his 38th year. He was admitted into John's Ward, under the care of Dr. Latham, on the 16th of March. At this time he stated that his complaints had lasted a week; that he was attacked with a severe *cold*, and that in a day or two he began to feel a pain in both shoulders; in the course of another day his knees and ancles became painful and swollen. The pain he at present suffers is very severe, and worse towards night, so that his rest is greatly broken, and he passes almost sleepless nights. He is not greatly reduced. Bowels regular; pulse sharp and quick; tongue moist, but coated with a a brown fur. Let him take the following powder immediately:

Calomel, twelve grains;
Opium, one grain. Mix.

17. Has had a tolerable night; the pains in the limbs being considerably better. The bowels are much purged, but unaccompanied by tormina; the stools are very dark, and contain some blood. Pulse 88, and sharp; tongue less brown. Let him take the following powder every six hours:

Comp. ipecacuanha powder, ten grains.

18. Not so well; has passed a restless night; pains have returned; pulse 100, and quick; bowels open; tongue less loaded.

Calomel and antimonial powder, of each two grains, to be taken every six hours.

19. Bowels purged, with a good deal of pain and flatulency. Pains continue just the same; swelling of the joints scarcely at all diminished. Discontinue the calomel and antimony.

Comp. ipecacuanha powder, 10 *grains, to be taken at bed-time.*

20. Pains are much less; he has had some refreshing sleep during the night. No medicine.

21. The pains have again returned Pulse 92, strong but compressible; has passed two solid stools; tongue moist. Let him take

Calomel, five grains;
Opium, one grain; *immediately, and at bed-time.*

22. Pains again better; he does not perspire; bowels griped, and the stools of a green colour; pulse 88.

Sulphate of quinine, two grains every three hours, in the form of a pill.

23. Better; has passed a comfortable night, and the pains in the limbs are gone. Bowels acted once; pulse 84, soft.

Continue the pills.

24, 25, 26. Has only had a very slight return of the pain, and is, on the whole, much improved.

April 1. Is rapidly gaining strength, and quite free from pain.

14. He has been going on improving and has had little or no pain during this time, except on the 11th, when he complained of it a little. The quinine was ordered to be discontinued, and the following medicine substituted in its stead:

Ammoniated spirit of colchicum, half a drachm;
Camphor mixture, 1½ *ounce.*

He continued taking this medicine until the 18th, when he was discharged cured.

CASE OF CHRONIC DYSENTERY.

Naomi Dance, a female of rather spare habit, 53 years of age, was admitted into this Hospital on the 16th of February, labouring under an attack of chronic dysentery.

She stated, that for the last twelve months she has had a purging of blood and slime. That she occasionally suffers a good deal of pain, which again gradually subsides. Within the last three months her legs have become œdematous, and her whole body greatly emaciated. The purging, latterly, has not been so severe, and for the last three weeks she has not voided any blood. Pulse small; tongue moist, and rather red; slight pain on pressure over the abdomen. Ordered to take the following pills every four hours:

Quicksilver, with chalk;
Comp. ipecacuanha powder, *of each two grains and a half*. Mix.

Milk diet.

21. Since taking the pills she has felt herself better in every respect. She can bear any pressure to be made on the abdomen without experiencing pain, and the legs have not swollen since she has kept her bed. Passes two or three stools every day. Continue the pills.

26. Better; sleeps well at night, and is free from pain.

March 1. Within the last twenty-four hours the purging has returned, in consequence of having left off the pills. Pulse 80, small; tongue moist. Repeat the pills, and let her take lime water three times a day.

5. Is again improved; bowels less purged. Continue as before.

8. On visiting the patient to day, we find an eruption of a florid red colour has broken out on the skin, accompanied with slight febrile symptoms; bowels relaxed, and blood observable in the stools. Let the pills be discontinued, and to take the following medicine every three hours for three successive times.

James's powder, six grains;
Repeat the lime water.

10. The eruption and feverishness have now disappeared; the purging continues; pulse 84. Repeat the former pills.

13, 14, 15. Bowels less purged, but blood still in the stools; pulse small and frequent; tongue clean, but rough, and red in the middle. Continue the medicines.

From this time the bowels gradually became less purged, and blood ceased to be voided with the stools; her appetite began to return; every thing went on favourably, and towards the latter end of April Naomi left the Hospital cured.

OPERATIONS.

Removal of a small Fungoid Tumour from the alveolar process of the lower jaw.

On Saturday (the 24th) Mr. Earle removed a small fungoid tumour from the alveolar process of the lower jaw. The tumour was situated on the left side, and in the cavity previously occupied by the third molar tooth. The parts bled freely, but the hæmorrhage was stopped by compresses and the application of a little sulphuric acid.

On the same day, Mr. Earle had a woman, who has been in the Hospital a long time under his care, taken to the Operating Theatre, for the purpose of removing a large portion of the right parietal bone, which had gone into a state of necrosis. The woman is one mass of disease, or to use a vulgar expression, "eaten up with the pox." Mr. Vincent gave it as his opinion, that nothing ought to be done except just dividing the scalp, and thus get the bone more freely exposed, as it appeared quite firm in every part. Mr. Earle, however, thought differently, and after freely dividing the scalp, he endeavoured, by means of a forceps, to detach the portion of bone, which he was unable to do. Several small cutaneous arteries were divided, which were taken up and secured by ligatures.

A CHILD BIT BY A DOG SUPPOSED TO BE RABID.

A little boy, about nine years old, was brought to the Hospital a short time since, having just before been bit by a dog, which sprung at him as he was passing its master's shop. It appeared that the little fellow gave the dog no provocation, nor in the least degree took any notice of the animal. As a precautionary measure, the parts were freely excised.

No unfavourable symptoms have occurred, and the little patient has now left the Hospital.

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE,

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XXV.

[*Amaurosis continued.*]

Gentlemen,

The *prognosis* in amaurosis turns principally on two points; viz. the degree in which vision is affected, and the length of time the disease has existed; it is more favourable in proportion as the injury to vision is less, and the attack more recent. If the affection be partial, and the case seen early, a complete cure may be expected. We think favourably of the event when amaurosis is evidently caused by active congestion in the head or eye; for that cause can be removed by suitable treatment. We take a similar view of the subject when it occurs in conjunction with chronic internal inflammation. Our prognosis is doubtful in the earliest cases if the insensibility of the nervous structure be complete; it is equally so in imperfect amaurosis of long standing. Violent vascular disturbance may at once produce so serious a change in the retina as to render it incapable of vision, and a less degree of congestion will have the same effect, if it be long continued. The prognosis is bad when the complaint has been preceded and accompanied by severe pains in the brow, temple, and head; by pains either not relieved by our treatment, or if relieved, quickly returning; also when attended with similar pain of the eye, whether constant or brought on by slight exertion of the organ. The same observation applies to the cases attended with epileptic symptoms or great change in the pupil. Under such circumstances we may reasonably suspect the existence of organic changes in the retina, nerve, orbit, skull or brain.

We cannot trace an accurate line of demarcation between what is called internal ophthalmia and amaurosis: in the former the inflammation is more active and affects more parts; in the latter it is a slower affection, and confined to the retina. The bolder and more strongly marked inflammation is more easily arrested than the more chronic form. The prognosis is doubtful and rather unfavourable than otherwise, as to the complete recovery of vision, if the affection, even in its most recent state, should have produced complete insensibility of the retina. We should speak doubtfully of the result in the case of complete insensibility to strong light, even if it had only lasted twenty-four hours. It is difficult to say in what number of days or weeks we should give up all hopes of recovery. In the supposed case of total insensibility, or even of a near approximation to it, there would be more ground for apprehension than hope at the end of a week, though sight is sometimes restored under these circumstances; but the lapse of a few weeks without improvement, makes the case hopeless. When we succeed in the earlier cases of these serious affections, the restoration of sight is often only partial, the patient remaining in a state of amblyopia or weakness of sight.

The amaurosis attendant on confirmed hydrocephalus is hopeless; congenital cases are completely so. The subject of amaurosis consequent on direct mechanical injuries, has been considered under the head of wounds of the globe (in the 9th Lecture). I have no further remarks to make on it.

It is important to know what is likely to happen in the opposite eye, when amaurosis has occurred in one only. The causes of this affection are not merely local, or confined within the affected organ; they will generally, if unchecked, bring on disease in both eyes. The close sympathy between the two organs must also be considered; they both suffer in most cases, even in forms of disease that cannot be traced to causes of general influence. Hence our prognosis must be directed to the sound as well as to the diseased eye; hence, also, we institute active treatment, and follow it up steadily in many cases when we do not expect to benefit the diseased organ, for the purpose of preventing the occurrence of disease in the sound eye.

Treatment.—Our object is to put a stop to vascular excitement, to prevent the permanent injury of altered structure and impaired function in a structure, the peculiar delicacy of which particularly exposes it to such danger. We must, therefore, employ antiphlogistic treatment of a decided character, and follow it up with a decision and steadiness commensurate with the importance of the affected organ. Under the head of antiphlogistic treatment, must be included general and local bloodletting, but more particularly the latter, as by cupping from the back of the neck or the temples, or by the application of leeches, the evacuation of the bowels by purgatives, and a restricted diet. Repose of the organ should be observed, more or less complete, according to the nature of the case; counter irritation by blisters, from which a discharge may be kept up by irritating dressings: these are the means suitable to the early stage of the affection, the stage of excitement; but if this treatment be not found to remove the change which has been produced in the retina, we must have recourse to mercury, which appears to be as decidedly beneficial in these cases, as in iritis, or general internal inflammation. The remark which I made respecting the use of mercury in those affections, applies also to the present case, namely, that its good effect mainly depends upon the promptitude with which it is employed. The alterative form is insufficient; we give it with the view of arresting inflammation in the structure, which is the very seat of vision; that structure is easily changed by the inflammatory process; our only remedy is to push the mercury in a decided manner, and if we do so, we shall put a stop to the affection. We have used mercury here very freely for amaurosis; we have used it until profuse salivation has been produced, and many decided instances of the good effect of this practice have come under our observation. You will perhaps be surprised at hearing this remedy again mentioned,—at finding a plan of treatment proposed for amaurosis so nearly similar to what has been recommended in other very different affections. The free use of mercury has been already recommended in iritis and other internal inflammations, in common and strumous inflammation of the cornea when proceeding to change of structure. Is it then a panacea? How does it happen that the same remedy should have the power of counteracting disease in textures so different from each other? Now to me, this, instead of being an objection, is the strongest recommendation of the remedy. Although diseases differ in their phenomena, symptoms, and results, and although these differences are often very striking in different textures, the essential nature of the diseased process is every where the same—it is inflammation, unnatural exertion of the capillary vessels; and if we should have a remedy capable of checking that excitement in one part, there is every reason to suppose that it would be equally effectual in other instances.

When the antiphlogistic treatment, and a fair trial of mercury have failed, I do not know that it is possible to effect any further essential good by other means. We must be contented with such management and simple diet as are most conducive to general health, and take the chance of such local amendment as the affected organ may slowly experience under gradual general improvement. Residence in a pure air, frequent exercise in the open air, a plain, mild but nutritious diet, the regular use of mild aperients, with the occasional employment of a more active purgative, and repose of the affected organ, form a combination of measures best calculated to invigorate the system generally, and thus, as far as circumstances will admit, to arrest local disease. The effects of counter irritation may be advantageously tried in conjunction with such measures. Blisters may be applied behind the ears, and at the side or back of the neck, and a discharge may be kept up by the savine cerate. But I prefer a succession of blisters, applying a new one to a fresh surface every five, six, or seven days. I am informed that Baron Dupuytren has found blistering so advantageous in amaurotic affections, that he makes it the principal part of his treatment, often using 30, 40, or more blisters in a single case. A seton in the back of the neck is another mode of accomplishing the same object.

The treatment I have described must be graduated according to the violence of the attack, the constitution, age, and strength of the individual, and numerous other circumstances. We cannot lay down a precise and positive mode of treatment to be pursued invariably, and without deviation, in every case; it must not be supposed that all amaurotic patients require to be bled and salivated. When we meet with the affection in the form of active inflammation of the retina, more especially in a young and vigorous individual of full habit, where there are obvious marks of local vascular congestion and constitutional excitement, our treatment cannot be too active, or too quickly followed up. I beg to remind you of what I have already said respecting inflammation of the internal tunics in Lecture XVIII. Treatment almost equally active is necessary in the slower inflammation that is confined to the retina, when it occurs in robust and plethoric individuals, though not attended with constitutional excitement; indeed the indication for loss of blood, whether general or local, is not to be drawn from the state of the system, but rather from that of the part. The condition of the retina, as indicated by the degree of vision and other local circumstances, is the principal guide. If general fulness, or excitement exists, it is an additional reason for abstracting blood, and for taking it freely from the system. Mercury may be more slowly introduced in the cases of chronic character.

Amaurosis often comes on in a slow and very insidious manner in persons of enfeebled constitution; the organ suffers from habitual excessive exertion, at the same time that the general powers are depressed by residence in confined dwellings, bad air, by sedentary occupations, unwholesome diet, costiveness, and the other injurious influences of such causes. If you should see a thin, pallid, and feeble woman, who had destroyed her health by close confinement to needlework, and whose eyes were beginning to fail, the same active measures would by no means be admissible as in the former case. To think of bleeding and salivating such a patient would be perfect madness; you would, in such a case, empty the alimentary canal, perhaps take a little blood by cupping, or by leeches to the temples, and then use mercury in the alterative manner, together with mild aperients. A few grains of Plummer's pill may be given every night, or every second night, and the bowels may be kept open by electuary, castor oil, or rhubarb and magnesia, taken occasionally. The blue pill may be taken in combination with aloes, or the compound extract of colocynth. It may be necessary to persevere with the mercury, slowly increasing the dose until a slight influence is visible in the mouth. A nutritious diet, without stimuli, good air and exercise, and repose of the affected organ, are important auxiliaries, and a succession of moderate-sized blisters may be advantageously combined with these means. Thus you see that the same principles regulate our treatment, but that it is modified in degree according to the violence of the symptoms and the patient's strength. In the latter description of cases, after mild antiphlogistic means, and clearing the alimentary canal, it may be expedient to combine tonics with aperients, as rhubarb with bark, calumba, or cascarilla; and to allow a nutritious diet with a little porter and wine.

Among the numerous patients who have been treated on these principles, at this Infirmary and in private, many might be selected whose cases would sufficiently prove the efficacy of this mode of treatment. I shall just select two:—A young woman came to the Infirmary labouring under very active congestion about the head; her countenance was peculiarly florid; all the veins were obviously turgid, and she had considerable pain. Before we saw her she had experienced severe external inflammation of one eye, which had produced a large leucomatous opacity of the cornea: the latter was in the state of incipient staphyloma. These serious changes, and the consequent loss of an eye in a young female of considerable beauty, were the obvious results of inactive treatment. She still suffered occasional relapses of inflammation in the eye; more particularly on these occasions she experienced so much sympathetic affection of the opposite eye as to limit her very much in the time of using it. Hence she readily submitted to the removal of the staphylomatous projection, which quickly and effectually relieved the sound eye.

Within a month from that time she came again, saying, that she had lost the sight of the other eye, and on looking at it attentively, I found that she had an attack of almost complete amaurosis; and, although it had existed only two or three days, she could hardly distinguish the window. She had a dilated pupil and nearly motionless iris; there was no external redness, but she had, in addition to her usual florid colour, a flushed countenance, considerable pain in the head, and some febrile disturbance of the system. Knowing from experience how prone she was to inflammatory attacks of the eye, I had her bled largely, and cupped from the back of the neck, placed her immediately upon low diet, and gave brisk purgative medicines; but, although this plan of treatment was followed up most vigorously, no improvement of vision ensued; the retina indeed became quite insensible.

Mercury was now used very actively, and as soon as it caused salivation the affection began to give way, and she recovered her sight perfectly. She was still liable to returns of congestion about the head, and repeatedly lost blood by venesection and cupping; she continued to employ mercury and aperients, and ultimately had a seton in the back of the neck. In spite of such means, continued and repeated for more than a year, during which time she was often bled and cupped, and took an immense quantity of mercury and purgatives, she still retained her beautiful colour and the florid red of a person from the country. She attended here nearly a year and a half, undergoing the treatment above described, more or less actively, during the whole time. I saw her two years afterwards, the eye remaining perfectly well; but, although she had still much colour, the characters of youth and beauty were in a great measure lost.

Another young woman came to the Infirmary with impaired vision; her countenance was red and flushed, and she complained of considerable pain in the head; there was evident congestion about this part. She was about fifteen years of age; menstruation had not commenced, and the consequence was a plethoric condition of the system. She was bled two or three times, purged actively, and continued this plan of treatment for two or three weeks before the retina was relieved, when the menses appeared and she completely recovered.

Local applications have been frequently employed in amaurotic cases; but what good can we expect from such means in the affection of a part so deeply seated as the retina? The greatest number of these have been of a stimulating kind, and they have been used on the erroneous notion of this affection depending on weakness,—of its originating in a debilitated state of the optic nerve. Spirits of wine and æther have been applied about the orbit and brow; and when there is congestion and increased heat, the evaporation may have produced some benefit. Luckily these applications cannot accomplish the purpose for which they have been generally recommended, that is, stimulating the optic nerve. It is necessary, sometimes, to employ local measures to satisfy the minds of the patients, who often feel, or fancy that they feel, better after them. You may prescribe, as a wash for the brow, spirits of wine with rose water; spirits of rosemary and rose water; Hungary water, or Eau de Cologne. Ammoniacal vapours have been applied to the eye itself; and the stimulus to the conjunctiva might possibly relieve the retina. It has been recommended to wash the head every morning with cold water; this is often attended with pleasurable feelings to the patient, and it is a practice which cannot do harm.

The view I have given you of amaurosis is simple; I have regarded it as an inflammatory affection of the nervous structure of the eye; requiring the same treatment as other inflammations. This is contrary to the general opinion entertained of amaurosis; and the treatment which I have recommended is nearly opposite to what has been generally advised and relied on. I must therefore advert shortly to some of the ordinary modes of treatment.

There is a plan of treatment by *emetics*, which has been strongly recommended by Schmucker, Scarpa, and Richter, and carries with it all the weight which such respectable names can afford; many practitioners, on the continent and in this country, have tried this mode of practice. Scarpa observes, that in many cases there will be proofs of a decided gastric irritation, such as furred tongue, constipation, loss of appetite, and so on; for which he recommends an antimonial emetic to be given: this is to be repeated two or three times at short intervals, as the occasion may require. Subsequently a course of medicine should be adopted, which he calls resolvent; such medicine is generally given in the form of pills, and the combination is very similar to our Plummer's pill. If this plan have been continued some days and the stomach should again furnish proofs of being out of order, a repetition of the emetic must be had recourse to. Having used this treatment with great advantage, where gastric irritation seemed to have caused the affection, he employed it generally in amaurosis, knowing nothing else so likely to succeed. Richter has followed a nearly similar plan. The authority of such names as those of Richter and Scarpa, would naturally induce us to try this plan of treatment; and I have selected cases which appeared to me to be most favourable for its employment; but I must confess that I have never seen one decided case of amaurosis cured by their use. On the other hand, after using them ineffectually, I have seen the same patients relieved, and even cured by antiphlogistic means and the other treatment I have described. I have therefore entirely abandoned the use of emetics in amaurosis.

Electricity you are aware has been used in amaurosis, as well as in most other nervous affections. Mr. Hey, of

Leeds, published some cases of amaurosis which he considered much benefited by the use of electricity; and the late Mr. Ware seems to have relied on it almost entirely. Indeed this influence in all the varieties of its application, and various other stimulants, have been tried over and over again in this affection; I have seen no benefit from it.

The tonic and stimulating plan of treatment has always been, and is still mentioned in the treatment of amaurosis. If I were to enumerate all the remedies of this class, which have been recommended and actually used, I should have to recount every thing that comes under the head of tonic and stimulant, of nervous, antispasmodic, and antiparalytic. The greatest favourites, however, have been the arnica montana, pulsatilla, valerian, black hellebore, calamus aromaticus, camphor, opium, hyoscyamus, musk, castoreum, phosphorus, ammonia, flores zinci, steel, and naphtha; even fried millepedes have been strongly recommended. If the treatment I have recommended to you be capable of doing any good; if the pathological views on which that treatment is founded approach in any degree to correctness, then all this farrago of nervous and stimulating substances must not only be inefficacious, but absolutely injurious; and indeed, on referring to many of the articles in this list of substances, we cannot suppose that they could be put into the stomach without disordering the health generally. If these substances are capable of doing any good in this affection, then the antiphlogistic and evacuant mode of treatment must be completely wrong. I am, however, firmly convinced that the tonic and stimulating plan is entirely erroneous; that it is founded on mistaken notions, or rather in complete ignorance of the pathology of the affection. Unfortunately this error is not an indifferent one, for if we take up the treatment of a case of amaurosis on a wrong principle, we are not only contributing to the progress of the disease, but we are losing time which is of the greatest value; and I have seen but too many cases where the disease has been decidedly aggravated by the very means used for the purpose of removing it.

Mr. L. then related a case illustrative of the impropriety of this mode of treatment, which in a few words amounted to this:—A boy at school complained of a dimness of sight, and a little pain in the head; a surgeon was consulted who advised leeches and purgative medicine, very properly as far they went, but not sufficiently active; the friends, finding that the affection did not subside, applied in another quarter, where they were informed that the dimness arose from a want of tone in the nerve, and that the boy must take a generous diet and tonic medicine, and therefore ordered him the pil. ferri cum myrrha, the result of which was, that in ten days the lad became totally amaurotic in the eye first affected, and found the other eye becoming dim. This was the state of the case when Mr. L. first saw the patient, and he deemed it necessary immediately to adopt active depleting measures, which had the effect of preserving imperfect vision in the eye last affected, and left the other eye in the same state as when it came under Mr. L.'s notice.

One circumstance which may have encouraged the idea of amaurosis being owing to a weakness of the optic nerve, is that persons have felt, or fancied that they have felt, better after the excitement of wine, or a full meal; this may be accounted for by supposing that the powers of the retina having been partially exhausted, may be temporarily roused by the excitement of the stimulus, but that very stimulus must have the effect of increasing ultimately the mischief: just in the same way as when the stomach is impaired by intemperance, its powers may be momentarily increased by a dram, but no one would ever think of restoring it to its healthy condition by the continued use of such stimulants.

Such are the general principles that should direct our treatment of amaurosis; but it is necessary that I should advert more particularly to some of the species of amaurosis, since modifications of treatment will be required. There is a species of amaurosis referred to organic disease, being accompanied with a visible change in the organ; the pupil having a deep-seated dull or brighter yellow appearance, like the eye of a cat. The iris is usually changed in colour. Sometimes vessels appear ramifying on the bottom of the eye: the Germans call this form of the affection the *amaurotic-cat's eye*. There is complete amaurosis. It is not, however, a common form of affection; it is seen most commonly in old persons, but it is not confined to them: two boys came to the Infirmary labouring under this affection, the one about eight and the other fourteen years of age. We have no means of removing this affection, or arresting its progress.

Purely nervous amaurosis, that is, an affection in which the disease is confined to the retina, and the other parts of the eye are quite sound. This is the affection to which I consider the treatment I before recommended as especially applicable ; it is this affection which, in its ultimate and confirmed state, is denoted by the dilated and fixed pupil of a clear black colour, with total insensibility to light ; this is the state of the organ properly called gutta serena.

Sympathetic, or symptomatic amaurosis is an affection not depending upon disease of the organ itself, but upon the state of some other and remote part, consequently requiring attention to that particular organ. In such a case, the symptoms lead you to detect the state of the organ affected, and you will, by observing them, trace out that the affection of the eye is secondary. The irritation of teething in children, and affections of the stomach from various causes, will often produce amaurosis.

With regard to the complication of amaurosis with internal inflammation, I am not aware that it is necessary to say any thing more : nor do I know that the treatment of amaurosis, when occurring in gouty or rheumatic persons, will require to be noticed. It generally happens, that in such cases the vitreous humour, as well as the retina, is affected, but I would rather refer such a case to the head of internal arthritic inflammation, than call it amaurosis.

Pregnant and suckling women are subject to amaurosis, and it may be accounted for in them by the general fullness of the system which takes place at the period of pregnancy. If such a case should come under your notice, you would bleed moderately, purge actively, and put the patient upon a regulated diet. In suckling women, amaurosis is often the result of a fullness of habit, produced by too great indulgence in generous diet, and the use of fermented liquors, which many women are apt to consider as necessary for their situation. Antiphlogistic means are here necessary, but they should be of mild character. However, an amaurotic affection of opposite character, apparently the effect of debility, is frequently brought on by protracted suckling ; it occurs especially among the poor, who go on suckling for a long time to prevent the recurrence of pregnancy, and who are obliged to work hard, often with insufficient and unwholesome food. Such women become thin and pale ; they are subject to palpitation and profuse perspiration. Without any apparent change in the organ, they complain of dimness, confusion of sight, and giddiness, and see imaginary appearances before the eye. It is a matter of primary and urgent necessity in such cases to wean the child, and to avoid all considerable and fatiguing exertion. A good diet, and moderate use of fermented liquors, will be advantageous. The combination of tonics and mild aperients, as bark and rhubarb, or the former alone, is the best plan of treatment. If the affection should not give way, which it usually does under this method, we may resort to blistering.

The effect of suckling on the eyes is not always clearly explicable on the ground of debility. Amaurotic symptoms often show themselves, in consequence of some influence not hitherto understood ; and inflammatory affections of the eyes become more severe and obstinate in this state.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXXV.

On Diseases of the Respiratory Organs.

Gentlemen,

THE diseases of the *organs of respiration* constitute a numerous class, on account of the number of parts concerned in the performance of this function, each differing in structure as in office from the rest. In order to render the subject intelligible, it will be requisite to describe generally the organs themselves, and to point out their peculiarities.

The *organs of respiration*, altogether, may be arranged under three general heads :—1st, The *air-passages*, through which the air in breathing enters the lungs, and is again discharged from them. 2dly. The *lungs themselves*, which may be considered as the efficient parts of the respiratory apparatus, and in which the blood undergoes its destined changes. and 3dly, The *muscles of respiration*, by the action of which air is drawn, as it were, into the lungs, and again expelled from them ; those by which *inspiration* is principally effected, are the *diaphragm* and *intercostal muscles ;* while *expiration* is accomplished chiefly by the action of the abdominal muscles, but in part also by the elasticity of the cartilages of the ribs, and that of the lungs themselves.

To understand the mechanism of respiration, which consists in the two acts just mentioned, namely, *inspiration* and *expiration*, or the alternate admission and emission of air into and out of the lungs, you must consider the lungs as two cellular bags enclosed within the thorax or chest, the hollow of which they completely fill, and having no communication with the external air, but through the *trachea*, or wind-pipe. Now if this apparatus for breathing be compared with an ordinary pair of bellows, having no valve or opening at bottom, the comparison, though rude, will serve to convey no inadequate idea of the process of respiration. The two boards of the bellows being forcibly separated from each other by the handles, (which, in effect, may be considered as representing the *muscles of inspiration*,) a void is created, which occasions the external air to rush in through the nozzle of the instrument, in order to fill the vacant space. This is the type of *inspiration*. On the other hand, when the sides of the bellows thus filled with air, are pressed together again, the contained air is expelled, by the channel through which it entered; and this is *expiration*. Now the lungs, like the bellows, are in themselves passive, and require an external force to expand them for the reception of air. This purpose is answered by the *diaphragm* contracting itself in a downward direction, and thus enlarging the chest longitudinally; and, secondly, by the *intercostal muscles*, which raise the ribs and at the same time carry them farther from the spine; by which the capacity of the thorax is enlarged from before backwards. The increased capacity thus given to the chest, is soon filled by the air rushing in through the wind-pipe, as through the nozzle of the bellows. *Inspiration* being thus completed, the contained air is immediately again expelled from the lungs; partly, as I just observed, by the natural elasticity of those organs, as well as by that of the cartilages of the ribs, and partly by the contraction of the *abdominal muscles*, (the *muscles of expiration*) which are attached to the lower margin of the chest, so as to pull it downwards. The lungs themselves, therefore, not being muscular in their structure, are altogether passive in the act of respiration.

The purpose answered by respiration, is that of changing the condition of the blood from the *venous* to the *arterial* character; a change that takes place during its passage through the lungs by the pulmonary artery, and which is effected by the influence of the air taken in in breathing. Accordingly, the air inspired undergoes a change corresponding with that which takes place in the blood itself; for the air expelled from the lungs, when chemically examined, is observed to have its *oxygen* diminished, while an equal *volume* of *carbonic acid* is found in its stead. The exact way in which these changes are effected, is still involved in doubt and obscurity. One opinion is, that the oxygenous portion of the air inspired passes through the thin membrane that forms the sides of the minute ramifications of the pulmonary artery and veins, so as to combine with the blood passing through them, thus giving it its scarlet or arterial hue; while, at the same time, an equal bulk of ready-formed *carbonic acid* exhales from the blood, and is thrown out in the act of expiration. According to this notion, respiration serves to *oxygenate* the blood, by this means rendering it more *stimulant*, and better fitted for the various purposes of the system, and especially for the production of animal heat.

Another opinion is, that there is continually exhaling from the blood in the lungs a portion of minutely divided *carbon*, which uniting chemically with the oxygenous part of the air taken in, forms with it the *carbonic acid*, found in the expired air. Thus, according to this hypothesis, respiration is a *decarbonizing* process with respect to the blood, the florid colour which this fluid acquires in its passage through the lungs, being attributed to the escape of *carbon* from it. Which of these opinions, or in fact whether either of them, is the true one, we are still in doubt. All that we are certain of is, that *respiration* is essential to life, and cannot be interrupted for even a few minutes without absolute destruction. And it cannot be doubted, therefore, that every considerable impediment to the performance of this function, must be injurious to health, so much so, indeed, as not unfrequently to prove fatal. Thus, the diseases of this class of organs acquire importance by the danger that attends them, as well as by their frequency and variety, and hence the study of them becomes a subject of great extent and no small difficulty. I shall endeavour to treat the matter so methodically, as will, I trust, serve at least to lessen the difficulty, and assist you in regard to practice.

Following the division before alluded to, therefore, I shall first treat of the diseases of the *air-passages;* next, those of the *lungs themselves;* and finally, those of the *moving powers,* the muscles of respiration.

1. *Of the diseases of the air-passages.*— These passages may be considered as commencing at the nostrils; continued thence into the *trachea*, or wind-pipe, with its division and sub-divisions, the *bronchia*, and terminating at last in what are called the bronchial cells, or the *air-cells* of the lungs. These passages are lined throughout by a continuous mucous membrane which is every where of the same structure, and which is frequently the seat of inflammation; to this inflammation, the general name of *catarrh* is given; and this, with its consequences, is in reality the only disease to which this part is liable.

The *air-passages* are no where muscular or contractile in themselves; nor are they under the influence of muscles, except at the *larynx*, connected with which a number of muscles are found, as will be adverted to in the proper place. The consequence of this want of muscularity in the air-passages, is that no contraction of them can take place (with the exception mentioned in regard to the larynx); and also that these parts are not liable to either *spasm* or *convulsion*, which are affections that belong to muscular structures exclusively.

Catarrh is the same disease, as to its essence or intrinsic nature, wherever seated. There are, however, several varieties which require to be pointed out, as the treatment is not in all precisely alike. I shall first speak of catarrh in general.

Definition of catarrh. "Inflammation of the mucous membrane that lines the air-passages in any part." You will perceive here, Gentlemen, that I have formed the definition from the admitted *nature* of the disease, and not from the *symptoms*, as has been usually done. These are very various, according to the particular part affected, as well as other circumstances; so that it would require a history, rather than a definition, to enumerate all of them; while no partial account could make the subject intelligible to you. The general principle contained in the definition I have given, will serve as a landmark, and practical guide throughout; for in every variety of the disease, you should recur to the definition, and you will find advantage in recollecting, that they all consist in inflammation, however modified by the attendant circumstances.

I shall first speak of *catarrh* altogether, without regard to its *varieties*, for these will require to be noticed separately. Now the history of *catarrh* is merely the history of inflammation of the mucous membrane in general; and as I have before spoken of this, I shall on the present occasion be very brief.

The *signs* or *symptoms* of *catarrhal* inflammation are a sense of heat and soreness, with dryness, of the membrane lining any part of the *air passages*; attended also with redness and swelling, the result of the increased vascular action of the part. In severe cases, *pyrexia*, or a febrile state of system, accompanies the disease.

Progress and termination.— After an uncertain period (it may be a few hours or longer,) the secretion from the part returns; at first, it is thin and watery in appearance, but acrid in quality, so as readily to irritate and inflame the surfaces to which it is applied. It then becomes more viscid, and afterwards more or less opaque, friable, and copious; and in proportion as these changes take place, the inflammatory symptoms subside, and by degrees the secretion lessens; till, in an inverted kind of order, it returns to the natural state, when the disease is at an end. Such is the ordinary course of these affections. But in aggravated cases of the disease, the fluid secreted by the inflamed membrane has a sanious and even bloody appearance; or there may be actual hæmorrhage, in greater or less degree. Ulceration also may follow; or an adventitious coat of coagulable lymph be formed; and sometimes carnous excrescences spring up.

Causes.—The general cause of *catarrh* is the *taking cold*, as it is termed; and hence the disease itself is often called *a cold.* Irritating matters of any kind applied to the membrane, or inhaled in breathing, are sufficient to bring on the disease.

The smoky atmosphere of a large town often brings on *catarrh* in persons unaccustomed to such a stimulus. When dry and cold winds prevail for a length of time, especially the east wind, catarrh generally becomes *epidemic.*

Treatment.—The treatment is merely that of inflammation in general, governed, of course, by the degree and other circumstances of the case. Slight cases require no remedies, the disease soon terminating spontaneously. The more severe ones call for *bloodletting*, as well as the other parts of the *antiphlogistic* or *anti-inflammatory* treatment. The proper exceptions to be made, you will, I have no doubt, readily understand, after the repeated observations I have given on the subject. I must, however, guard you against one very erroneous notion that has been recently entertained and promulgated; which is, that there is something so peculiarly depressing to the general powers of the system in the very nature of inflammation of the mucous membrane, as will seldom allow of bloodletting, and which often requires the use of very opposite remedies. This, I say to you, with confidence derived from experience, is not true, and the acting upon such an opinion is highly injurious in practice, whether the mucous membrane lining the air passages, or that which lines the alimentary canal, be the part affected. In either case, bloodletting is frequently required, and, employed in the proper circumstances, is as serviceable as in inflammation of other parts.

Let us now consider the *varieties* of *catarrh*, which are such as often to call for some modification of treatment. *Catarrhal inflammation*, then, is chiefly varied by two circumstances: first, the particular seat it occupies; and, secondly, by the nature of the inflammation, which may be either *common* or *specific*. We are to speak first, of course, of *common* inflammation of these parts.

1. The seat of *catarrh* may be the nostrils, and the neighbouring sinuses of the cheek bones and *os frontis*. This is termed *coryza*, or *cold in the head*. 2. It may be seated in that portion of the mucous membrane which lines the larynx, or upper part of the wind-pipe, when it is called *croup* (*laryngitis*). 3. It may occupy the trachea below the larynx, and its ramifications, the *bronchia*; when, either the term *tracheitis*, or *bronchitis*, might be applied. Or, lastly, the disease may be seated in the minuter ramifications of the air tube, when it must of necessity impede respiration more or less, according to its extent. It has been then, in common language, called *asthma*, and in books *peripneumonia notha*, from its resemblance to inflammation of the lungs themselves.

1. *Coryza*, or cold in the head. This is the simplest form of *catarrh*, and is known by the usual symptoms. The part becomes hot and dry, with a sense of soreness: there is often sneezing also, and the membrane swells, so as to obstruct the passage of the air through the nostrils. The sense of smell is frequently impaired, or altogether lost for a time. The secretion of mucus is diminished, and what does take place is very different from the healthy state; it is thin and acrid, so as to occasion redness and even excoriation of the upper lip over which it flows. The inflammation is apt to shift from one nostril to the other, and that very suddenly. At times, the inflammation spreads along the membrane lining the sphenoidal and frontal sinuses, occasioning severe pain and feeling of weight over the forehead; at other times, it affects the lining of the maxillary sinuses, producing pain in the cheek bones. Occasionally it spreads up the lachrymal duct, and often the *tunica conjunctiva* becomes red and inflamed. Proceeding backwards into the fauces, the inflammation produces slight soreness in the throat, with some degree of swelling of the tonsils. Occasionally also it spreads along the *Eustachian tube*, and occasions partial deafness by obstructing the tube.

This disease is in general so slight, as not to require the use of remedies: if more than usually violent, and especially if attended with much headach, *antiphlogistic* treatment, and even bloodletting, may become necessary.

2. *Croup.*—This is an inflammation of the mucous membrane lining the larynx, and is attended by its usual effect, swelling. Now in infants, the opening by which the larynx communicates with the mouth, namely, the *glottis*, is very small: so much so, that a slight degree of swelling is sufficient to materially impede the entrance of air into the trachea. This is the reason that the disease is so much more severe, and even fatal, in infants than in adults; in fact, the term *croup* is seldom applied to adults; not because the disease does not exist in them, but in consequence of the glottis being much larger, the disease is seldom attended with the alarming symptoms observed in infants.

The essential *symptoms* of *croup* are, a harsh and shrill tone of voice, observed particularly on coughing, and sometimes a total loss of voice: the breathing is more or less difficult. Other signs are the following. The *os hyoides*, with the whole larynx, rises conspicuously in breathing. As respiration becomes more impeded, the blood is obstructed in its passage through the lungs: the face is first flushed, afterwards bloated, and at length livid. The brain is often disturbed in young infants, and convulsions ensue. The muscles of the larynx are irritated, either from their proximity to the inflamed membrane, or from the actual spreading of the inflammation to them. The consequence is, that those muscles are thrown into a state of spasm from time to time, so as greatly to aggravate the symptoms.

When the disease terminates favourably, mucus begins to be secreted, at first of a viscid quality, or in flat masses like skin; sometimes there is a deposition of coagulable lymph, and which is thrown off of a tubular form, being an exudation from the whole surface of the inflamed membrane. This formation is not, however, constant, but is seen only in certain cases. Sometimes the inflammation ends in increased secretion of mucus merely; sometimes of pus; according to the violence, or some particular modification of the inflammation. The formation of adventitious membrane is not confined to the larynx, but may take place any where in the bronchia; and indeed wherever the mucous membrane is inflamed, as is often observed in the intestinal canal.

Croup may exist in different degrees, in point of violence and danger. In some instances, it terminates fatally in the short space of 48 hours. Some have survived repeated attacks; the disease, in general, being less dangerous on repetition.

This disease appears at times to be epidemic; or at least it prevails much more at one time than another, particularly when catarrh in general is prevalent. It is more frequently found in low and damp situations, than in the reverse; thus, it is much more common at Leith than at Edinburgh.

We often hear the terms *spasmodic croup* made use of. Slight cases, which have happened to do well without evacuations, and even where *antispasmodics* (that is *stimulants*) have been given, have been termed cases of *spasmodic croup.* We must, however, always bear in mind, that the disease is primarily and essentially inflammation. It may, at times, by irritation, produce spasm of the laryngeal muscles; but this is not the disease; it is merely an accidental effect of it. The term *spasmodic croup*, therefore, is improper.

The *prognosis of croup* will, of course, be very different at different times; for it is by no means uniformly fatal. In infants, it is always to be considered dangerous, on account of the small size of the glottis in them. Infants also are more liable to convulsions; which, therefore, make the disease more dangerous.

The *treatment* of croup is very simple, being that of inflammation in general. *Bloodletting*, if early resorted to, should be considered as an almost indispensable part of the treatment, and it should be done with as much freedom as the circumstances will admit of. Venesection is infinitely preferable to local bleeding; and the jugular vein is perhaps better adapted to the purpose than any other. If, however, the child be too young to have a vein opened, (which is very seldom the case), the application of a small cupping glass, with scarification, to the back of the neck, would be highly serviceable. Leeches may be applied; but they ought to be considered as the worst mode of taking blood.

Next to *bloodletting*, in point of advantage, is the administration from time to time, of nauseating doses of antimony or ipecacuanha. *Actual vomiting* often appears to give relief; yet I have sometimes observed the patient to breathe worse afterwards, perhaps by the act of vomiting, mechanically stretching the inflamed parts. The use of *blisters* is equivocal; they often produce so much general disorder in infants, as to counteract any advantage derivable from them. At all events, they should not be applied immediately over the larynx; for the continual movement of this part will add greatly to the distress they occasion. If used at all, therefore, they should be applied remotely from the diseased part. *Purging* is not to be neglected; and where the cough is incessant, as is sometimes the case, *opiates* are admissible, to prevent the mechanical irritation of the parts concerned.

These are the essential parts of the treatment of *croup;* and nothing else can be relied upon. Great importance, however, has been attached by many to the use of *calomel* in *croup.* And some have gone so far as to consider it in the light of a *specific.* There can be no doubt that many persons have recovered under the use of this medicine; but this alone does not prove the efficacy of the remedy. I have repeatedly given, and seen given, one and even two grains of calomel, every hour or second hour, to children of different ages, till 40, 50, or 60 grains have been taken. In some instances, these large quantities have produced no sensible effect of any kind. Some of the patients have recovered who have been thus treated; but others have died, under equally favourable circumstances. This makes the remedy at least equivocal. Children often prove very insusceptible of the action of mercury; and where it produces no sensible effect, it is not easy to conceive that it should be able to cure. It requires better evidence than has yet been given, to convince me of its efficacy in this disease; at least so far as to lead me to rely upon it exclusively, or even principally. My advice to you is, to regard the disease as consisting in inflammation; then to consider how this is to be best combated. After *bloodletting* to a proper extent, and after *counter irritation* by *emetics* and *purgatives* has been practised, it is not improbable that calomel might be of use; not as a *specific*, but upon general principles, as in other inflammations.

Antispasmodics, as æther, the volatile alkali, the oil of amber, asafœtida, and the like, I have seen employed in the treatment of croup; and also *fumigation* with frankincense. These have been used upon the idea of the spasmodic nature of the disease; and patients have sometimes recovered under their use. This, however, is rather a proof of the mildness of the disease at particular times, than of the efficacy or propriety of the practice.

When the difficulty of breathing is so great as to endanger the life of the patient, the operation of *tracheotomy* has been proposed. Now, without meaning to question the propriety of this, under proper circumstances, I may observe, that it is not likely often to prove successful; as there are obstacles to the performance of it, which may prove at times insurmountable. In the first place, the inflammation is apt to spread downwards to the *bronchia*, which must lessen, if not destroy, the chance of the operation succeeding. In the next place, it will seldom be performed except in desperate circumstances, and where death from suffocation is imminent. At such a moment, the least additional obstacle to breathing may prove immediately fatal, such as fixing the trachea, and throwing the head back, which are necessary to an accurate performance of the operation. Lastly, the difficulty is still greater in infants, (who are the most likely to require the operation), on account of the quantity of fat in the cellular membrane, and the great vascularity of this part; which makes it next to impossible to prevent the escape of blood into the trachea, when laid open, and that at a time when the smallest additional obstacle to breathing cannot be sustained without fatal consequences.

There is a *chronic* form of *croup* sometimes met with in adults, in which *tracheotomy* may be practised with less immediate danger, and where it is not only justifiable, but proper. It will seldom, however, succeed; the disease generally going on to ulceration, and ultimately terminating in *phthisis pulmonalis*.

Hoarseness (*raucedo*), and a total loss of voice (called *aphonia*), may be included among the affections of the larynx, as the organ of voice. That degree of inflammation which in infants will produce *croup*, may, in adults, be merely productive of the state now mentioned, with but little difficulty of breathing. There appear, however, to be other causes of the loss of voice, and which it is not always easy to discover. On some occasions, the voice is suddenly lost, and continues so for a length of time; and then as suddenly and unexpectedly returns. This is not uncommon in females. Relief is sometimes afforded in these cases by antiphlogistic treatment, as bloodletting, local or general, blistering, emetics, &c.; but they as often fail, I believe. *Mercury* has been likewise used, and its vapour, as well as that of various other things, inhaled in the way of fumigation; but generally without success. The immediate cause of the loss of voice may be of different kinds; as tumour, ulceration, or other change of structure in the parts. A paralytic state of the muscles of the larynx has been also supposed to occasion a loss of voice, and not without probability; since it is found that a division of the nerves going to the larynx in animals, renders them incapable of emitting sound.

After repeated attacks of *catarrh*, the muscles attached to the larynx are sometimes left in so irritable a state, that a very slight degree of irritation at the top of the windpipe will throw them into a state of spasm, so as nearly to close the glottis and threaten suffocation. Thus if a particle of bread, or a drop of water, touches the part, or slips into the glottis, the spasm is instantly excited. The swallowing a little cold water, or exciting an effort to vomit, will generally give relief in these cases; while where any thing unusual has got into the trachea, it will be likely to be soon dislodged by coughing. I hardly need observe to you, that in the possible case of any thing becoming fixed in the glottis, and that cannot be dislodged by other means, it may become necessary to have recourse to tracheotomy in order to preserve life. This is the case of all others, in which the operation would be the least liable to objection.

3. *Tracheitis*. This name might be properly given to cases of *catarrh*, in which the inflammation is seated in that part of the mucous membrane that lines the great barrel of the trachea, below the larynx. The great capacity of the tube here, as well as the firmness of the cartilaginous rings, will prevent any material straitening of the tube, so as to interfere with the passage of air into the lungs. No difficulty of breathing, therefore, will take place in this form of the disease. The chief local symptoms experienced, will be the usual heat, soreness, and dryness of the membrane, succeeded by increased secretion of mucus of different qualities, according to the degree and the stage of the inflammation. The presence

of this mucus will excite *coughing* for its expulsion, a cough being the natural and indeed almost the only means by which any matter deposited or lodged in the windpipe, or its ramifications, can be got rid of; and thus what is called *expectoration* is effected. Now as a cough has commonly a beneficial tendency, being intended by nature to expel something noxious from the air passages, or at least something that by its presence might impede respiration, you are not, as a general rule, to consider the cough as the disease, but as one of the symptoms merely, and that on many occasions ought rather to be encouraged than suppressed. It is only when it becomes harassing by its frequency and severity, or when there is evidently nothing to be expelled, that it can be properly interfered with.

Sometimes the sensibility of the membrane is so great, that the mere impulse of the air, especially if it be cold or have any thing of an irritating nature floating in it, will excite coughing. This extreme sensibility may render the use of opium proper; but you should consider at the same time, that this excessive sensibility is almost always produced and kept up by inflammation; which therefore may require *bloodletting*, and other antiphlogistic means, to subdue it. With this qualification, *opiates* are sometimes admissible. As to the remedies usually employed under the name of *demulcents*, such as *oils*, *mucilages*, *syrups*, and the like, I might be excused from mentioning them at all, were it not that you are generally required to give something in the form of medicine on these occasions; and the substances I have just named, are at least innocent. While mankind are so ignorant as to believe that nothing is to be done in physic without drugs, it may be wise in you to fall in with their prejudices, provided you do not allow yourself to be influenced by them so far as to omit what is of real importance.

4. *Bronchitis.*—In many cases of *catarrh*, of the form I have just described, the inflammation is not confined exclusively to the main barrel of the trachea, but spreads upwards or downwards, and produces symptoms accordingly. Thus, if it extends upwards, so as to reach the larynx, it may produce hoarseness, or an entire loss of voice, as already mentioned. On the other hand, if the inflammation spreads downwards to the minuter ramifications of the bronchia in the chest, (or it may even begin there,) then we have the form of *catarrh* that the older writers termed *peripneumonia notha*, or bastard peripneumony, and which is often vulgarly called *asthma*, though this term, by the general consent of physicians of late years, has been confined to a periodical difficulty of breathing, which I shall hereafter advert to more particularly. At present, we are to consider what has been recently and not improperly called *Bronchitis.*

Definition.—This is an inflammation of that portion of the mucous membrane that lines the smaller ramifications of the bronchia, and the air-cells of the lungs.

Now when we advert to the minuteness of the ultimate branches of the bronchial tubes, it is easy to see that a trifling degree of inflammation of the lining membrane of these, must, by the swelling it occasions, impede, if not wholly interrupt, the passage of air through them. And supposing the whole, or even the greater number, of the ramifications of the bronchia to be so affected, the difficulty of breathing may be so considerable, as not only to occasion great distress to the patient, but even to destroy life. This, in fact, is by no means an unusual occurrence, especially in old persons. The large secretion of mucus, more or less viscid, that takes place on these occasions, is another cause of obstruction to breathing. In this state of the air-passages, it is next to impossible that the blood should undergo the requisite changes in its passage through the lungs; first, from the difficulty with which air enters the lungs; and next, from the thickened and diseased state of the membrane, which cannot but be unfavourable to the transmission of matter through it, whether we suppose oxygen to be combining with the blood, or carbon passing from it.

Symptoms of bronchitis or *peripneumonia notha.*—It is not difficult, from what I have just stated, to understand these, which are as follow. The breathing is slow and laborious, attended with more or less of a wheezing sound. The patient is generally obliged to lie with the head and trunk much elevated. The countenance is expressive of anxiety. There is not much cough at first, but by degrees expectoration takes place, and the more copious and easy this is, the sooner is the patient relieved. Febrile symptoms attend, the tongue becoming dry and furred, and darker in colour in proportion to the severity and danger of the disease. The pulse is more or less full and strong, in the same proportion. If the patient is old and feeble, the pulse begins to fail after a few days, respiration becomes more and more difficult, the extremities become cold, the skin livid, the eyes glassy, there is pain in the head, and either delirium or stupor comes on: after which the disease soon proves fatal. This is an extreme case, but by no means uncommon in old and feeble subjects. If the patient survives the attack, he seldom escapes a recurrence of the disease, upon every change of season, or exposure to cold.

This affection is strictly inflammatory in its nature; but it commonly occurs under circumstances that are very unfavourable to an active antiphlogistic treatment. A very limited abstraction of blood, however, is admissible in many cases, and is often productive of great advantage. *Blistering*, and occasional *nausea*, may also be employed with benefit. When the inflammation has yielded a little, (which may be ascertained by the tongue becoming somewhat moist) the medicines termed *expectorant*, such as the *squill*, *garlic*, the *balsam of capivi*, and others which you will find under this head in the *materia medica*, may be administered. There is much reason however to question their possessing the power ascribed to them, that of promoting expectoration, at least in a direct way. You will do better to consider them in the light of *stimulants;* and upon this ground to inquire how far they are adapted to the circumstances of the case. I do not hesitate to tell you, that they are very seldom wanted, and that they do not in general accomplish what they are supposed to do. We take them, for the most part, upon trust, and continue them from habit, without any adequate proof of their efficacy. While so much of the practice of medicine consists in the exhibition of drugs, we shall advance but little, I fear, in our knowledge and treatment of diseases.

Bronchitis sometimes recurs periodically, so as to constitute one of the varieties of *asthma*. This subject, however, I shall reserve for a future lecture.

FOREIGN DEPARTMENT.

ANATOMY.

Sitting of the 23d of May.—Specimens of Cancer.

M. Chomel presented a fine specimen of cancer which he had found in a woman 64 years. He had taken from the same person several tumours of that description in different parts of the body; 1st, in the lungs, which were filled internally with small roundish uninfiltrated tumours, at least 100 in number. They were of a white colour, although internally somewhat red, spread over with greyish points and red striae, formed of a homogeneous substance, without distinct structure, pretty soft, and could be raised up without difficulty in the form of a pulp. The bronchia were sound. 2d. The liver presented similar tumours on its surface, and in its interior two very large encysted tumours, about the size of a hen's egg, arising from the deposition of a substance more firm, shining, brittle, and having no pulp. 3dly. The left kidney and upper part of the uterus were for the greater part changed into a substance of a deep red colour, nearly liquid in the uterus, more pulpy in the kidney, and even in some points dry, hard, and brittle. The woman had been ill for nine months; she had laboured under irritation of the stomach, pains in the kidneys, and three different attacks of menorrhagia.

PHYSIOLOGY.

Experiment with Hydrocyanic Acid.[*]

M. Dupuy lately communicated to the Academy of Medicine at Paris, the following experiment which he had tried:—He introduced into the mouth of a horse that had been destined to be killed, a morsel of sponge, which had imbibed a mixture composed of seven drops of pure hydrocyanic acid, and twenty-four of water. In a few seconds the posterior extremities of the animal began to faulter, and he fell; the respiration became noisy and accelerated, the nostrils were dilated, the mouth open, the tongue, as well as the eye and eyelids, affected with convulsive movements. The fore extremities were in a state of flexion: when nux vomica has been given, they are always extended. The animal was in a comatose state, and appeared to have lost all sensation or movement. Palpitations of the heart were frequent.

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[*] Archives Generales, June 1826.

M. Dupuy made this experiment to ascertain if the hydrocyanic acid did not produce the same effects as are to be seen in broken-winded horses.

On dissection, we find in the latter that the lungs are emphysematous, and during life the nostrils much dilated in horses under the influence of this medicine.

The state above described continued for twenty-five minutes, and appeared likely to cause the death of the animal. A drachm of the sub-carbonate of ammonia dissolved in water was injected into the jugular vein. In a few seconds the animal raised itself, and went to the stable! and in an hour afterwards no symptoms remained, except a slight increase of the respiration and pulsation of the heart, and twitchings of the sub-cutaneous muscles.

Remarks on a Disease of the Spinal Marrow, tending to demonstrate the independant nature of the Functions of the anterior and posterior Roots of the Nerves. By M. Velpeau.

Mademoiselle Martin, æt. 36, a native of Paris, of a middle stature and lymphatic temperament, was attacked, at the age of twenty seven, with a disease which assumed the nervous character. From that period to her thirty-fourth year she enjoyed good health, but at this time, from suffering considerable grief, working late at her needle, and living in a low, damp situation, her health became deranged; she often experienced a sensation of cold in the loins, which was followed by a few convulsive motions; these, however, were not of long duration. A short time afterwards, the left arm was seized with acute pain, which could only be relieved by opiates. To these symptoms pains in the head, and a cessation of the catamenia, supervened; the power of moving the arm entirely left her; convulsions of the lower extremities also came on, and were followed by complete paralysis of these parts. On her arrival at Saint Côme, the patient was in the following state: look, calm and natural; intellectual faculties perfectly sound; loss of the power of motion in the left arm; sensation but little altered; the motions of the right arm still possible, but effected with difficulty: this limb was the seat of acute pain, the only part of the body thus affected: appetite bad; thirsty; tongue slightly red; respiration easy, but weak; pulse sometimes quick and strong, but in general small and regular. Infiltration of the lower extremities; lower half of the chest, and all the organs below under the influence of the will had lost the power of motion and sensation. Notwithstanding the patient complained of frequent expansions in the abdomen, which produced a very disagreeable feeling of cold. The fæces and urine came away without the patient's knowledge. Two blisters were applied to the spinal column; cooling drinks administered, and an open place, opposite to the sacrum, which the patient had on her admission, was dressed with some stimulating applications. The patient gradually sunk; the power of moving the right arm insensibly left her; she complained of acute pain in it three days before death, and on pricking or pinching it, she invariably uttered a scream; her speech became feeble, and the unfortunate sufferer terminated her existence on the 14th of December 1823, two months and a half from the time of her admission into the hospital.

Dec. 16. *Examination of the body*, 10 *a.m.*

The brain was firm and healthy; the spinal marrow at first sight appeared to have undergone no alteration, but as soon as the dura matral covering was slit open, there were perceived in the lower three quarters of the chord, on the arachnoid membrane, a large quantity of white flakes, something resembling cartilage in appearance, from one to three or four lines in diameter, and apparently developed in the arachnoid membrane itself. All the posterior roots of the nerves were distinct, and presented no change. The parts had as yet only been viewed from behind; and the spinal marrow cut in several points, and seen from this situation, showed nothing remarkable; but on lifting it from the spinal canal, an accidental production was observed covering the anterior surface of the medulla spinalis, from the sixth cervical to the third dorsal pair. Its colour was a reddish yellow; it was situated between the spinal marrow and the arachnoid, to the former of which it seemed firmly united, and in such a manner as to press against it; the proper membrane of the chord could not be discovered here. This production was flattened, and thicker on the left than the right side; in the first direction it was three lines in thickness; in the second, at the utmost, a line and half. From this (the right) side it could be turned to the opposite one, as far as the left anterior lateral projection, from which it appeared particularly to take its origin, and in which part the corresponding roots of the nerves could no longer be discovered. The posterior roots of this side were still visible, but evidently altered on the right; the anterior roots were so compressed, that a few filaments only could be discovered; the posterior corresponding ones were in the normal state. In fine, the marrow was considerably flattened by this kind of fungus, but more particularly on the left side. This body appeared to be of a cerebriform nature; its tissue was neither fibrous nor cartilaginous; the matter neither tubercular nor scirrhous; it was a fat, yellowish white substance, in which blood vessels and some filaments of cellular membrane could be seen; indeed it had the same consistence, and presented the same characters, as the body of the chord, of which it was an evident continuation. Behind this alteration, both above and below, the central substance of the nerves was sound. No other pathological appearance was observed.

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* Journal de Physiologie, par F. Magendie, bearing date April 1826, but only just published.

(This specimen will be placed in the museum belonging to the faculty.)

In the above case, there are three points worthy of attention:—1. The cartilaginous deposits. 2. The nature of the tumour in the cervical and dorsal regions. 3. The connexion betwen the morbid changes and the symptoms observed.

The cartilaginous deposits of the arachnoid have been observed by few physicians; it is quite a new lesion,* the etiology of which is entirely unknown. We are ignorant if it impair any particular functions, or if this deposit pass over to bone. M. Esquirol, who appears to have first observed this change, and who published an account of it in the *Bulletin de la Faculté de Mediciné*, found it most frequently in epileptic persons, although he appears disposed to think that it has no connexion with this complaint. This physician has described it as of an osseous nature, but the short detail which he has given of it, as M. Ollivier has remarked, leaves ground for doubt. In the accurate representation of this morbid appearance given by M. Ollivier in his work, this author assures us that he has repeatedly seen true cartilaginous flakes, and never ossific lamellæ.* Had these productions any thing to do with the disease which caused the patient's death? We think not: for the tumour which was found at the inferior part of the cervical region, must have compressed the spinal marrow sufficiently to have produced the paraplegia, and the state of the part in the midst of which the deposits were situated, was not altered.

2. The cause of the tumour observed in the above case, does not admit of explanation; and in similar cases, observed by Morgagni, Esquirol, Chaussier, Ollivier, Léveillé, there is the same obscurity. Its structure did not differ from nervous tissue, except that the fibrous appearance was more distinct, and the number of bloodvessels greater.

But a point of great importance for science is the seat of this tumour, in relation to the roots of the nerves. The point advanced a long time ago on the distinction of the nerves of sensation and those of motion, and confirmed by the experiments of Charles Bell, Shaw, Magendie, Beclard, Fodera, can be verified in the human subject but by the aid of pathological facts. In this point of view the above case is extremely interesting. The unnatural growth had so far compressed the parts as to destroy the anterior roots of the sixth and seventh cervical, and the first and second dorsal pairs, the corresponding posterior roots of the right side only being spared. But the fourth and fifth pairs go equally to the arm, and these were healthy. Was it by these that the sensation was maintained? This question naturally presents itself, and we ought not to be silent on it: to conceal the difficulties of a question is not to remove them. It is, nevertheless, fair to say that the symptoms have been nearly all confirmed by the appearances; thus the convulsive movements occurred a long time in the left arm, when the sensation in it was increased. This power remained to the last, whilst motion was lost three months before death.

Thus we found on examination, that the anterior roots, or those of motion, had disappeared, whilst the posterior ones, or those of sensation, had merely commenced to be disorganized. On the right side, convulsive motions manifested themselves, but at a later period; and motion was not even quite impossible a few days before death; here sensation had never been suspended, on the contrary, was more distinct than in the natural state. The tumour was merely elongated to the right on the anterior roots, which were not altogether destroyed; and as for the posterior ones, they were not altered in the slightest degree. Certainly cause and effect are here very plain, and a more striking case cannot be adduced. Nevertheless, if we observe that one side of the cord was quite healthy, and that there was a most complete paraplegia, which came on suddenly, whilst the unnatural growth was slow in its progress, it will certainly be asked, why the functions ceased in the branches of the nerves which arose below the diseased point, and partially continued in those arising from the part affected. It must be confessed, that there is something in this which we cannot explain.

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* Sœmmering observed the same appearances. "I found a few times," he says, "in that part of the arachnoid which covers the spinal marrow, cartilaginous thickened chalk-like spots." Sœmmering's German translation of Baillie's Morbid Anatomy. Berlin, 1820, p. 248.

* Ossification of the arachnoid membrane is an extremely rare occurrence; there is a case, however, of it mentioned in the *Hallische Litterarische Zeitung* for the year 1808, p. 153.—Ed. of L.

MATERIA MEDICA.

M. Robinet on Mustard.—(*Idem.*)

This distinguished chemist has discovered, that in pressing the mustard seed even in the cold, there can be obtained 20 per cent. of a fixed oil, having little smell and no vesicating power, while the residue deprived of this oil, becomes sharper and more blistering. Hence, the powder deprived of this oil would be much more active in cases where sinapisms are necessary.

SURGERY.

Imperforation of the Vagina.—(*Idem.*)

A girl who had enjoyed perfect health till the age of 14, became indisposed from retention of the menses. She was so weak as to be unable to leave the bed. The face was pale, skin discoloured, hot and dry; pulse small and frequent; the mouth parched; tongue red; secretions suspended, or performed with difficulty. There was a tumour in the abdomen, extending from the hypochondrium to the left iliac region. The pelvis and external parts of generation were natural.

Between the meatus urinarius and posterior commissure of the vulva, the usual distance was found, but no trace of a vaginal opening. By means of a sound, introduced into the bladder, and a finger carried into the rectum, there was felt between these two parts a considerable quantity of dense cellular tissue, but nothing indicating a vaginal canal. This proved the total or partial absence of the vagina. The patient was cured by the following operation.

A sound was introduced into the bladder, and drawn up close to the pubis, while an assistant introduced a finger into the rectum, to depress it as much as possible. In order to avoid injuring these two organs, an incision of 8 or 10 lines in length was made, which was gradually carried to the depth of 2 inches. The instrument now entered a small cavity formed by the vagina, at the bottom of which there was found, instead of the neck of the uterus, a smooth surface. This was occasioned by an obliquity of the matrix to the right side, while the neck was turned to the left. As it was impossible to bring the uterus to its natural position, puncture was made by a pharyngotome introduced on the finger, which immediately gave exit to a small quantity of thick blood, of a gluey nature, without smell, and of the colour of wine lees. For the first few days, inflammatory symptoms manifested themselves, but were subdued by antiphlogistic treatment. On the fifth day the matrix was less full of blood, had assumed its natural situation, and the sanguineous discharge passed in the usual way. The symptoms of danger ceased, the swelling of the abdomen diminished, and the other functions became again restored. In a month, the cure was complete.

Coxalgia cured by Moxa. (*Idem.*)

M. Larry presented a young mechanic who had been cured of this disease by repeated applications of moxa. There was anchylosis and shortening of the limb, about four centimètres. M. Larry is of opinion that the shortening is not caused by the displacement of the head of the femur out of its cavity, but by the destruction of the head of the bone and cotyloid cavity. At the same time the Baron presented cured, a young man who had lost by an explosion two-thirds of the left branch of the lower jaw, a similar piece of the upper, of the palate, and edge of the orbit. Several sutures had been used, and the eye extirpated.

THE LANCET.

London, Saturday, August 5, 1826.

The late prosecution by the Apothecaries' Company has elicited some remarks from a Correspondent who signs himself a "Constant Reader," in which he expresses his desire of seeing that imbecile body speedily deprived of all power, but at the same time thinks it necessary to comment on the danger of permitting persons to act as medical practitioners without any preliminary test of qualification. Our Correspondent's desire is, in fact, that of the whole profession; and as to his apprehensions, if, as his designation indicates, he has perused the pages of THE LANCET, he must be aware that we have never been insensible of the inconveniences and the danger which may result from the indiscriminate toleration of unlicensed practitioners. But these inconveniences and that danger can only be averted by an EFFICIENT test of qualification, and it is the *inefficiency* of existing tests which furnishes one of the strongest reasons for the repeal of the Apothecaries Act; but whether repealed or not, we hope we shall presently be enabled to prove, that if its provisions be clearly understood, it can have no other effect on the profession and the public, than that of exciting unmixed contempt for its authors.

Some of the questions involved in the subject to which our Correspondent has adverted, are not unattended with difficulty; and as they are likely in a short time to engage the attention of the legislature, we shall take every opportunity, not only of laying before our readers our own views and suggestions regarding them, but of inviting such a discussion and examination of them on the part of the profession, as may tend to ascertain the real nature and extent of medical abuses, to effect what has been so long called for, and is at length demanded with an energy and an unanimity which can no longer be disregarded, and which must produce, and that speedily, A SALUTARY AND THOROUGH MEDICAL REFORM.

We will not argue the question with our Correspondent, whether any test of qualification for admission to medical practice be necessary, we take it for granted that some test *is necessary*; for although to a certain extent the majority of persons will weigh the considerations which induce them to employ a medical practitioner, yet there are others who do not exercise so sound a discretion; hence the encouragement given to quacks by the idiotic portion of the community. Man is responsible in a great measure for his own health, and he is no more justified in placing himself under the medical guidance of a man of whose medical skill he knows nothing, than he would be in entrusting himself to the pilotage of a clodhopper, through a sea abounding with breakers and sandbanks. However, when we look at the small portion of intelligence possessed by the greater portion of society, and when we reflect on the incalculable importance of the public health, it certainly becomes the duty of Government to afford the community the means of discriminating between the educated and uneducated practitioner; in fact, to prevent by the most *rigorous* laws, the murderous consequences which would otherwise inevitably result from the continual frauds of unprincipled quacks. But, is the Apothecaries Act of 1815 calculated to accomplish so desirable an end? Is that Act of a nature to increase the respectability of our profession, or to secure the public against ignorant and mischievous pretenders? Decidedly not: the provisions of that measure are tyrannous, mercenary, and inefficient; in fact, as we observed on a former occasion, "that Act was framed for private purposes." "It was projected by avarice, supported by intrigue, and enacted by ignorance." If any person will take the trouble to peruse that precious document, he will soon feel convinced that it fully merits these opprobrious expressions; it contains no comprehensive view of medical legislation; it is not founded upon broad and extended views of medical knowledge, but it prescribes for every hapless Apothecary, during the best period of his life, a five years' companionship with gallipots and mortars behind the counter, in the shop of some half witted pharmacopolist, such as are to be found in Rhubarb Hall. We cannot, however, at this moment, enter into a lengthened discussion on this Act, nor into the proceedings of the "Associated Bunglers" to whom it owes its origin, but shall at once endeavour to redeem the pledge given in our last Number, and prove that the convictions which have taken place under the Apothecaries Act, are illegal, and that, in a pecuniary point of view, it is not worth the Worshipful Company a single straw.

First, then, what is an Apothecary, a simple, a *pure* Apothecary? in other words, what is his occupation? how is it to be defined? This of course must be the preliminary; and as the old Ladies themselves have been so obliging as to speak on this matter,—in verbose terms have acquainted us with an apothecary's duties, we will, in courtesy to the gentle Dames, transcribe their own words, as recorded in their own Act.

"To make, mix, compound, prepare, give, apply or administer, or in any way to sell, set on sale, put forth or put to sale, to any person or persons whatever, any medicines, compound medicines or medicinal compositions, or shall deliberately or negligently, falsely, unfaithfully, fraudently or unduly make, mix, compound, prepare, give, apply or administer or any way sell, set on sale, put forth or put to sale to any person or persons whatever, any medicine, compound medicine or medicinal composition as directed by any prescription order or receipt, signed with the initials in his own hand writing, of any physician so lawfully licensed to practice physic, such person or persons so offending shall upon complaint made within twenty one days by such physician, and upon conviction of such offence before any of His Majesty's Justices of peace, unless such offender can show some satisfactory reason, excuse or justification in this behalf, forfeit for the first offence the sum of five pounds; for the second offence the sum of ten pounds; and for the third offence he shall forfeit his certificate and shall be rendered incapable in future of using or exercising the art and mystery of an Apothecary, and be liable to the penalty inflicted by this Act upon all who practise as such without a certificate, in the same manner as if such party so convicted had never been furnished with a certificate enabling him to practice as an Apothecary."

Aye, this is the business of an Apothecary, truly; and in good sooth it appears to be very well calculated for the capacities of the worthy people of Apothecaries' Hall. Yes, it is the duty of a *pure* Apothecary to compound, mix, and *give* the medicines "prescribed by any legally authorised physician." This, as designated in the Act, constitutes the art and mystery, or in other words, the practice of an Apothecary; his occupation is that of a mere retailer of simples, and the *unpaid* compounder of physicians' prescriptions. How then is it, we would ask the gentle Dames of Rhubarb Hall, that in all their actions against those whom they consider to have infringed their Act, that they founded their prosecutions upon the circumstance of *attendance on the sick?* What clause is there in the Apothecaries Act to render any man liable to a penalty for *attending* a patient, *prescribing* for a patient, and even *dispensing* the prescribed medicine? we answer—NONE:

prescribing for a patient and even *dispensing* the prescription and *charging* for the medicine, unless the prescriber be *fool* enough to style himself APOTHECARY, (in which case it matters little what he gets,) we fearlessly contend is no offence under the Apothecaries Act; in no part of the Act is it stated to be such, and the Legislature could not for a moment have contemplated placing the Members of the College of Surgeons under the dominion of an insignificant company of retail dealers in drugs. Had their prosecutions been properly opposed,—had the defendants' counsel read the act attentively, had they understood it, and had they founded their opposition upon the circumstances we have just stated, it is impossible—we re-repeat it is IMPOSSIBLE that any conviction from the nature of the evidence adduced, could have taken place. Had the defendants commenced practice as apothecaries subsequent to the 1st of August 1815, and, as *Apothecaries*, had they *dispensed* the *prescriptions* of LEGALLY AUTHORIZED PHYSICIANS, then, indeed, they would have rendered themselves liable to the penalties of the Apothecaries Act. Not a single word is said about attendance on the sick, not a word said about prescribing, but on the contrary, the occupation of the Apothecary is specified to be that of retailing simples and compounding the prescriptions of "legally authorised physicians," and yet the Worshipful Company have had the effrontery to found their prosecutions on the fact of attendance on the sick. Chief Justice Best unfortunately on one occasion took the Act in the same sense as the Worshipful Company, and in consequence non-suited a most respectable Member of the College of Surgeons, in an action for the recovery of a debt for medicines had and delivered. Nothing could have been more erroneous than the view of the case taken by the Learned Judge on that occasion.

There is not the shadow of a foundation to be met with in the Act, which can justify the prosecutions instituted by the Worshipful Company—attending and prescribing for the sick are not once alluded to as forming parts of an Apothecary's duties; such was never contemplated by the Legislature. The more we examine this instrument, the more are we astonished that it should ever have been sanctioned by Parliament. It speaks indeed of "public good, public welfare," and other cant of the same description; but what will be thought of the *honest* intentions of its authors, when we insert the following, being its twenty-eighth clause:

> "28 Provided always, and be it further enacted, that nothing in this Act contained shall extend or be construed to extend, to prejudice or in any way to affect the trade or business of a chemist or druggist, in the buying, preparing, compounding, dispensing, and vending drugs, medicines, and medicinal compounds, wholesale and retail; but all persons using or exercising the said trade or business, or who shall or may hereafter use or exercise the same, shall and may use, exercise, and carry on the same trade or business in such manner, and as fully and amply to all intents and purposes, as the same trade or business was used, exercised, or carried on by chemists and druggists before the passing of this Act."

Now what was the business of a chemist and druggist before the passing of this Act?—Did he not dispense the prescriptions of LEGALLY AUTHORISED physicians?—did he not retail drugs? and more, did he not occasionally, nay frequently, *visit* and *prescribe* for patients? It is notorious that he did. And so he may now, without being subjected to any of the penalties in the Apothecaries Act. Yet, if he *style* himself apothecary, he can do no more, but might then be called upon as the slave of the physician, to *give* away his medicine; for it has been seen above, that if he *refuse* to dispense (without pay) the prescription of a "legally authorised" physician, he becomes liable to a penalty of five pounds for the first offence, and ultimately the loss of his certificate. This is precious law, and any thing but justice.

In which way then does the Act affect the MEMBERS of the COLLEGE of SURGEONS? *In no way whatsoever;* they have merely to place over their doors SURGEON AND CHEMIST, (a much more honourable title than apothecary,) and then bid defiance to the mercenary Old Hags of Rhubarb Hall.

On the subject of the clause respecting chemists (which indeed nullifies the Act), we will say a few words in our next.

OUR obstetrical friend, Dr. Cornwallis Hewett, has materially increased his reputation by publishing a series of cases of "*Follicular* ulceration of the mucous membrane of the intestines," in the August number of the Medical and Physical Journal; and although we cannot hope to gain any thing by criticizing so *learned* a writer, we must say that "follicu*lar* ulceration" is a term altogether unknown to physicians. Follicu*lar* ulceration! ulceration *like a bag! Alma Mater* forbid! But such is the fact, that Dr. Hewett, like many other persons, has quite as imperfect a notion of his own language, as he appears to have of other matters. Baillie had said, (Morb. Anat. p. 100,) "In the follicular *glands*, which are gathered together in little oval groups, I think I have seen ulceration more frequently than in any other parts of the intestines;" and so what Baillie *thought*, and what every man who has opened a few persons dead of typhus fever *knows*, blazoned with the title of "follicu*lar* ulceration,"—and "Dr. Hewett's Pathological Observations" (no one will dispute his diagnosis) is spread over seventeen pages of letter press, to the great edification, no doubt, of the readers of the Journal in question, and its hole and corner contributors. By "follicu*lar* ulceration," we suppose, Dr. Hewett means ulceration of the follicular glands, so, at least, without further preface, we shall understand him, only cautioning him to be more wary in future in attempting to innovate*. His cases contain nothing that we need notice, unless it be his extreme anxiety to be correct. In some of them the abdomen was not tender to the touch, in others it was. The second case is headed "Follicular ulcerations, with *slight tenderness* of the abdomen at the time of admission, but not *experienced again till after a fortnight;*" but whether there be pain, or whether there be no pain, his treatment is pretty much the same, for in this instance, as in others, he gave quinine and wine to the total neglect of all topical treatment! We do not wonder that he has seen so many cases of "follicu*lar* ulceration." "Pressure on the abdomen," in one case, was "*acknowledged to give pain,*" whereupon the Doctor orders, *Mist. camphoræ,* ℥xi.; *Carb. ammon.* gr. v.; *Conf. aromat,* ℈j.; *Syrupi. aurant.* ʒj., quater in die; *calomel* and *James's powder*, and takes his leave! A patient complained of an "internal pain" (of the abdomen,) which she compared in her own emphatic language, "to a cauldron of pitch and sulphur burning within her." She had "symptoms of *unequivocal* peritonitis," (what sort of peritonitis is that?) and died. "Deep follicular ulcers" were discovered; but he shall speak for himself:—

"*Case of Follicular Ulcerations, one of which penetrated through the Peritoneal Coat, and excited universal Peritonitis.*

Sarah Rawdon, ætat. 23; admitted May 24, 1826.

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* In another place he has "bili*ous*-coloured," and in others, other blunders.

Left service three days ago, and is stated by her attendant to have been noisy and delirious at night ever since: at present is perfectly rational. Says she has had a cough for three or four weeks, and became seriously ill only on this day se'nnight, with *rigors and the usual premonitory symptoms of fever*. Some days before her admission, a dose of jalap was administered, since which time the bowels have been much relaxed. THE ABDOMEN IS VERY TENSE AND TENDER. Had severe purging last night, *with much pain in the belly*, for which she took some brandy, and she says with great relief. Tongue dry in the centre, moist and clammy at the edges; pulse 112, soft; respiration short and hurried; eye natural; little or no headache.

Hydrar. submur. gr. v.;
Scammon. gr. xij.; M. *fiat pulvis statim sumendus.*

Hydrar. submur.
Pulv. Jacobi (*veri*), aa gr. ij.;
Mucil. acaciæ, q. s. ut fiat pilula tertiis horis sumenda.

Haustus ammoniæ acet. quater in die. —Lotio spirituosi fronti, collo, et brachiis, si incalescat cutis.

May 25th.—Has had only one evacuation, and that almost immediately after admission, (not kept.) Abdomen distended, occasionally very painful; the pain moveable, and affecting different regions at different times: pressure excites pain, but so it does if applied over the ribs. Any movement gives pain. She is lying on the right side. Pulse 120, soft, small; tongue dry, brown; skin harsh, not hot. Was quiet during the night.

Ol. ricini, ʒiij.;
Mucilag. acaciæ, q. s.;
Aq. cinnam. ʒ vj.; *fiat haustus statim sumendus; et repetatur 2dis horis donec bis terve dejecerit alvus.*

Mist. camphoræ, ℥i.;
Liq. ammoniæ acet. ʒiij.;
Spiritus ætheris nit., syrupi aurantii, aa ʒss. 4tis horis. Repetantur pilulæ.

26th. Had marked rigors and vomiting in the course of yesterday, followed by cold clammy perspiration, and died in the evening.

No leeches! no bleeding! no cupping! and peritonitis the disease. Had it been such a case as Catherine Owen's, viz. *labour*, then these would have been employed with a vengeance.

Examination of the body, (26th.)—*Abdomen:* A large quantity of discoloured serous fluid, with universal peritonitis. An aperture as large as a split pea in the ileum. On examining the inner surface of the bowel, several follicular ulcers were found, but none of them had penetrated farther then the mucous and muscular coats, with the exception of the one above mentioned. That this ulceration had proceeded from within outwards,—i. e. that it had commenced in *follicular* enlargement and ulceration, producing erosion of the subjacent peritoneal coat, was obviously shown by the different size and appearance of the ulcer, as viewed from the side of the peritoneum or of the mucous membrane. The perforation of the peritoneum did not exceed the size of a split pea, while the erosion of the muscular and mucous coats extended over a space not less than a shilling; its margins being raised and jagged, and presenting an appearance exactly resembling that hereafter described as the effect of *follicular* ulceration. The mucous membrane of the stomach was highly vascular.

Thorax: Lungs partially hepatised.'

Head: A small quantity of fluid between the arachnoid and pia mater, and also in the lateral ventricles."

So much for Dr. Hewett's cases of "follicular ulcerations" and "follicular enlargements." We now proceed to his "pathological observations."

"His cases show," he says, "that the disease (follicular ulceration) seems at first to be limited to the mucous follicles, affecting both the glandulæ aggregatæ and solitaria, more especially the former, where distributed over the ileo-cœcal portion of the intestines; that their orifices may be seen *plugged up*, with a dark and morbidly inspissated secretion; that this secretion continuing, and being pent up within the follicle in consequence of the obstruction of its orifice, tumefaction of the gland necessarily ensues, as in the sebaceous follicles in acne punctata; that these mucous glands may be seen in various stages of enlargement, at first only slightly elevating the mucous membrane, and by their protrusion of it presenting an uneven granulated surface, like that of dried seal skin; that in most instances the incipient tumefaction of the follicles, and in many instances their ulceration takes place without any increased vascularity of the neighbouring surface; that the disorganizing process, by affecting many of the contiguous mucous glands, forms ulcers of the size of a sixpence or a shilling, or even larger in some instances, without any increased vascularity, but more generally with slight redness and considerable thickening of the mucous membrane immediately surrounding the margin of the ulcer; that the margins of the ulcer frequently appear, at least in the early stages, puckered, jagged, or fringed; the base of such ulcers often exhibits a rough irregular surface, with little projecting masses of enlarged and sloughing follicles, or presents a sloughy ash-coloured appearance, resembling that of chancre, or displays a dirty yellow hue, from the bili*ous-coloured* feculent matter adhering to it; that the mesenteric glands, communicating with such ulcers, are generally found increased in size and vascularity; and sometimes, when cut into, resembling, in colour and consistence, the pulp of a Morella cherry, or even that of a red cherry.

Every man who has examined a few bodies, dead of typhus, has seen that condition of the mucous coat of the intestines, particularly of the rectum, which Dr. Hewett speaks of; also, the ecchymosed spots and ulcers in a state of reparation, described by Dr. P. Latham in his book on the flux of the Penitentiary. The latter physician has, or had, several preparations of ulcerated intestine, but as far as we recollect, principally of the rectum. The mucous membrane of the smaller intestines, has often appeared to us to have disappeared altogether; and this has most frequently been found with ulcers, resembling chancre, in the rectum, which intestine should seem more disposed to ulcerate than any other, we suppose, on account of its structure. Dr. Hewett supposes that his "pathological views" afford an additional, and powerful argument for active and persevering purgation in the early stage of fever;" and certainly if he have *proved* that the "first step towards follicular ulceration is obstruction of the orifice of the gland by its own morbidly inspissated secretion," the practice would appear to be indicated; but the perpetual irritation which is kept up by frequent drastic purgatives, is often itself "the first step" towards ulceration of the intestines, and can do no good.

Under the head of *errata* at the end of the Journal, the Editor has corrected Dr. Chambers' blunder, of "altern*â* qu*â*que mane" (alterno quoque mane), which we noticed a week or two ago, by substituting "alternis diebus mane." And this is an error of the printer, forsooth!—ferrum tamen ossibus hæret.

The Venereal Ward of Guy's Hospital, appropriated to females, contains 42 beds, but latterly the surgeons have only been permitted to admit eight of these unfortunate objects of charity; thus leaving 34 beds unoccupied. We have asked the reason of this, and the only answer we can gain from the surgeons is, that it is the will of the Treasurer. We cannot help thinking, that it is a monstrous and crying injustice that a large number of destitute females should be weekly refused admission, driven to pursue their avocations and to spread abroad disease. Surely the funds of Guy's Hospital are ample enough to provide for these unfortunates. We therefore intreat the Treasurer to reverse his decision.

Benighted Bill Buzzard, "in pursuance of his duty to promote sound pathology, and to discountenance practices which have a contrary tendency," has put all the patients in his hospital on a *fish diet*. Joe Burns on hearing the fact, observed, that he never thought there was a lack of *fishes*, and d——d *queer fishes* too, in that Eastern *Abattoir*.*

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* This is the name given to the places where they knock down, *alias* kill cattle in Paris.

ANTIQUITY OF PHRENOLOGY.

It is very evident that the ancients attributed certain moral attributes to certain developments of the brain; or what amounts to the same thing, they invariably represented their heroes, poets, and priests with such heads as they supposed to be in perfect correspondence with their characters; and how could they have arrived at this, if they had not observed something peculiar in the general formation of the heads of such persons? The minute study of the cerebral functions is a work of modern times, and the localization of the mental powers to certain organs is generally supposed to have originated with the present Dr. Gall. We have lately, however, seen a very curious document printed at Rome in 1632, representing among other things, the human head, on which are drawn three circles, subdivided in their perpendicular diameters, and within each of the semicircles thus formed is written the mental power supposed to reside in the corresponding part of the brain. The powers thus marked are as follows:—*Sensus* * *communis*; *imaginativa*; *phantasia*; *cogitativa*; *memoria*; *virtus motiva:* thus exhibiting what the author supposed to be six elementary or primitive powers.—Common sense, and the imaginative faculty, are placed on the lateral and upper part of the forehead, just where No. 20, or ideality, now holds its seat. Memory and virtue occupy the place of No. 5, inclining a little to No. 4. Phantasy, and the cogitative power, are placed in the line between the two preceding, viz., where No. 12, or circumspection is marked on the modern phrenological bust. Between this line of organs and the summit of the head, is the sentence, "Homo qui ad universi ordinem conformatus, Dr. *μικροκοσμος*." The whole engraving occupies a large folio sheet,† representing, in a tabular manner, the crude notions of the times respecting the actions of the elementary physical agents on the mind and body of man.

It is a fact yet more curious, that this plate was engraved by a Theodorus Gallens, at Antwerp, in the Netherlands, and was taken to Rome to have the impression struck off. The present Dr. Gall is, we understand, a native of Holland, and his family is the only one of that name in the kingdom, so that the said Theodore Gall must have been one of the Doctor's ancestors; but we do not mean to say that the Doctor acquired his notions of phrenology from him. There may be hereditary modes of thinking as well as hereditary bodily shapes, and so the Doctor may be a phrenologist without plagiary, in virtue of his phrenological descent. The outline of the head, engraved on the sheet just mentioned, may be termed a good family likeness of the present Dr. Gall, now residing at Paris.

To the Editor of The Lancet.

Sir,—From what I have been able to observe since the establishment of The Lancet, I am induced to believe that the welfare of the junior branches of the medical profession is a principal motive which has stimulated the conductor of this journal to persevere in his labours; and, supposing any subject which is conducive to that end may find a place in your pages, I intend making you acquainted with an abuse which exists in some, if not all, of our Metropolitan Hospitals, and certainly must be prejudicial to the students attending the practice of those establishments. At the present time, when a patient presents himself at an hospital, and his appearance leads the presiding surgeon to suppose he can possibly pay a private practitioner for his attendance, he is recommended by the surgeon to go to Mr. ——— (whoever it may be), a friend of the surgeon's, residing in his neighbourhood, and he will do all that is requisite for him. Thus many cases which would frequently prove instructive to the students, and consequently beneficial to the public, are thrown from the inspection of the junior branches of the profession to increase the revenue of some private practitioner. This is not an evil occurring casually, or once a month: no, it occurs daily, I am informed, in most of the hospitals, and I *know*, from my own observation, in two of them. Let the surgeons look to this, or I shall be compelled to bring forward the subject again, and then name the principal offenders. I can imagine that a dresser in a hospital may take opportunities to send away patients to his young friends in practice, but dressers are young in experience, and do not look to the consequences which would ensue if such liberties were universally allowed; but I cannot forgive a surgeon of such an establishment who, alike regardless of his own reputation and the improvement of his student, sends a patient from the hospital to oblige any one. I say regardless of his own reputation, because the world is so censorious that there are persons who would not scruple to insinuate a pecuniary arrangement between the hospital surgeon and any one to whom he may send the patient: of such an imputation I acquit them, for I do not really think they deserve it. I am aware there are cases which require to to be seen frequently, where perhaps it would be too far or injurious to the patient to be constantly running to the hospital, and also that sometimes people apply whose circumstances do not reasonably entitle them to charitable relief; these are not what I complain of; it is the abuse of a practice, which is sometimes but very rarely necessary

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* We have copied the words literally; perhaps the substantive *facultas* is understood to be connected with the adjectives imaginativa and cogitativa.

† The title is worked up in a very mystified manner, with Hebrew and Greek letters, the symbols of the Trinity, &c.; but beneath all this we find the words "ordo universi et humanarum scientiarum prima monumenta."

July, 1826. J.

To the Editor of The Lancet.

Sir,—As you are about to introduce to the notice of the public Mr. Professor Coleman and his "College," I should be very sorry to see him wince under the pressure of a saddle that don't fit; and therefore I hope you will not style him a stable-keeper; for although it is perfectly true that what you designate the Pancras Livery Stables, have materially contributed to the wealth he has accumulated, I am sure those best acquainted with these matters will acquit him of all interference with Stable management; indeed, with such multifarious duties as are imposed upon him, how can it be otherwise; as, for instance, Professor to the Veterinary College; Veterinary Surgeon General to the British Cavalry; Veterinary Surgeon to the Ordnance; *Druggist General and Contractor for the Government Horses;* Lecturer to the Farriers at the Woolwich Depôt; Lecturer on "Veterinary Science" at the College; and Receiver of Fees for his own use from Pupils of the "College," the paid Teacher of the Business of Shoeing, yet the Patentee, in triplicate, of fanciful horse shoes; it is true nobody thinks these fancies worth using, but still the attempt to keep for his own exclusive benefit a part of that art he has been paid, and amply paid, for teaching, remains the same.

Anxious on every subject that concerns the welfare of my old and esteemed friend the horse,

I am, Sir,
Your obedient servant,
Paul Handbrush.

—— Stables, Melton,
July 22, 1826.

To the Editor of The Lancet.

Sir,—As a friend of Mr. Coleman, I cannot be an uninterested spectator of the veterinary war, at present carried on under your regulation. Your declaration of strict impartiality, and a fair field, is highly creditable to you, and I trust that you will not allow any of the parties concerned in the contest, to use the improper weapon, vulgar abuse; in all discourses in which science is concerned, coarse language should be reprobated. In fact, such language weakens accusation, and defeats its own purpose. The education of veterinary surgeons has, of late years, been so much improved, that they now rank with gentlemen, and ought to speak and write like gentlemen. I have read in your last number, with sentiments of the strongest disapprobation, the letter of Mr. Beard; the lofty figurative style which he assumes, his shafts, and his flashes, and his showers, are laughable enough, and harmless, but his ill-natured accusations brought against Mr. Coleman, without a shadow of proof, are in the highest degree reprehensible. If such vague invectives be tolerated, whose character can be safe?

The whole amount of allegation against the College, as far as I can collect it, is, that in its interior it is corrupt, and that its Board of Examiners are incompetent. In answer to the first charge, nothing can be said, for nothing specific or tangible is adduced; but with respect to the second, I beg leave to make a few remarks.

From the medical part of the Board of Examiners, no one could expect a practical knowledge of the veterinary *art*, nor do they themselves pretend to any such knowledge; but with veterinary *science*, with the *theory* of veterinary medicine, and with the nature and proper treatment of those diseases of the horse which are analogous to the diseases of the human subject, they may be, and I have no doubt they are, well acquainted. Some of the present members of this Board, are also eminent as general physiologists, and comparative anatomists. That part of the examination which relates to practical veterinary knowledge, seems chiefly and very properly entrusted to Mr. Coleman, whose competence I believe no one doubts, and whose faithful discharge of his duty, without prejudice or partiality, has never, for nearly thirty years, been called in question. But in this investigation, Sir, by far the most important circumstance has been wholly overlooked. The Board of Medical Examiners consists of gentlemen, all of whom have been, or actually are, teachers of medicine, surgery, anatomy and chemistry; and to their lectures, veterinary pupils are admitted gratis; so that in addition to the practical knowledge obtained at the College, they may, if they please, accomplish themselves in ornamental and useful science, and even qualify themselves to exercise the duties of general surgeons. Now, by any change in the constitution of this Board, what advantages equivalent to these, could the veterinary pupil gain?

I am no advocate, Sir, for abuses of any kind; and if such exist in this institution, let them by all means be reformed. For this purpose, let a representation of what is wrong in the system or practice be in the first place made to the *general managing committee*, who have the appointment of officers, and the general superintendence of the affairs of the College, and if they refuse inquiry, an appeal may be made to the public. I see nothing in the present mode of proceeding, which appears calculated to answer any good purpose. On the subject of this letter I have had no communication whatever with Mr. Coleman, or the Board of Examiners.

I am, Sir,
Your obedient Servant,

London, July 26.

To the Editor of THE LANCET.

SIR,—Between ourselves, but it must go no further, I think (but you know it is no business of mine) that every thing is not "quite correct" about the apothecary's department of St. Thomas's Hospital. I am quite anxious to know whether it has *always* been customary to supply the *parson*, *steward*, and *registrar* with vinegar, for pickles and other culinary purposes. If they are determined to make *pickles with hospital vinegar*, why I will find the *jars*. I have been "dropping in" to the apothecary's shop this morning to taste some *mulled wine*. You shall soon hear again from

PAUL PRY.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

TUMOUR OF THE OVARIUM.

This case excited unusual interest from its leading to the discussion of one of the most important practical points of surgery.

The patient had been, previous to her application to this Hospital, under the care of Dr. Tweedie.

July 25. Mrs. B., æt. 38, about nine years ago, perceived accidentally a tumour about the size of a small orange in the left iliac region, perfectly moveable and free from pain. It slowly though gradually increased in size, which induced her to consult an eminent surgeon, who recommended repeated leeches, the moderate but continued use of mercury, and strict rest in the horizontal position. Under this plan the bulk of the tumour was not perceptibly reduced, but it remained stationary for some time, when it again increased till it acquired the size of a melon. On examination, this tumour is at present of a firm consistence, not painful on handling, and occupies the centre of the abdomen, from the pubes to the umbilicus. It is perfectly moveable, and apparently unattached to the surrounding viscera.

Her general health is somewhat impaired, the functions of the stomach are deranged, and she has frequent and violent attacks of spasmodic action of the stomach, which the most powerful stimulants scarcely relieve.

The menstrual discharge is irregular—at one period there is scarcely any appearance of the ordinary secretion, while at another violent floodings come on. Within the last six months she has twice suffered attacks of the most profuse hæmorrhage, from the consequent debility of which she has scarcely yet recovered.

From the bulk, position mobility, duration, and suffering, occasioned by the tumour, Mr. Lawrence and several other surgeons agreed with Mr. Wardrop in considering it a fit case for excision, if such an operation ought to be performed.

We have recorded this case as an example of diseased ovarium, but Mr. W. is doubtful on this point, and suspects that it may be a tumour attached to the uterus by a long and narrow neck, of which he has seen more than one example. If this opinion be correct, it makes no difference in the treatment proposed, as the removal of the tumour will be accomplished with equal ease and safety.

DISEASE OF THE PROSTATE GLAND.

J. S., æt. 64, complains of difficulty in making water, which generally comes away by drops, but sometimes cannot be passed, more particularly after commiting the least excess in drinking. Has frequent calls to void his urine, and on making the attempt is often five or ten minutes before a drop is evacuated. Complains also of a sense of heaviness and bearing down at the neck of the bladder, with an uneasy tingling sensation at the extremity of the penis. For twelve years he has had more or less difficulty in passing his urine, but within the last two years the size of the stream was very much diminished. Eighteen months ago, after drinking freely, he was suddenly seized with retention of urine, which was drawn off by a catheter. From this time he remained pretty well, passing his water in a very small stream as formerly, until three weeks ago, when from the same cause, (viz. excessive drinking), the urine was again retained. He was now taken to a country hospital, and the bladder punctured from above the pubes. Two nights ago, he again got intoxicated, after which the present symptoms made their appearance.

On introducing the finger into the rectum the prostate gland was found to be very much enlarged. From the history of this case, Mr. W. was of opinion that the prostate gland, which had long been diseased, was now attacked with common inflammation. In place, therefore, of introducing instruments into the bladder merely with a view to draw off the urine, which in such cases, by the irritation they generally create, increase the inflammatory symptoms, he recommended an antiphlogistic system of treatment; accordingly he was bled at the arm to ℥xvj, and ordered to take a calomel pill at bed time. He felt much relieved immediately after the bleeding, and on attempting to make water, it flowed more freely and in a continued stream. The uneasy sensation at the neck of the bladder was also much relieved.

On the second night he was again bled to ℥xiv. and the calomel pill repeated, with the same good effects.

On the fifth day, eight leeches were applied to the perineum. His urine continued to come away easily, and in other respects he felt remarkably well.

On the sixth day he was dismissed at his own desire, with advice to keep the bowels rather more open than natural, to apply leeches to the perineum occasionally, and to live a *sober* and *virtuous* life.

SCIRRHUS OF THE MAMMA.

A. L., ætat. 52, perceived, accidentally, twenty months ago, a small tumour immediately under the skin of the outer part of the left mamma, which has since gradually increased in bulk, and is now as big as an orange. At first the skin appeared discoloured, which discolouration has gradually extended with the growth of the tumour. There is a small hardened gland in the axilla, and a bundle of lymphatics passing from the mamma to this gland. Complains of pain in the shoulder, shooting from the mamma. Catamenia regular; unmarried.

This case, like several others to which we have alluded, was considered by Mr. Wardrop as highly improper to be touched with the knife, such a practice in all the cases he has ever seen, not only causing great unnecessary suffering and pain, but never failing to hasten the progress of the disease to a fatal termination. She was advised to apply leeches occasionally, and to keep her bowels moderately open.

SLOUGHING ULCER, WITH PARAPHIMOSIS.

The progress of the disease, which was so alarming on this patient's admission, was speedily and permanently arrested by copious depletion.

J. W., ætat. 25, a carpenter, of a strong athletic form, applied to this hospital on account of a paraphimosis, accompanied with considerable swelling of the penis, and a sloughing sore behind the glans. He stated that three days before, the prepuce was pushed behind the glans during connexion, which it had not been for several years; that he could not return it; and next day, having taken a great deal of exercise, the prepuce swelled to its present size. He observed the ulcer the morning after the connexion; when he came to the hospital he had much difficulty in making water, from the constriction of the prepuce.

Instead of giving bark and wine, as is by no means an unusual practice in such cases, Mr. Wardrop ordered the patient to be bled *ad deliquium*, and to take every three hours two grains of calomel and James's powder, giving a dose of senna-mixture between each powder. He was accordingly bled to 25 ounces. He felt much relieved, and could pass his urine with less difficulty. At night he was ordered to take two grains of opium after the operation of the medicine.

2d day. His bowels were freely opened this morning, but he suffered excruciating pain during greater part of the night from chordee.

This morning his pulse is still not easily compressible, and his face is much flushed. To be bled to ℥xxv, and repeat the powders every three hours, with two grains of opium to be taken at bed-time.

3d day. His bowels were not opened till last night, after having taken 1 drop of the croton oil, which operated powerfully. He took the two grains of opium, and passed a good night. The appearance of the penis is very much improved, the inflammation having greatly subsided, and the sore has put on a granulating appearance.

℞. *Ext. rhei;*
Pulv. antimon.:
Subm. hydrarg. aa. gr. ij. ft. pil.
to be taken at bed time.

6th day. Since last report he has been daily improving. A solution of the liq. ammon. acet. has been applied to the penis for the last two days. The swelling and inflammation have almost entirely subsided, and the ulcer nearly healed.

On the 7th day he left the hospital.

GUY'S HOSPITAL.

Mr. Key admitted the following cases into the Hospital on Wednesday, June the 28th:—

Males.—Irritable bladder; affection of the spinal chord; exostosis; aneurism of the posterior tibial artery; cancer of the neck; abscess in the loins; psoas abscess.

Females.—Ulcer of the leg; pains in the limbs; ophthalmia.

IRRITABLE BLADDER.

The disease occurs in the present case as a consequence of gonorrhœa; the desire to evacuate the urine is very frequent, with a distressing bearing down sensation in the perineum. The patient, a middle aged man, has had a clap one month, and has laboured under his present affection upwards of a fortnight.—A sound was passed in consequence of the patient's stating that he had a stricture; no stricture, however, was found. Ordered to take twenty-five drops of the *liquor potassæ* three times a day. Dismissed after a few days, cured.

AFFECTION OF THE SPINAL CHORD.

J. P., a young man, healthy in appearance, had been ill one month; confined to his room a fortnight. He was first attacked with obstinate constipation and violent pain in the bowels; he afterwards had pain in the chest and at the lower part of the spine, the latter of a dull aching kind. A difficulty of expelling the contents of his bladder and of moving his legs, were the next symptoms; these progressively increased until he was totally incapable of emptying the bladder, or of moving the lower extremities; at the same time, the power of sensation in the limbs was so much lessened that he was not conscious when the skin was pinched or pricked. The power of contraction too, in the sphincter ani, was partially destroyed, for when the bowels were in a lax state he could not retain his fæces.

It was for the purpose of obtaining relief from the foregoing symptoms that he sought admission into the Hospital. He had been cupped over the lower part of the spine; had used the warm bath; and for some time had had the catheter passed daily, in order to empty the bladder. He attributed his indisposition to the circumstance of being exposed, on a particular occasion, to the conjoined influence of wet and cold, in his capacity of cooper at the London Docks. On the day after admission, when visited by Mr. Key, he complained of much pain at the lower part of the spine, more especially over the sacrum, but there was no tenderness at this part on pressure; when the bladder was quite full, he said that by pressing firmly on the pubic region, the urine would flow; there was no febrile excitement; the tongue was clean, and bowels regular; pulse about 80. The catheter to be passed twice a day; to be cupped over the lower part of the spine, and blood abstracted to the amount of ten ounces. The mercurial liniment (P. L.) to be well rubbed in over the part in pain every night.

July 11. The improvement in this case has been progressive since the patient's admission. We find him to day walking about the ward, and only complaining of weakness in the limbs. The bladder has resumed its natural tone; the catheter has not been introduced during the last six days. The man will shortly leave the Hospital.

The foregoing may be termed an *idiopathic* affection of the spinal chord, in contradistinction to the *symptomatic*, or that which is the result of injuries to this part. The case was distinguished by the same symptoms which characterise concussion, or compression of the spinal marrow. Of the immediate pathology of this affection, or the condition of parts on which it depends, we can only form our conjectures; it is, however, highly probable, that some effusion had taken place on the spinal chord, and thus its functions were interrupted. This was the opinion of Mr. Callaway, who saw the patient before his admission into the Hospital, and also of Mr. Key.

CANCEROUS DISEASE OF THE NECK.

The subject of this distressing and irremediable malady is a labouring man, 43 years of age. The disease is of ten months standing; it first made its appearance as a small hard swelling, beneath the lower jaw, on the left side. This tumour rapidly increased, and in a short time ulcerated, since which period he has suffered great pain, of a lancinating kind.

At the time of admission there was a deep ulcer, or cavity, of the size of a crown piece, immediately below the level of the lower jaw; the finger passed in to a considerable depth; there was no evidence of diseased bone, but the granulations at the bottom of the wound bled freely; on the edges of the ulcer was a mass of hard, flattened, and irregular granulations; the dischatge was thin, and exceedingly offensive; there was great swelling of the soft parts about the cheek and under the jaw, occasioning much deformity.

The treatment hitherto employed in this case has consisted in the use of palliative remedies, as the internal exhibition of opium, with the application of anodyne poultices and fomentations.

OPERATION.

The only operation performed this week, was amputation of the leg below the knee, by Mr. Key.

On visiting Guy's Hospital a few mornings since, and referring to the list of accidents posted in the surgery, we found, to our inexpressible horror, that a patient by the name of Joseph Henry Green had been admitted, on the preceding evening, *in a state of intoxication, with severe laceration of the scalp.* We knew the *cool temperament* of our friend Joseph of St. Thomas's—that he *never fights* (magnanimous soul) and seldom exceeds the bounds of prudence in drinking. Surely, then, thought we, it cannot be our "*unity*" friend. We hastened to the bedside of the patient—there our doubts and fears were speedily dispelled by finding a short, squat man, instead of the lengthy Brad' wardine figure our anxiety had realized.

CHRONIC ENLARGEMENT OF THE KNEE JOINT.

This occurs in an unhealthy looking boy, about thirteen years of age. He states that he has been lame upwards of six years, and that the disease originated from a fall. The knee has, however, been free from pain, until three months ago, when an attack of inflammation was brought on by exerting the part. The limb is *fixed* at an obtuse angle, any attempt at motion occasions great pain. There is considerable swelling on each side of the patella, and pressure here produces much pain; the soft parts above the patella are apparently much thickened, and the swelling extends some way above the joint. The patella is immoveable. From the repeated application of leeches and blisters, the symptoms have in some measure subsided, and it is probable the joint will be restored to its former state. In the mean time, the constitutional treatment has not been overlooked. Small doses of oxymuriate of mercury have been given with tincture of bark, and of late the infusion of gentian, with tincture of hop, has been exhibited.

FUNGOUS TUMOUR GROWING FROM THE INFERIOR MAXILLA.

The patient, a woman about 50 years of age, has a tumour of the size of a pullett's egg, growing from the fore part of the lower jaw. Two or three of the front teeth are loosened; these were subsequently removed. The tumour is of six weeks standing, it is soft to the feel, but does not readily bleed on pressure; there is an offensive effluvia emitted from it. Sir Astley Cooper saw the patient, and he was of opinion that the disease was simple fungous growth, from irritation (probably from disease in the alveolar processes). Sir Astley therefore recommended its removal by the knife, observing that many cases of a similar nature had fallen under his care, and in which the disease did not recur after the operation.

The tumour was removed on Friday last.

Operations.

Castration.—This operation was performed by Mr. Key on Tuesday, July 4, in the case of cirsocele, of which a report is given in THE LANCET, No. 148, p. 431.

We felt it our duty to offer some remarks on the plan of treatment proposed to be adopted in this case, namely, tying the spermatic vein. We are glad to find that our suggestions have been attended to, for we should be sorry to see Mr. Key fritter away his reputation by making *foolish experiments*, at the suggestion of any man.

OPERATION OF TYING THE POSTERIOR TIBIAL ARTERY.

This operation was also performed by Mr. Key, on Tuesday, July 4. The particulars of the case are as follow :—

The patient is a healthy looking country man, 30 years of age. Between the left inner malleolus and tendo achillis is a pulsatory tumour, of the size of a pigeon's egg, the integuments covering it are apparently thin and of a bluish colour, and about the centre there is a small scar. Pressure made on the femoral artery in the middle of the thigh, and also pressure on the posterior tibial artery, completely controls the pulsation through the tumour, and it readily returned on taking off the pressure.

The disease is not productive of pain or inconvenience to the patient, and he sought admission into the hospital, in consequence of having been informed by his medical attendant that the swelling would increase and become dangerous if an operation were not performed.

He gives the following history of the formation of the tumour:—About six weeks ago, he was employed in cutting turf, and in pursuit of this avocation was using a sharp pointed tool, with which he wounded his leg at the place of the tumour. He says that very profuse bleeding ensued, and that the blood issued out in a stream ; the hæmorrhage was stayed by pressure, and the wound healed up in the course of a few days. About a fortnight after, a small swelling appeared at the place of the wound, and this went on gradually increasing.

The patient readily consented to have an operation performed, and it was thus completed :—

An incision was made through the integuments over the whole length of the tumour, and the sac being thus opened, the coagulated blood contained therein was removed. On relaxing the tourniquet, the opening in the artery was rendered apparent by a jet of blood issuing out, and eventually a ligature was applied on the artery, both above and below. The edges of the integument were brought together by means of strips of adhesive plaster, and the patient put to bed.

On the same day Mr. Key removed a small exostosis from the outer condyle of the femur, situated between the tendon of the biceps cruris and vastus externus. An incision was made directly down upon the part, and the chain saw was then used.

ST. THOMAS'S HOSPITAL.

The following cases were admitted by Mr Travers, on Thursday June 22d :—

Males.—Disease of the wrist-joint ; cachectic ulceration of the nose and upper lip ; superficial fungus of the testicle ; popliteal aneurism ; chronic disease of the knee joint ; stricture of the urethra ; ulceration of the nose and under eye-lid (malignant?) ; ulcer of the leg (2.)

Females.—Psoriasis ; scabies ; irritable disease of the breast ; cancerous disease of the mamma ; purulent ophthalmia.

We pass over the two first cases as not presenting any thing worthy of note ; the case of *superficial fungus of the testicle* we shall have occasion to allude to hereafter. We may observe here, that the fungus has been pared off, but the whole substance of the testicle is so much involved in the disease that castration appears to be the only means of cure ; we shall therefore wait the result.

The case of *popliteal aneurism*, with the operation, has been already noticed.

CHRONIC DISEASE OF THE KNEE-JOINT.—APPLICATION OF MOXA.

W. Day, ætat. 32, of dark complexion, a labouring man, was admitted on account of disease of the left knee-joint.

He stated that the part had been affected upwards of two years, that he was first attacked with pain in the joints, that he had received no injury, and that it was alternately better and worse.

Present Symptoms.—There is a great swelling on the inside of the knee, over the inner condyle of the femur. The patella is moveable, there is a puffy swelling on each side of it, and pressure at these parts occasions much pain, as also moving the patella. The patient can flex or extend the leg, but he performs both these motions with great caution, as they occasion him much pain. There is a grating or crackling sensation communicated to the hand, on laying it over the joint when he moves the limb.

About eighteen months since, the joint now affected was very painful; it was then cupped, and blisters were applied, by which means he obtained relief.

The patient is of a strumous habit of body; on the side of the neck are large scars, indicative of scrofulous abscesses having formed at the part.

Mr. Travers directed the moxa to be applied on each side of the joint; over the condyles of the femur. A large and deep slough ensued on the inner side; on the outer side, a more superficial and circumscribed slough was the result. The wounds, after the separation of the eschars had taken place, were filled with peas, and dressed in the usual manner of issues. A constant discharge was kept up, without however being productive of any benefit to the patient.

Our report on this case, July 19, (nearly one month after admission,) is, that the appearance of the parts about the joint, is much the same, and the symptoms present when admitted are not mitigated; motion still occasions much pain. No further means have been had recourse to.

CASE OF SPASMODIC STRICTURE OF THE URETHRA.

The subject of this complaint was admitted into the hospital by Mr. Travers, on account of a supposed permanent stricture of the urethra. He was sent from Greenwich by a gentleman, who represented him as labouring under stricture; on examination by Mr. Travers, however, two days after his admission, no stricture could be discovered, and a moderate sized catheter was passed with facility. There was a slight contraction of the urethra, immediately below the glans, which Mr. T. remarked he could not satisfactorily account for. Under these circumstances, after remaining in the hospital until the 5th of July he was dismissed, or rather he was *presented* (as it is termed) in the ward book, for dismissal on the following day.

July 6. The attention of Mr. Travers was directed to the patient, in consequence of inability to pass his urine; in the afternoon, when visited by Mr. T. we found him with a bladder much distended, and a great pain on pressure. The dresser (Mr. Solly) this morning had attempted to introduce a catheter, and had also put the man into a warm-bath, but without any relief to the symptoms. Mr. Travers for some time tried to pass the catheter, but without success; the spasmodic action of the muscles in perineo could be sensibly felt, offering a powerful resistance to the introduction of the instrument.

Mr. Travers directed that ice should be applied to the perinæum; six drachms of epsom salts to be given immediately, and a suppository of opium introduced into the rectum.

7. The bladder has not yet been much relieved; the patient passed a small quantity of urine last night, and also this morning, after violent straining, but the bladder is still greatly distended and painful. The purgative was repeated last night, and the bowels have been relieved twice; pulse 81, and full; tongue furred; no sleep was obtained last night. (The ice was not applied to the perinæum, through the culpable negligence of the surgery-man, who was repeatedly desired to procure it.*)

Twenty leeches were ordered to be applied to the perinæum, and the opiate suppository to be used again.

Evening. Some relief was obtained from the application of the leeches; this afternoon, three stools were passed, with upwards of a quarter of a pint of urine. The ice is now applied, and when in contact with the perinæum, apparently affords much relief. By dint of violent straining, the patient is enabled to pass a small quantity of urine. A further attempt was now made to introduce a catheter, but it failed.

Mr. Travers then directed ten minims of the *tincture of muriate of iron* to be given every ten minutes.

8. On visiting the patient this morning, we find that after taking five doses of the tincture, the spasm was overcome, and he was enabled to pass urine freely. Great relief was of course immediately obtained from emptying the bladder, and soon after he fell asleep. He has had a comfortable night, and his urine flows in a tolerable full stream.

We learned from him yesterday, that whenever he drinks freely, he feels an obstruction to the flow of urine, and that two or three times he has had complete retention. The last attack of this nature was about a month ago, and occurred after a fit of intoxication; he suffered great pain, and was not able to pass his urine for two days; he was bled and put in the warm-bath, and opium administered, but without benefit; at length the urine flowed spontaneously, and he was relieved.

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* The insolence of all the Jacks-in-office at St. Thomas's, from the surgery-boy, *down* to "Bean" Nash the Steward, is a common matter of remark; and is only equalled by the negligent manner in which some of them discharge their duties.

There was no assignable cause for the present attack, with the exception of his drinking a pint of porter on the preceding evening, of which beverage he said that he had not before partaken since his admission into the hospital.

OPERATIONS.

On Friday, July 21, Mr. Tyrrell performed the operation of lithotomy. The patient was a young man, 17 years of age, and had laboured under the disease several years. The calculus extracted was the size of a horse chesnut; it was flattened, and rough externally. The instruments employed on this occasion were a double-edged scalpel for the purpose of making the external incisions; and the probe-pointed straight knife, (formerly used by Sir A. Cooper,) was used by Mr. Tyrrell for dividing the prostate and neck of the bladder. The operation was very well performed.

On the same day, Mr. Tyrrell amputated the penis, in consequence of cancerous disease of this part. After applying a ligature round the penis close to the pubes, Mr. Tyrrell cut through it with one stroke of a catling. The actual cautery was applied to the corpora cavernosa, in order to stay the bleeding; a ligature was put round the extremity of the dorsal artery of the penis.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF POPLITEAL ANEURISM, IN WHICH SECONDARY HÆMORRHAGE OCCURRED.

William L—, the subject of this disease, is 39 years of age, and of rather a full habit. He was admitted into Dorca's ward on Saturday, the 14th of May, by the desire of Mr. Lawrence, who had before seen him elsewhere. On inquiry, we learnt that three weeks since, while walking, he felt his leg uneasy, and thought it proceeded from his garter, which he removed, but the painful sensation did not cease. He continued walking upon the limb, and pursued his ordinary occupations for a week. After this time it became much more painful and swollen, and he was obliged to remain in bed. During the whole time there has been some swelling of the right thigh, and there is now a large pulsating tumour in the right ham. On examination, this aneurismal tumour was found projecting between the hamstrings, bulging on each side of the limb, and pulsating strongly. The thigh, leg, and foot, were considerably swollen, and could not be moved without great pain. The pulsation of the anterior and posterior tibial arteries, could not be felt by any who examined the limb, except one gentleman, who *thought* he could distinguish the pulsation of the former. He was ordered to lie quiet in bed, and take a dose of aperient medicine.

Although the patient was brought to the Hospital only yesterday evening, Mr. Lawrence determined on operating the following day (Sunday,) in consequence of the large size of the aneurism, the great swelling and painful state of the whole limb, and rapid progress of the disease.

An incision, about three inches in extent, was made on the inner side of the sartorius muscle, and the artery tied with a single silk ligature. Shortly after the operation, as a measure of precaution, and not of actual necessity, the man was ordered to be bled from the arm to the amount of 16 ounces. He was ordered saline medicine every four hours, and 20 drops of laudanum at night.

15. Passed a tolerable night; the pain was lessened, and the limb much easier.

16. Not so well; he complains of having passed a restless night, with a general listlessness and headache. Pulse quick; tongue moist; skin warm. Ordered to be bled *to* 20 *ounces, to take* 4 *grains of calomel and* 12 *grains of jalap immediately, and two hours afterwards a dose of castor oil. Saline mixture every six hours.*

June 1. The slight febrile attack mentioned in the last report went off in the course of a few days, and the patient had a slight attack of *porrigo larvalis* about he mouth and cheek. The discharge from the side of the ligature has been copious, and the latter came away today on drawing it gently: although the limb is much less in size than before the operation, yet the leg and foot are still œdematous, and there is but little power of moving them.

6. The case has proceeded without any unpleasant symptoms, either local or general. There has been more discharge, however, than usual from the wound.

This evening, which is the *twenty-second* since the operation, and the *sixth* from the separation of the ligature, arterial hæmorrhage took place from the wound, and from 16 to 20 ounces of blood were lost, which produced syncope. The House Surgeon was sent for immediately, but before he could arrive the Sister of the ward had arrested the bleeding by simply making pressure with some lint. Mr. Lawrence shortly afterwards arrived, and dressed the patient, by laying graduated compresses on the wound, and securing them by means of a roller, which enveloped the whole thigh. The blood did not flow *per saltum*, but trickled over the limb, as if from a vein. The tumour in the ham, which at first began to lessen, has latterly remained stationary, and appears to contain fluid, at least, a distinct feeling of fluctuation is perceptible.

20. On the third day after the hæmorrhage, the roller and compresses were removed, and no disposition to bleeding has since been manifested. Until within the last few days, the wound has continued discharging from the aperture previously occupied by the ligature; on making pressure each day, about a desert spoonful of pus issued forth. Subsequently, however, the wound has entirely closed, and has now nearly cicatrized; the œdema of the limb has almost completely subsided. The tumour in the ham is much diminished in size, but is still soft and somewhat elastic.

CASE OF EXTENSIVE DISEASE OF THE SCALP.

Robert G., by trade a tinman, of rather short stature and fair complexion, 38 years of age, was admitted into this Hospital on the 11th of April, with a very severe laceration of the scalp. The greater portion of the scalp covering the left side of the frontal bone was torn off in a triangular fold, and at the time of the accident hung pendant over the brow, but was soon afterwards replaced. By the contraction of the integuments, there was a large surface exposed, nearly as large as the palm of the hand, and the whole presented a most foul and ulcerated condition. On inquiring into the particulars of the case, the man stated that the accident happened from the kick of a horse on his road to town from Hertfordshire, that he turned back the part torn down as well as he could, and bound his head up with his handkerchief, and that in this pitiable condition he came on to town. He remained another day before he came to the Hospital, not knowing that he could be taken in, except on the regular admission day. Notwithstanding so severe an accident, there was but little constitutional derangement; the tongue was but slightly furred, and the pulse rather slower than natural. Mr. Lawrence, under whose care the man was, ordered bread and water poultices to be applied to the part, and a dose of calomel and jalap to be given him, with house medicine when necessary. It required some time before the foul surface could be made to assume a more healthy action, and when this was accomplished, a considerable portion of the frontal bone was observed to be bare. Some matter had formed beneath the integuments about the left temple, which was let out. Slight bleedings occasionally occurred, but they were easily suppressed; about five weeks since, however, the posterior branch of the temporal artery burst out, and the House Surgeon was called, who took it up and secured it. From this time the case went on favourably; healthy granulations every where presenting themselves, except on the exposed bone. At length, however, *minute specks were here and there observed sprouting out of the surface of the bone*, and these in a day or two were found to be *red and fleshy granules*, which, gradually increasing, eventually covered the whole portion of bone, in extent about an inch and a half, and in breadth from three quarters to an inch. It is rather a singular circumstance, that this man's constitution has not been in the least disordered by the local disease, and that the pulse has been particularly slow*. The surface has not yet completely cicatrized over, but only a short time longer is necessary, and then he will leave the Hospital.

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* This was particularly observable also, in the *curious* case of Doherty, reported four weeks since.

THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XXVI.

Muscæ Volitantes; *Hemeralopia and Nyctalopia*; *Myopia and Presbyopia.*

Gentlemen,

THE imaginary objects which are occasionally seen floating before the eyes are called *muscæ volitantes*; they are often the precursors of serious amaurotic affection, or they may take place from some slighter derangement of the retina, which is symptomatic only, and does not forebode any injurious consequences to vision. Some persons are troubled with appearances of this kind for many years without producing any other inconvenience, the sight remaining perfect in all other respects; and it is difficult, or even impossible to remove them.

The forms, which these objects assume, are infinitely varied; they sometimes appear like spots or streaks, sometimes in straight lines, sometimes waved, angular, twisted, turned, and united in every possible way; they are sometimes described as bladders, or chains of minute vesicles, generally undulating; often there is the appearance of an insect, as a spider, or the likeness of a spider's web, or portion of net. As to their figure, number, and colour, they are almost infinite. Frequently there is a single dark spot, moving with the eye, and presenting before any object that is looked at: there may be many such, described as resembling the blacks floating in the atmosphere of London: when they are numerous they interfere with vision, and annoy the patient greatly. They are usually in motion, appearing to descend when the eye is turned upwards, and vice versa. Often they are luminous and variously coloured, or like sparks. They are most distinctly seen in a strong light, as when the person is looking towards the sky; they present themselves particularly when the organ is exerted, becoming more inconvenient as the exercise of vision is continued, and compelling the patient to desist. Often one eye only is affected.

The important point is to distinguish whether these symptoms be the precursors of amaurosis, or whether they are symptomatic of a disturbance in the function of some other part.

If the motions of the iris be perfect, and if the patient can clearly distinguish minute objects, we may safely conclude that these muscæ volitantes are merely symptomatic; but if with these there be other symptoms indicating the incipient state of an amaurotic affection, such as pain in the head and eye, a sluggish state of the iris, an altered condition of the pupil, with other symptoms before enumerated, we must consider the muscæ volitantes as indicating the approach of amaurosis. Those which are shining or fiery are the most unfavourable. To remove these, endeavour to improve the health of the individual by a course of mild alterative and aperient medicines: in some cases the nervous system generally is weakened; the patients are feeble and out of health from confinement, residence in bad air, and other debilitating influences; they will be benefited by tonics, with moderate stimuli, whether medical or dietetic, and by a change of air from the crowded parts of town into the country. Persons who have undergone distress of mind are subject to this affection, and they become very much alarmed about the state of vision itself; we find that change of air and scene, and an attention to the diet and alimentary canal, is the best treatment for such cases. However troublesome these muscæ volitantes may be, when not attended with amaurotic symptoms, they are not to be considered as dangerous: we do not usually succeed in removing them, but they become less troublesome, and are hardly noticed except under particular circumstances, or on occasions of bad health. In a paper "on the muscæ volitantes of nervous persons," in the Medico-Chirurgical Transactions, vol. 5, there are some cases minutely detailed by the late Mr. Ware, and illustrating the symptoms, nature, and management of the affection. In one of these cases the objects had been seen for 12, and in the other for 25 years, without any injury to sight.

Hemeralopia and Nyctalopia.

These are two states of vision which may be very properly distinguished by the plain English names of night and day blindness, although they are more generally denoted by two hard words derived from the Greek, viz., *hemeralopia* and *nyctalopia;* but in consequence of having adopted these learned terms, a great confusion has arisen in their application, each word being nearly as often used to express one affection as the other. Hippocrates uses the term hemeralopia to denote night blindness, and we may as well follow his example.

Night Blindness, or Hemeralopia.

Hemeralopia is that state of vision in which a patient can see very well during the day, but imperfectly as twilight comes on; and when the affection is fully formed, he loses his sight entirely at the approach of night, not being able to see a lighted candle brought close to the eye. In the commencement of the affection the person can see by moonlight, or when the room is lighted by a candle, but as it proceeds, he can see nothing after sun-set, and in the morning vision returns. There is no particular appearance in the eye; and, of course, if a person can see perfectly during the day, the organ can have undergone no important change; hence we find that the eye is quite natural in appearance. There is a little increased irritability in the commencement, but as the affection proceeds, the pupil becomes rather dilated. It is said, that as the complaint goes on, the retina becomes at length completely insensible.

The *causes* of this affection seem to be, the exhaustion of the power of the retina by exposure to strong light during the day; and hence night blindness is only found in those places and climates, where there is very powerful light, as between the tropics. In these regions the full glare of a vertical sun in an unclouded sky, and the powerful reflection of his rays from the sea, or from a sandy soil, produce an excitement of the retina to which we are wholly unaccustomed in our latitudes, although in some parts of Europe analogous influences exist in a sufficient degree to cause the affection. The feeble light of night and twilight does not impress the retina, after it has been so strongly excited in the day, sufficiently for perfect vision. Europeans often suffer from this cause in the West Indies, and more particularly those much exposed, as soldiers and sailors. The cases are especially numerous among the latter, and great numbers of a ship's crew often suffer.

The *prognosis* of the affection is perfectly favourable; it may exist for weeks or months, and yet the organ may perfectly recover, even if left to itself. There is a good description of this night blindness, or hemeralopia, in the fifth volume of the Medico Chirurgical Transactions, by Mr. Bampfield; he states that he observed about three hundred cases within a very short time, and in all of these the complaint ended without any permanent injury to vision.

When I said that hemeralopia was a complaint of hot climates, I did not mean to assert that it never occurs in other situations. Under some peculiar circumstances it happens in countries situated beyond the tropics; there is an account in one of the periodical works, of this affection having prevailed extensively among some French troops stationed in Belleisle, under a combination of local peculiarities, calculated to act powerfully on the retina, and at a season of the year favourable to their influence. In all the cases which I have seen, the affection has commenced in the East or West Indies, and been brought to England.

If the complaint will run its course, and come to an end without injuring the organ, it cannot be necessary to adopt any active treatment. Mr. Bampfield had an opportunity of trying various proceedings, and he says in his essay, that what he ultimately found the most advantageous, was, in addition to the use of aperient medicine, the application of blisters to the temples; he found that the blisters very much abridged the duration of the complaint. In the few instances which I have met with, I have adopted the same practice; with the addition, in one or two instances, of previously taking some blood by cupping, from the temples or nape of the neck. With such treatment the complaint has readily given way.

Nyctalopia, or Day Blindness.

The opposite state to the former, or blindness during the day, is called nyctalopia. There are many states of the organ in which vision is very imperfect, even to blindness, in the strong light of day, and much better sight is enjoyed in twilight and the dusk: but I have not seen such a state as an amaurotic affection, or a condition of sight opposite to the preceding, dependent on disease of the retina or optic nerve.

In central leucoma of the cornea, in incipient opacity of the lens, in partial central opacity of the capsule, in contractions of the pupil, from prolapsus iridis or adhesion of the pupillary margin, connected with either of the former circumstances, the patient will see best in a weak light, and find vision very imperfect in a strong glare. The enlargement of the pupil in the former, and its contraction in the latter state, sufficiently account for this difference. On the same ground, sight is much improved in some of these circumstances by the use of belladonna. In strumous ophthalmia the intolerance of light often amounts to blindness during they day; while the symptoms remit in the evening, when the eyes are opened and the patient sees well. The Albinos are nyctalopic; the absence of pigmentum nigrum renders them acutely and almost morbidly sensible to light; they are hardly able to open their eyes in a strong sunshine; they contract their brows, and keep the palpebræ almost closed during the day, and when twilight comes they are able to see quite distinctly.

Such are the only states of the organ in which nyctalopia is seen; and I never saw a case in which it existed as an amaurotic symptom, at least never in that degree in which vision is perfect in the night or even twilight, and lost during the day.

These are all the particular modifications or forms of amaurosis with which it is necessary for you to be acquainted; some others might be enumerated, but they fall under some of the heads already considered. The German writers have adopted more numerous divisions of amaurosis than I have mentioned to you. Beer has enumerated four genera, and under each of them he has mentioned several species; if you wish to have a knowledge of these you will find them pretty fully and quite satisfactorily reported in the last edition of Mr. Samuel Cooper's Surgical Dictionary. I believe that no practical advantage can be derived from these minute subdivisions; and therefore I shall not pursue the subject further. Beer, who has made so many distinctions in describing these affections, does not adopt a corresponding variety of treatment.

There is in some individuals an original *defect* of the power *of distinguishing colours*, and of judging their relations to each other: there are even individuals who cannot distinguish colours at all. To some persons a finely coloured drawing appears like a drawing of Indian ink, the objects are clearly seen, and the light and shadow understood, but the colours are lost. Some persons can only see certain colours, and a case is mentioned in which an individual could only distinguish three, as red, yellow, and purple. Some are deficient in the perception and distinction of a single colour; unable, for example, to distinguish red and green. Such an individual thought a piece of scarlet cloth of the same colour with the grass or green table-cover on which it was placed: he purchased green cloth instead of red, to make a military uniform; and he could at no time distinguish between these two colours. Now this incapacity of distinguishing colours is an original defect, and is commonly found in many members of the same family. In the 7th vol. of the Medico Chirurgical Transactions, you will find the cases of some individuals recorded, belonging to the same family. In all the recorded instances, the organ has preserved its natural appearance; and vision has been perfect in all other respects. It is the opinion of Drs. Gall and Spurzheim, that the defect is seated in the sensorium; they conceive that the function of the eye is limited to the observing or perceiving certain impressions upon the organ, but that the judging o. these impressions, the power of understanding the relations which the colours bear to each other, is the function of the sensorium; and they assign this faculty to a particular part of the brain. It is certain that an eye may be excellent for the general purposes of vision, and capable of distinguishing the minutest objects, and yet the individual may not be able to judge of colours. The latter power, with the accurate perception of the harmony of colours, and their various relations to each other, is a higher endowment; indeed, only a few persons possess it eminently. Some may draw correctly; they may take a portrait very well, although, if they attempt to colour, they will spoil the outline which they before made. We even find that among the great painters, only a very few have attained the reputation of thoroughly understanding the subject of colour, and have been able to reduce that knowledge to practice in their art.

In the case of an original defect, and one probably seated in the organization of the brain, we can afford no remedy: indeed the matter is only mentioned now, that you may understand this case if an example should be brought before you.

Strabismus or Squinting.

I have mentioned to you incidentally *strabismus* or squinting, in which one eye does not move in harmony with the other; the eye may be turned inwards or outwards, towards the nose or towards the temple, the one case being termed strabismus *convergers*, the other strabismus *divergers*. It is not always confined to one eye; but in some cases both are affected, the patient appearing sometimes to squint with the right eye, and at other times with the left. If the sound eye be covered, and the patient directed to look at any object, the squinting eye will move properly, and take a straight direction; but there are instances in which this cannot be done.

Causes.—It is known to be produced by irritation in the stomach, or in other parts of the alimentary canal; thus the presence of worms will often cause it: sometimes it appears as symptomatic of the irritation of teething. It occurs also in consequence of affections of the head, whether they be of a temporary kind, or connected with organic change, as hydrocephalus, acute and chronic, tumours, and other changes of structure in the sensorium. Squinting occasionally attends the commencement of amaurosis, when it is seated in one eye; the disparity between the two organs suddenly produced, seems to cause the want of harmony in their motions; it is accompanied with double vision. It goes off after a time, even although the cause be not removed. Certain states of the cornea and pupil are capable of bringing it on; for instance, such corneal opacities as leave an access for light on one side only, will occasion the eye to be turned in the opposite direction, or towards the light; a displacement of the pupil from accident or disease, and its partial obstruction by opacity of the lens and capsule, may have a similar effect.

Treatment.—As strabismus occurs from so many causes, of course the treatment cannot be uniform. A close investigation, with a view to discover the cause, is a necessary preliminary to any other measures; when this is accomplished, the course of treatment will be obvious; or we shall see, perhaps, that the defect cannot be remedied. In the temporary forms of strabismus, arising from momentary irritation in the sensorium, or alimentary canal, the treatment will of course turn upon the removal of the cause; and when strabismus and double vision occur in the commencement of amaurotic affection, we must endeavour, by suitable measures, to remove that affection. The squinting which is produced from change in the pupil and cornea, will hardly admit of relief. Then, again, we find ourselves frequently at a loss in that species of strabismus which occurs in children. As the affection often arises sympathetically from disorders situated in the abdomen, we naturally try the effect in the first instance of an active purgative or two, followed by mild aperients, and combined with regulation of the diet. Failing to remove the strabismus in this way, we sometimes do good by tying up the sound eye for a short period during the day, so that the patient is obliged to exercise the squinting eye. We may do this at first for a quarter of an hour at a time, two or three times a day, and gradually lengthen the period of exercise to an hour or more. We should of course attend at the same time to the stomach and bowels, the diet, and the general management of the patient. It has sometimes happened, that the squinting eye has been cured by this course of proceeding, and the opposite has then become affected.

Tumours and other changes in the neighbourhood may push and mechanically confine the globe in a wrong direction; this is rather *displacement* than squinting.

Near-sightedness, or Myopia.

There are two defects of vision not dependent upon the state of the optic nerve, but upon the refractive powers of the eye. They are produced by certain configurations of the transparent media, through which the light passes, and happen in conformity to the general laws of optics. The rays of light are either collected too soon, brought together before they reach the bottom of the eye, rendering the person *myopic*, or near-sighted, or they are not collected in the proper place, the focus in which they would meet being behind the situation of the optic nerve, thus rendering a person presbyopic, or far sighted. These kinds of sight are merely consequent upon some circumstances in the transparent media of the eye, which, in all other respects, is perfectly natural. Now the eye, being in a great part of its functions a mechanical instrument, must be subjected to mechanical laws; and we find, that a given configuration of the transparent media, a certain relation of them to each other, and their position at a determinate distance from the retina, are necessary to the formation of a distinct picture upon that nervous expansion. There is a certain distance from the eye which is called the point of distinct vision, at which we can see objects in all their details with perfect clearness. Every eye, considered as an optical instrument, has its point of distinct vision; the latter, therefore, varies in different persons, and is generally different in the two eyes of the same individual. Objects are not so distinctly seen, when moved nearer to, or further from, the eye than this point. In ordinary well-constructed eyes, the distance ranges from about 15 to 20 inches. It must be observed, however, that there are peculiarly strong eyes, which can see distinctly beyond these limits on either side. Persons who are obliged to hold objects much closer to the eye than the distance already mentioned, are called myopic, or near-sighted.

An individual who is myopic, holds a book for reading, or any thing that he may wish to examine minutely, much nearer to the eye than others; he cannot distinguish the countenances of performers on the stage, nor the subject of pictures when placed a few feet above his head; he cannot read the inscriptions on doors and houses, nor recognise persons across the street; if he go into a large room, in which there are many persons, he cannot readily distinguish those he knows. The cause of this, I have already said, is in the transparent media of the eye; probably there is an original difference in the configuration, or in the density of these media, or in the condition of their surfaces. It may be a question whether this state of the eye depends upon the habits of the individual. I am inclined to think, that the habitual mode of employing the organ may have some influence. In persons of a literary and studious character, who employ their eyes much in reading, or writing, and in others who are constantly occupied on minute objects near the eye, you may observe that the sight is frequently myopic. I remember once attending a book-sale, at which I was struck by the number of persons wearing spectacles; having counted them, I found there were twenty-three gentlemen in the room, and that twelve of the number had spectacles on. Mr. Ware took the trouble to inquire into this subject, and he consulted the surgeons of the different regiments of Guards in and about London, at that time comprehending about 10,000 men; he was informed that near-sightedness was almost unknown amongst them; not six individuals had been discharged, nor six recruits rejected on this account in 20 years. He then made some comparative inquiries of the heads of colleges at Oxford and Cambridge, and found near-sightedness very prevalent in all those institutions. In one particular instance, where the society consisted of 127 members, thirty-two either wore spectacles or used hand-glasses. From these facts, together with the well known far-sightedness of sailors and country people, we may infer, that the habitual mode of employing the eyes has decided influence in rendering them either myopic or presbyopic. Near-sightedness is not observed early in life; you never see persons trying to use glasses until towards the age of fourteen, or from that to eighteen. The defect may exist previously without being noticed, as such young subjects do not attend minutely to the state of their sight, or compare accurately their own vision with that of others.

The only mode of remedying near-sightedness is the use of concave glasses; the defect is caused by too great a refractive power, and we must have recourse to artificial measures for lessening it. Our object is to enable the near-sighted to see distant things; the defect under which they labour, does not interfere with the vision of matters brought near to the eye; indeed, the near-sighted enjoy very distinct vision of near objects, and this circumstance has given rise to the notion that the eyes are very strong. In order to select the proper glass, the person must try several, and choose that with which he can see a distant object most distinctly If this is accomplished without any sense of painful or uneasy exertion in the eye, the glass which will enable him to do so is that which he should choose. He will probably find that with a glass rather more concave, for instance, of the next number to that which he has chosen, he can see still more clearly, but that after looking through it for a short time the eye feels strained and fatigued; he should not allow the slight advantage in point of vision to induce him to expose the eye to an influence that will be very injurious. From the use, under proper precautions, of such concave glasses as will rectify the error in the refractive power of the eye, the near-sighted person need not apprehend any injury to the eye; indeed, the easy exercise of vision with the requisite optical aid, seems to me less hurtful than the straining and efforts to do without it. As there seems to be some reason for concluding that the optical powers of the eye accommodate themselves to the circumstances under which vision is habitually exercised, I should recommend near-sighted persons not to wear spectacles constantly, but only to use them on occasions when they more particularly require such assistance. When they have been worn for a considerable time, the person does not at first see so well on leaving them off as he did before; but this is only temporary. If spectacles, chosen in the manner I have described, be worn only occasionally, there is no fear of the eye becoming more near-sighted, so as gradually to require deeper glasses. I have used near-sighted spectacles for twenty-five years, but my eyes are not more near-sighted than at first.

The eye in the progress of age becomes presbyopic, and it might be supposed that this natural change in the organ would remedy the excess of refractive power in the near-sighted, and enable them to dispense with their concave glasses; but this is not the case, the near-sighted continue so in old age. Neither is there any ground for the notion that near-sight is strong sight.

The opposite state of the eye is called *presbyopia*, or far-sightedness; the former word being derived from *ϖρεσϐυς*, an old man, because this state of the eye is observed in advancing age, and is most strongly marked in old persons. The eyes undergo certain changes in age, which have the effect of diminishing their refractive power, so that the rays of light are not brought into a focus soon enough; the focus of such rays would be formed behind the retina: this is the opposite state to that which we have just been considering. Persons after fifty, and sometimes before that age, generally find that they cannot distinguish near objects so well as they have been accustomed to do. They find it difficult to read small print, or writing, to cut a pen or pencil, or to do any thing that requires a clear near sight. Of course you are aware that the rays of light are more divergent the nearer the object is to the eye; and the further it may be, the more do they approach to the parallel direction; consequently a greater refractive power is necessary in the former than in the latter case. Far-sighted persons can see distant inscriptions, or distinguish the hour by a distant church clock, when they cannot read a common print held in their own hands, or see the figures and hands of a watch This state of the organ must be remedied by the use of a convex glass, which bringing together the divergent rays proceeding from near objects, remedies the deficient refractive power of the eye. The glasses must be chosen under the same restrictions as I mentioned in the former case; they must enable the person to see without straining or fatiguing the organ, and should only be worn for reading, writing, or the examination of near objects. This being a defective state of vision depending upon age, it gradually increases, and therefore requires a proportionate increase in the power of the glasses employed.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

By DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXXVI.

Specific Catarrh.

It now remains for me, Gentlemen, to notice two *specific* diseases of the mucous membrane of the air-passages; the one termed, from its almost universal prevalence at certain times, the *influenza*; the other, the *hooping cough* or *pertussis*. I shall first speak

Of the Influenza.

When easterly winds prevail for a length of time, catarrh of the ordinary kind is apt to become epidemic, that is, to prevail very generally, and with more or less severity in its symptoms. There is another form of catarrh of a peculiar nature, and which not only spreads widely by atmospheric influence, but which is also *contagious*; such, at least, appears to be the most general opinion on the subject, though its truth has been often questioned. This kind of catarrh is well entitled to be called *specific*, if not *con-*

tagious; for it differs exceedingly from common catarrh. It is, in fact, a combination of the symptoms of *idiopathic fever*, with those of ordinary catarrh.—Like the former, it often makes its attack suddenly and with great violence; commencing with severe rigors, followed by increased heat, head-ach, prostration of strength, and not unfrequently delirium also; while, like catarrh, there is soreness or pain in the chest, short dry cough, and frequent respiration, with red and watery eyes. The symptoms, altogether, resemble greatly those of the measles, but without the eruption on the skin which characterises that disease.

This peculiar affection makes its appearance at different and uncertain intervals, and then spreads over a great part of the world. Its rout has been often traced very accurately. In the year 1775, it spread from Africa into Italy, and thence from country to country over all Europe, taking the direction from South to North. In 1780, it was first observed in Muscovy, or the Eastern parts of Russia, and spread gradually West and South, over the whole of Europe.

The question of its contagiousness, as I have just observed, has been a subject of much dispute. If the account that used to be given by the late Dr. Gregory of Edinburgh, in his lectures, be correct, the question must be considered as decided: and I need not observe to you that his authority is of the most respectable kind: it is as follows:—

In the Dutch war, about 40 or 50 years ago, Admiral Sir John Lockhart Ross commanded a fleet off the Dutch coast. A messenger arrived from England, where the influenza was raging, but the fleet at the time were perfectly healthy. In consequence of the orders the Admiral received, a signal was made for a Lieutenant from each of the ships to come on board the Admiral's ship, to receive instructions. Upon their return on board their respective vessels, they appear to have carried with them the contagion that had been brought from England; for in a few days, every ship in the fleet was affected throughout its whole crew almost. In one ship, out of 500 men, only 25 remained uninfected on the second day. Nor was the expected approach of the enemy, who were daily in sight, sufficient to rouse the men to activity, though on other occasions the sight of an enemy has often dispelled disease. Many, indeed, were forward to offer their services, but were totally incapable of exertion, and fainted away on the attempt.

The *contagious* catarrh, or *influenza*, not unfrequently proves fatal; particularly to the infirm, and those previously subject to pulmonic inflammation. It frequently also lays the foundation for future phthisis. When it destroys life immediately, it generally is by inducing pulmonic inflammation; but sometimes by the violence of the brain affection that attends it.

The *treatment* of the *influenza* is very similar to that of the measles, the state of the system in both being nearly similar. You are not to practice indiscriminately, by either bleeding every patient, or the contrary, as many do, but according to circumstances. The disease being *specific*, has a determined course to run, which can rarely be prevented. If the symptoms are mild, no medical treatment (no drugs I mean) is required. If more severe, the common *antiphlogistic* treatment is necessary, proportioned to the severity of the symptoms, the habit of the patient, and the stage of the disease; bearing in mind, that inflammation either in the brain, or in the lungs, is the immediate source of danger.

Of the Hooping Cough.

The *hooping cough* is an inflammation of the mucous membrane lining the trachea, immediately below the larynx. This I have ascertained by repeated dissection. The inflammation, however, is of a *specific* nature, and does not proceed like common inflammation, nor is it curable by the same remedies.

The disease very commonly, if not always, sets out with the symptoms of *idiopathic* fever. There is cough, more or less violent, but which is not at first distinguishable from a common cough. After a time, however, it becomes peculiar, though probably not so in all cases. The patient has long fits of coughing, by which he is nearly exhausted; while the lungs are emptied of air in a greater degree than usual. Then a violent inspiration succeeds, attended with a shrill sound (termed *hooping*), the effect of the velocity with which the air rushes in through the glottis. This is frequently followed by vomiting. The long and repeated coughing seems to be occasioned by the difficulty of detaching the mucus secreted by the inflamed parts, and which is remarkably viscid and adhesive, as is seen in children, in whom it requires often to be detached from the fauces by the nurse's finger. These fits of coughing recur at different and uncertain intervals; sometimes every half hour almost, at others not more than three or four time in 24 hours. The intermissions are free from complaint, at least in the pure and unmixed cases of the disease; which shows that the lungs themselves are not essentially the seat of it.

Hooping cough is not always as simple as I have now stated, but often gives rise to other affections, such as hæmorrhage, either from the nose or lungs, or both, and extravasation of blood in the *tunica conjunctiva.* Sometimes the inflammation extends to the larynx, and induces *croup*; at others, it descends to the lungs, producing pain in the chest, and difficulty of breathing in greater or less degree, and which continues in the intervals of the cough. In very young children, the brain is apt to suffer by the frequent interruption to the return of blood from the head during the fits of coughing. Convulsions then often take place; and sometimes hydrocephalus, or inflammation of the brain or its membranes, ensues. It has often other remote consequences, laying the foundation for tubercular consumption.

Progress.—The hooping cough, like most other *specific* diseases, has a determined course to run, and which it follows in spite of all remedies. Its severity and duration are extremely various. In simple and favourable cases, it is two or three weeks in arriving at its height, when it remains stationary for perhaps as long a period; and from this, it slowly and gradually declines, so as to continue for ten or twelve weeks altogether. There is, however, great latitude observed in all these points. Sometimes, when the disease has apparently run its course, it is renewed again, upon accidentally taking cold, and its duration in consequence greatly prolonged. Whether it preserves its *specific* character during this long course, and especially upon a relapse, seems to be not sufficiently ascertained.

Prognosis.—Hooping cough is not dangerous in itself, but often becomes so by bringing on other diseases, the most unfavourable of which are croup, inflammation of the lungs, and brain affections in infants. Hæmorrhage, if not immoderate, is rather likely to give relief. Vomiting also is considered a favourable circumstance. One of the greatest dangers attending hooping cough, when severe and long protracted, is its tendency to leave behind it chronic disease in the lungs, and ultimately to induce phthisis.

The only *cause* of this disease is a *specific contagion*; it only attacks once in life.

Treatment.—Properly speaking, hooping cough is incurable; that is, it is a *specific* form of inflammation, and therefore not curable by common remedies; and we have as yet discovered no *specific* for it. This, however, is of the less importance, as after a time it ceases of itself. The proper object of practice, therefore, is to watch its progress, obviating, as far as possible, its accidental combinations: adopting, in short, a *palliative*, instead of a *curative* plan of treatment.

In slight cases, no medicine is required, and probably none is useful, except in as far as it may tend to prevent mischief in the brain or lungs, and which may be done in some degree by common antiphlogistic means. The occasional exhibition of an emetic, moderate purging, and, in strong and plethoric subjects blood-letting, are the principal means likely in this way to prove useful.

If *croup* or *pneumonia* should arise, a more active use of remedies will become necessary, particularly blood-letting, blistering, and the digitalis. The same means are applicable when the brain is suffering.

Too much importance is attached to *change of air* in these cases, as if it were a specific remedy. In the early stage of the disease, when fever is present, it is better to confine the patient to a regulated temperature. At a later period, change of air and of situation may be serviceable, upon the same principle that it is so in common cough.

An infinite number of remedies have been, from time to time, employed in hooping cough; and there is generally some one or more that the public place implicit reliance on. I need not observe that they are invariably deceived in their expectations. The abandonment of one is immediately followed by the introduction of another, which in its turn becomes a favourite for a time; and thus the delusion is perpetuated; for while there are always those to be found who have an interest in deceiving, the public are always as ready to give credence to every bold assertion. It is easy to see how pretenders succeed in these cases; they have only to extend their promises of cure to a sufficiently distant period, and their prediction is sure to be verified, by the natural cessation of the disease.

I may just enumerate some of the principal remedies that have been in vogue from time to time, for the cure of hooping cough. Among these are *antispasmodics*, such as *musk*, *castor*, and the *oil of amber*. These were employed upon a mistaken theory, and may be therefore safely neglected. The *hemlock*, at one time, was considered a *specific*; but while I have never seen any reason to think it useful, I have often observed it to be prejudicial by its narcotic properties. *White vitriol* (sulphate of zinc) formed the basis of one of the boasted remedies in this disease, and supported its credit for many years, under the denomination of the *anti pertussis.* As it occasionally acted as an emetic, it sometimes did good, as other emetics will do. The *tincture of cantharides* is another of the remedies strongly recommended, but has nearly ceased to be employed, no doubt because it failed to answer the purpose intended. *Mercury*, by its power over certain other *specific* diseases, naturally enough suggested itself for employment on this occasion; but after many trials, I am not at all satisfied of its utility. As to liniments to the spine, and other external applications, it is hardly worth while to name them.

We have next to speak of the *diseases of the lungs* themselves.

When the texture of the lungs is unravelled, we find them to be made up of the following parts:—1. The minute ramifications of the *bronchia*, with their terminations in the air cells of the lungs; 2. The *blood-vessels*, namely, the *pulmonary artery*, with its ramifications, which bring the venous blood from the right side of the heart, and terminate in the *veins* of the same name; by these the blood, after having received the influence of the air, is again returned to the left side of the heart, renovated in its properties, and fitted for general circulation; the *bronchial artery* derived from the aorta, and terminating chiefly in the *vena azygos*, (so called from its having no fellow); this artery, *the bronchial*, is that which nourishes the organ, and is independent of the respiratory function. 3. The *absorbing* vessels; and, 4. The *nerves.* The different parts now mentioned, connected together by intervening cellular membrane, constitute the general substance of the lungs. These, lastly, are invested by a dense membranous covering, a continuation of the *pleura*, or membrane lining the cavity of the thorax altogether, and which is reflected from thence over the lungs; still retaining the name of *pleura*, but called *pleura pulmonalis*, in order to distinguish it from that portion of the membrane that lines the ribs, and which is called accordingly *pleura costalis.* The continuity of this membrane throughout its extent, favours the spreading of inflammation, and also the adhesion of the surfaces opposed to each other when so inflamed.

The lungs are, perhaps, the most vascular structures in the body, and are, in fact, made up in great part of blood-vessels; a circumstance that renders them at once prone to hæmorrhage and to inflammation.

The *absorbing vessels* of the lungs are very numerous, though minute in size. They go to the root of the lungs, near to the bifurcation of the trachea, where lymphatic glands are found of a dark blue colour.

The *nerves* of the lungs are few in number, and the sensibility of the parts is proportionally small; a point, this, worthy of your attention; for there are many of the diseases of the lungs, and those of the greatest importance, which are attended with very little pain, and which, without this knowledge, would be in danger of being overlooked.

The diseases to which the lungs are liable are sufficiently simple, and consist, for the most part, in inflammation, and the consequences of this. Not being muscular in their structure, the lungs are, of course, not subject to spasm, nor any variety of involuntary motion.

Inflammation of the lungs altogether, is termed by Dr. Cullen, *pneumonia;* and he divides it into the two species, *pleurisy* and *peripneumony.* In most cases, these are found in combination, and then the term *pleuro-peripneumia* has been applied. As, however, they sometimes appear separately and distinctly, it will be most useful to treat of them in this light: and first of *pleurisy*, as the most simple.

Of Pleuritis.

Pleuritis, or *pleurisy*, (inflammation of the pleura,) is a very simple disease, and in general easily recognized by its symptoms. But the pleura is rarely affected alone; the lungs themselves commonly participate in the inflammation, and, in fact, 99 cases out of 100 of what are called cases of inflammation of the lungs, are a combination of inflammation of the pleura, and of the substance of the lungs.

When the pleura is solely affected, the *symptoms* are few and simple; viz. pain, more or less acute, in the side affected, and which may be felt higher or lower, forwards or backwards, according to the particular seat of the inflammation. The pleura sometimes appears to suffer inflammation without producing pain, as may be inferred from the existence of adhesion and other effects of inflammation discovered after death, where no suspicion existed of such an affection during life. The pain, when present, is always much increased upon inspiration, in consequence of the membrane being put upon the stretch. There is, in most cases, a short and frequent cough, at first dry, afterwards attended with a discharge of mucus, oftentimes dotted or streaked with blood. The cough, however, is not an essential symptom; and when it does occur, is to be attributed to the inflammation extending itself to the mucous membrane of the *bronchia.*

In slight pleuritic affections, there are often no febrile symptoms present; but in the more violent cases, the *pyroxia* is in proportion. If the patient be young and strong, and the disease recent, the pulse is fuller and stronger than in most other diseases. But if he be weak, and the disease has been much protracted, the pulse becomes small and wiry.

If the disease is going on favourably, and is attended with cough, the expectoration becomes more copious and easy, with a gradual abatement of the pain and febrile symptoms. If the contrary, the expectorated matter is glutinous and adhesive, and with difficulty discharged by coughing. If blood be drawn in this disease, when at all severe, it is observed to be thickly buffed on its surface, and more or less cupped, according to the continuance of the disease.

Some have attempted to distinguish between inflammation of the *pleura pulmonalis*, and inflammation of the *pleura costalis:* but this is very difficult, if not impossible to be done; in the first place, because the seat of pain is just the same; and secondly, because the inflammation in most cases spreads from one part of the membrane to another.

Progress and Terminations.—The progress of pleurisy is varied by the degree of the inflammation, and the disposition to the disease, which is very different in different individuals, and at different times. Many cases terminate in health, even without the aid of remedies. It may terminate also fatally immediately, by the mere violence of the inflammation, though this is far from common. It often ends in adhesion of surfaces, which cannot be known with certainty during life; or in serous accumulation (*hydro-thorax*,) which is known by its appropriate signs; these I shall presently make known to you.

Causes and *Treatment.*—The causes of pleurisy are any of the common causes of inflammation, which it is not necessary, therefore, to again recite. The treatment, likewise, is very simple, being merely *antiphlogistic*. *Bloodletting*, especially in the beginning, is generally indispensable, and, in strong subjects, often to a great extent; together with *blistering*, and perhaps nauseating doses of *antimony*. After *bloodletting* has been employed to the requisite extent, *calomel*, in repeated doses, promises to be of service. Some recommend *calomel* and *opium* in large doses, believing that such a combination renders the opium not only unobjectionable, but highly useful, thereby rendering *bloodletting* less necessary, if at all so. I cannot venture to speak positively to this point, but recommend it to your future attention.

I should have observed to you, that when the pleura on the left side is the seat of the disease, the inflammation often spreads to the coverings of the heart, with the effect, generally, of disturbing the action of this organ. This, however, makes no difference in the treatment of the case.

FOREIGN DEPARTMENT.

PATHOLOGY.

St. Vitus's Dance. Observations on the efficacy of the Radix Artemisia. By Dr. Gitterman of Emden. (*Hufeland's Journal der Practischen Heilkunde. Jan.* 1826.)

In the first part of this paper there is a case detailed of the successful exhibition of the radix artemisia vulgaris, in a child ten years old, affected with St. Vitus's dance. The medicine was given, in the form of powder, every three hours, in ten grain doses, so that about a drachm was administered daily. After a few weeks the child was quite cured. It is, however, to the author's remarks on this disease that we wish principally to direct the attention of our readers.

"Wichmann has remarked, in his intelligent work on diagnostics,* that the character of St. Vitus's dance is still very undetermined, and that correct ideas of the disease are far from being generally entertained. This author, at the same time accused the English medical men of being very superficial in their opinion on this complaint, from their declaring it to be a kind of paralysis.* But notwithstanding the excellent manner in which Wichmann has distinguished the great, or acute, (as he termed it) St. Vitus's dance from another disease, viz., raphania, still, in my opinion, he has not himself quite freed the common St. Vitus's dance from all the difficulties with which it is surrounded, and in his labours on this subject has followed too closely on the old physicians, particularly the older English ones. Wichmann has made, in his work, a vast difference between the chorea of the English and another kind of convulsive disease, which he named the German, or great St. Vitus's dance, of which he only acknowledged the latter to be the true chorea, and the former merely as a species of the other. Other physicians have followed him in the same line, of whom I will only mention Thilenius. This observer of nature has communicated different cases of the so called 'Wichmann's great St. Vitus's dance,' and has distinguished it from another convulsive disease, which he, according to Schäffer, called '*increased irritability*, or *involuntary muscular motion*.'

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* Ideen zur diagnostik, 1r. Theil, p. 149.

Amongst the older physicians, Sydenham has so accurately described St. Vitus's dance, or *the involuntary muscular motion*, that the words of this great man ought not to be omitted here.

"Chorea St. Viti convulsionis est species quæ ut plurimum pueros puellasve a decimo ætatis anno ad pubertatem usque invadit; primo se prodit claudicatione quâdam vel potius instabilitate alterutrius cruris quod æger post se trahit fatuorum more, postea in manu ejusdem lateris cernitur; quam hoc morbo affectus vel pectori vel alii alicui parti adplicitam nullo pacto potest contiuere in eodem situ vel horæ momento sed in alium situm aliumque locum convulsione quadam distorquebitur, quidquid æger contra nitatur. Si vas aliquid potu repletum in manus porrigatur antequam illud ad os possit adducere, mille gesticulationes circulatorum instar exhibebit; cum enim poculum recta linea ori admovere nequeat deducta a spasmo manu huc illuc aliquamdiu versat, donec tandem forte fortuna illud labiis proprius apponens liquorem direpente in os injicit atque avide haurit, tanquam misellus id tantum ageret, ut dedita opera spectantibus risum moveret."—*Schedula Monitoria de novæ febris ingressu*, p. 661.

In this description of the St. Vitus's dance of the English, according to Wichmann, we find nothing mentioned that only one side is attacked, or a species of paralysis is present, rather applicable to the *involuntary muscular motion* of Schäffer, so that I can see nothing essential between them. We find, also, in Stoll, (*Ratio Medendi*, tome iii. p. 278), a convulsive disease, to which he has given the name of Vitus's dance, but which, in reference to the symptoms, does not agree with the great St. Vitus's dance of Wichmann, but in every particular with the complaint described by Thilenius and Schäffer. Just in the same way Cullen has described, under the name of St. Vitus's dance, the disease which Wichmann, Schäffer, and Thilenius wished to call *involuntary muscular motion*. The two forms of the disease are essentially different, and I will now endeavour to point out to my professional readers the great marks of difference.

The grand dance of St. Vitus, of Wichmann and others, has regular paroxysms and intermissions. In the intervals, the patients are quite well. This change of state is observed even when the disease is most intense.

The involuntary muscular motion of Schäffer and Thilenius, which is the chorea of the English, does not assume the form of paroxysms, but the symptoms are permanent. Sleep during the night appears only to cause a remission of the attack. In the great St. Vitus's dance, the paroxysms have the same frequency and intensity in the night as during the day.

It at one time assumes the form of epilepsy, trismus, opisthotonos, and catalepsy. It attacks the internal organs. It may remit several days, and again show itself in consequence of certain affections of the mind. During the paroxysm, the power of speech is either completely taken away, or it is perfectly entire; there is difficult deglutition from cramp of the muscles of the pharynx, and, finally, as a distinguishing mark, it can even, in its most severe stage, disappear all on a sudden, producing a complete cure.

The chorea, or minor St. Vitus's dance, has, again, the following diagnostic marks: remission in the evening, when sleep comes on. No paroxysms, at least none in the middle of the day or night. No mental change. The movement of the muscles is constant, without such quick changes as are observable in the other species. When the disease has arrived at what Thilenius calls its third stage, there is ordinarily a slight fever in the evening, with nocturnal remission. There is no remission of the complaint for whole days. The speech of the patient is at first somewhat obscure; by and bye it becomes almost unintelligible. Deglutition is performed without impediment, and the cure is gradual. In short, we see that the name of great St. Vitus's dance is a name apt to lead into error, indicating a pathological state, which is more aptly called by the term convulsio chronica.

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* Libro citat, p. 145.

The patients attacked with the great St. Vitus's dance, are generally those who have reached puberty. In the chorea, on the contrary, few are attacked who have passed that period. Thaessink says, that amongst the great number of children he had treated with chorea, none were older than twelve years. Schäffer remarks, that this nervous affection attacks, for the most part, girls about two or three years prior to menstruation. Sydenham asserts that the chorea attacks children between ten and puberty. No example has been found where the disease called St. Vitus's dance in England, was found beyond this period. Wichmann says, that the great dance of St. Vitus, or more properly speaking, the convulsio chronica, occurred in four individuals between 20 and 30 years of age. It attacks the female sex much more frequently than the male. Both diseases are in this respect similar. The great species is particularly caused by affections of the mind, unfortunate love affairs, and in women especially, by an excited state of the genital organs. In chorea, worms, saburra, gastric irritation, and the like, are frequently the exciting causes.

It does not appear, by any means, that the convulsio chronica is infectious, notwithstanding the high opinion of Richter.* Indeed the very author in whose works Richter pretended to have found this opinion, says the very contrary. The author of this paper also adduces two instances favourable to such a notion, which fell under his care in the Orphan Hospital. When we consider, however, that the number of patients exposed to this complaint was not less than 200, and that the disease occurred in two girls just at the period of puberty, who had been placed in the same room with certain other girls labouring under this complaint, we shall certainly be inclined to attribute the complaint to sympathy rather than to any peculiar infection. No example of any thing like infection in cases of chorea, has been brought forward by any author; and as for this disease being epidemic or endemic, we have, indeed, great doubts.

Treatment.—In the great dance of St. Vitus, there is generally some hidden cause which excites the disease, and which is more or less brought into action by the deranged function of some part, more particularly of the genital organs; consequently the cure cannot be effected until the pathological condition be removed, and the organ made to perform its usual function. Cold iron applied has sometimes been known to produce a cessation of the symptoms. In some cases, where a deranged state of the menstrual discharge indicated venesection, both this remedy and other antiphlogistic remedies have been employed with success. It must be confessed, however, that evacuants are in most cases but of little use, as the disease belongs to those purely nervous affections which supervene without any obvious cause, *morbus sine materia.*

In chorea, cold will be applied in vain. All the experiments made with metals have, without exception, failed. Neither will any benefit be received from bleeding. The best and most efficient remedies are purgatives, the good effects of which are well known in this country. [We refer our readers on this subject to the well-known work of Dr. Hamilton, of Edinburgh, on Purgatives.]

SURGERY.

On the difference between Necrosis and Caries. (Dr. RICHTER, *uber die Necrose,* p. 70.)

BOTH necrosis and caries have this in common, that they may arise from similar causes, that a smaller or greater portion of bony substance may be destroyed, and a fluid secreted. These common appearances, however, exhibit such great differences, that when the characters are duly considered, no doubt can be left in the mind of any one on the nature of the diseases that he is about to treat.

The development of caries *peripherica*, as well as necrosis, is marked by pain; but this symptom, taken by itself, proves nothing, from being common to both diseases. The situation of the pain, however, affords a suspicion of its nature. Caries attacks, most commonly, structures of a spongy nature near to the joints; necrosis, on the contrary, a thicker structure. The swelling accompanying the caries *peripherica*, follows the pain, and at the beginning is never so extensive; for this kind of destruction commences from a single point, from which it afterwards spreads. Necrosis, on the contrary, raises itself in a certain space, and consequently, at its beginning, has a pretty broad surface, which from the local complaint remains always of the same size. The swelling also in caries, never assumes an asthenic or inactive character, but all the symptoms of inflammation make their appearance at the same time; the parts are of a dark red, bluish or livid colour, the temperature much increased, and the pain very violent and superficial. In necrosis the swelling precedes a long time the inflammation, which appears later on the surface, and has, in the majority of cases, according to the cause and the vitality of the soft parts concerned, more or less the asthenic character; this is merely the type of the reaction of the organic part in the neighbourhood excited, in behalf of the restoration of the dead bone. The superficial necrosis thus agrees with the appearance observed in caries, only when both arise from mechanical force, or owe their origin to that cause commonly known under the name of metastasis, or when they are seated in bones surrounded by parts which possess a low degree of life. In these cases the destroying process has a common character.* Should there be any doubt in this stage of the disease whether the bone is necrotic or carious, it will be removed when the swelling of the soft parts breaks.

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* Richter's Spec. Therapie, 7r. Band, S. 149.

The openings which arise during caries, from absorption of soft substance, are, with regard to their number and form, quite different from those that occur in cases of necrosis. In caries of the bones, the swelling opens itself extensively; there is great loss of substance, and this loss goes on increasing. In caries of bones that are surrounded with much muscular substance fistulæ arise, which have a very small opening, and remain contracted. They then become callous, and show on their edges none of the fleshy side to which Dzondi has directed the attention of medical men. Instead of numerous open mouths, which occur in necrosis, caries has ordinarily only one principal mouth, which permits the chief cause of the disease to be expelled. The openings which arise afterwards, come on when the disease spreads over a greater surface.

The nature of the secreted fluid forms a distinctive mark between the two diseases; in caries this is true sanies and no pus, which only appears when the destructive process is stopped and the healing begins. This fluid has a bad smell, colours silver, linen and cotton black, and contains black points, which are the thrown off particles of the dead bone, that cannot be taken into the circulation, and consequently are thrown off with the discharge. The secretion, on the contrary, observed in necrosis, is true pus. When, on the opening of the swelling, the bone is laid bare and the probe introduced, it (the bone) will be felt rough, uneven, loose, soft, yielding, pierced with small holes, and to a certain extent destroyed. This destruction is the consequence of an increased action of the absorbents, and proceeds from or points towards the circumference in all directions. The yielding, soft, and worm-eaten condition of the substance of the bone in caries, arises from the retrogression of the part to the state of its earlier development, which it must undergo before it is thrown off, and is taken up into the general circulation. In necrosis, on the contrary, the bone is smooth, even, and hard like ivory. This structure is produced by the extinction of the vitality of the part. Caries, in its progress, shows a marked difference from necrosis. The former disease is usually very obstinate and tedious; and the only limits which nature appears to set to it, are the rendering the edges of the wounds of the soft part callous, and effecting a somewhat similar change in the substance of the bone. For the restoration of the destroyed parts nature can do very little, when the disease has assumed a very violent character; since the soft parts and periosteum are more or less destroyed, and cannot therefore contribute to their reproduction. In favourable cases carbuncles form themselves, which make their appearance at the same time with those arising from the soft parts; these occupy the whole open space, but are seldom converted into bone; for after death, on macerating the soft parts, the former diseased portion is generally marked by a deficiency of bony substance, and a roughness and unevenness of the surface. But the case is quite different in necrosis; for in this disease the bone dies, and in most cases new action (if no counter-cause exist) is excited in the soft part, and during the destruction of life in the bone, nature has already commenced a process by which the new product frequently takes on a proper form and a considerable degree of firmness. A very peculiar appearance in caries, which for a certain time is very evident, is a certain fungous structure, which not only arises from the soft, but also from the bony parts. This becomes very large, and covers the whole upper surface of the bones, rendering the cure very difficult. In necrosis it is no doubt true, that such after-structure frequently arises, but only on the outer fistular openings. They are the result of the formation of healthy pus, of little importance, and can easily be distinguished from the fungous mass which arises in carious bones. The papillæ which arise from carious bones are also inactive, soft, and livid. They bleed from the slightest touch; hence they can be easily distinguished from those that come on in the soft and bony parts, after healthy pus.

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* A confirmation of this, I find in the *Edinburgh Medical and Surgical Journal*, Jan. 1825. p. 7. *in a paper by Mr. Cummin.* "But I am inclined to believe that in such cases caries is often complicated with osteo-necrosis, some portion of the diseased surface suffering from ulceration, while another is necrosed."

1. *Diagnosis of Necrosis from Spina Ventosa.*

Both the necrosis *totalis* and *centralis* may be confounded with *spina ventosa*, unless all the symptoms peculiar to both complaints be taken into consideration. The two diseases commence with deep-seated pain; the swelling, which only comes on afterwards, proceeds, in the *spina ventosa*, from the bone, is slow in its progress, and gradually assumes the great size which is met with in no other disease of the bones. In the necrosis *totalis*, on the contrary, the soft parts merely swell, and this swelling is rapid in its course, and never feels so hard as when the parietes of the bone are separated from each other, and never attains such a size. The same holds good in the swelling which is the consequence of the *necrosis centralis*, which also proceeds in part from the bone, as in *spina ventosa*, but it never becomes so large, and on account of the simultaneous swelling of the soft parts, invariably feels elastic. Further, in the necrosis *totalis*, inflammation much sooner appears on the surface, whereas in *necrosis centralis* it is only perceptible when the substance of the bone suffers great loss, and when it happens in consequence of the openings of the soft parts. In the spina *ventosa* the œdematous integument becomes inflamed much later, and ordinarily when the pus is much spread in the bony part, with destruction of the substance that can be easily traced by the finger. On the swelling being opened, a very considerable quantity of sanies flows out, which can never be increased by pressure on account of the foramen being in the bone itself. A severe hectic fever, which manifests itself previous to the breaking of the integuments, is also a characteristic of the *spina ventosa*. By means of the probe, however, the most positive information may be obtained on the nature of the existing disease. In necrosis *totalis* we find every where a naked, smooth, and hard surface; and in the necrosis centralis, a portion of dead bone remaining in the sound. In the *spina ventosa* the probe may be pushed in all directions, even in the substance of the bone, making new ways for itself. Besides, the bad result of the spina ventosa soon puts beyond a doubt the nature of the complaint.

2. *Diagnosis of Necrosis from Caries Centralis of the Heads of the Joints.*

With this form of disease can be confounded only the extremely rare one of necrosis *superficialie* of the cortical substance of the condyles. But the pain existing in the interior of the joint, the evident stiffness of the limb on rising in the mornings; its feel of weakness and fatigue; the more and more uncertain step; the prolongation of the limb; the change of the form of the joint; the wasting away of the diseased limb; the pain in the neighbouring joint in the second period; the shortening, as well as the other appearances, which are so characteristic of the disease; afford the means of deciding on it with certainty, even before breach of continuity takes place.

THERAPEUTICS.

*On the direct application of Galvanism to the Nerves of the Orbit, and the use of this Remedy in the cure of Amaurosis.**

The important and curious facts which M. Magendie's experiments led him to discover, have induced this distinguished physiologist to pursue them still farther, and to observe the analogy between the effects produced on the visual organ from cutting the fifth pair, and the state of the eyes when affected with amaurosis. Thus we find that the principal organs of sight, namely, the globe of the eye and the optic nerve, are no longer active when the influence of the fifth pair has been taken away. An animal, which has had the fifth pair cut, loses immediately the sight of the side that has been injured, although the eye continues for a time to have all the necessary physical conditions for the exercise of sight.

One would imagine from this result, that the impression of light transmitted to the brain was performed not by the optic nerve, as has been hitherto supposed, but by the fifth pair. Such, however, is not the case; for by cutting the optic nerve, an animal loses sight and sensibility to the action of light at the same time. The sound state of the optic nerve, as well as that of the fifth pair, are indispensably necessary for the exercise of sight. The privation of the one or the other produces a state having the character of amaurosis, or more properly speaking amaurosis itself. It thus becomes, if not certain, at least extremely probable, that there are two kinds of amaurosis, one arising from a special affection of the optic nerve, the other depending on a disease of the fifth pair, or a privation of the influence of the latter nerve on the visual apparatus.

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* Journal de Physiologie Experimentale, par F. Magendie.—Avril 1826.

Reasoning on this hypothesis, we can suppose that a powerful excitement of the branches of the fifth pair, will produce some useful effect. To succeed, however, it will be necessary to employ a remedy that will act only on the nerve, without injuring the surrounding parts.

For this purpose, a needle, similar to those employed for electro-puncture, was thrust into the frontal nerve, where it emerges from the supra-orbitary foramen.

The amaurotic patient on whom this remedy was applied, described the sensation which he experienced as similar to that which is felt when the nerve on the posterior side of the elbow-joint is injured; which is familar to every one. So complete was the effect, that all the ramifications of the branch were distinctly traced by the individual on whom the experiment was made. The very same effects were produced on puncturing the infra-orbitary branch.

To observe what results these punctures might have, only two were made on the first day. On the following day, the same number of punctures was used, but deeper, with the same effect.

As no great difficulty was found in finding the branch of the nerve where it runs along the upper part of the orbit, the needle was pushed in the direction of the lachrymal twig, which after a little trouble was punctured. The sensation on the orbit, when this occurred, was of a peculiar kind, and produced a very unusual flow of tears. The author produced a cessation of the secretion in a former experiment, where the trunk of the fifth was cut.

In making these trials no evil consequences resulted. The pupil contracted when any of the branches were punctured, but there was no change in the state of the amaurosis. A trial of galvanism on the nerves that had been experimented on, was resolved in order to excite indirectly the action of the retina and optic nerve.

Two days after the trial of puncturing already spoken of was made, a needle was thrust into the frontal nerve, and another into the superior maxillary. These needles were brought into contact with the two poles of a weak voltaic pile, composed of twelve pairs of discs six inches square. Every time that contact was made, the patient felt a painful commotion in the course of the nerves, and in the deep-seated parts of the orbit. The light became more sensible, and the pupil contracted.

This treatment was continued about 15 days; the amaurosis evidently amended, the pupil contracting and assuming nearly the dimensions of the membrane in the sound eye. But as the patient left Paris soon afterwards, it was not known whether the good effects produced had continued.

Since that time M. Magendie has treated several cases of incomplete amaurosis, with and without paralysis of the muscles of the eye, and in almost all cases with very advantageous effects. A case of amaurosis dimidiata externa of the left side, accompanied with paralysis of the upper eye-lid, rectus internus and rectus superior, was with this treatment cured in three months. As soon as cases of complete amaurosis present themselves, a similar treatment is to be adopted.

These experiments prove, that pricking the orbitary branches of the fifth pair is in no ways dangerous.

That the distribution of the nerve when so treated, gives the same disagreeable sensation experienced when the cubital nerve at the posterior part of the elbow-joint is struck by any hard body.

M. Magendie proposes to use this remedy in affections of the other senses, and has, indeed, made some trials with it already, the publication of which he reserves to another opportunity.

On the Traffic with Leeches. By Dr. Kunzmann of Berlin. (Hufeland's Journal der Pract. Heilkunde, March 1826.)

The increased demand for leeches during the last 20 years, and the scarcity of them in France, America, and particularly in England, compared with the abundance of these creatures in Germany, Silesia, and Poland, has gradually given rise to a trade with these animals, which is much greater than one would at first sight be inclined to believe. How profitable this trade must be, may be learned from this fact; that Apothecaries in Paris and London find it to their advantage to send men from these towns to procure or cause to be procured these animals for their use, and to convey them to these capitals. This, however, is less remarkable when we consider that in the year 1819, the expense for leeches alone in the Parisian hospitals was 4,800 sterling. In the year 1823 it was nearly 7000 guineas. According to Sarlandiere the yearly sum paid for these animals, for the hospitals in France, is upwards of *one million and a half of francs*, or in English money £60,000! Not less than *seven million two hundred thousand of these animals* are annually sent to England. The merchants buy them in summer for 12 rix dollars (36 shillings) a thousand; in winter they pay 30 to 45 dollars; a price which they can very well afford to give, for according to Boehr's statement, a shilling or eighteen pence will be sometimes paid a piece in the shops in London.

The mode that the leech merchants transport the animals is different. Some make use of wooden vessels, which have been carefully cleaned with boiling water, and which must have contained neither salt, nor tobacco, nor the like. In this vessel from 2 to 3000 are placed without water. In 36 hours afterwards, and just before they are to be put into the waggon, one fourth part of the vessel is filled with water.

As the young animals attack the old, care is taken by the merchants not to put these two together. When the journey is not above eight days, the animals in general live, but if the period of their transportation exceeds that, the greater part of them die. The mortality is still greater when the weather is warm, or there has been thunder.

Another set of people, particularly the French merchants, transport these animals in a linen bag, which has been well washed, without soap, however, and in order to avoid the bad consequences of shaking during the transportation, they carry them. When thunder comes on they thrust bag and leeches into any marsh they find on the way, but not in a running stream. When the place is at no great distance, they put into one bag as many as it can hold. The better way seems, however, to be that we have already adverted to, transporting them in small numbers in bags.

The great object of the above statement respecting the quantities of leeches used, is to show the probable danger there exists of the supplies of these animals being soon exhausted, and to propose measures to be taken to prevent such a dreadful event. The alarm, however, is unfounded; and if it were not, the plan proposed of bringing them all together in one large marsh, or in places constructed for them, would be much more likely to create a dearth of these animals sooner than double the present consumption.

*Case of Rheumatism of the Heart, treated by Acupuncturation.**

A girl, 18 years of age, after having suffered from an attack of rheumatism in the upper and lower extremities, was seized with a violent pain in the heart, immediately after being relieved of her complaint in the joints. This pain resembled what she had felt in the extremities, was aggravated by emotions of the mind, during rainy weather, south and easterly winds, and in damp places. Sometimes it continued for several days, with violent palpitations, which became more and more intense every time it recurred. She was bled both locally and generally, had baths, mustard sinapisms, injections, &c., but without any effect.

After being convinced, from the symptoms, that the disease was rheumatism, we resolved, from the harmlessness of the remedy, to try what effect acupuncturation would have on the patient.

The patient being placed on her back, and a little on her right side, a needle 13 lines in length was introduced between the fifth and sixth ribs, near the middle of the cartilage of the latter. It was then directed with a rotatory motion towards the heart, going from below upwards, and from right to left, without reaching the organ. The patient felt no pain during the introduction. No sooner was this done, however, than she began to stretch out her limbs, then to contract them, and at last to fall into a kind of delirium, This last symptom only lasted ten minutes, and on recovering she seemed as if she were awaking out of a sleep: the pain was still very violent. A second needle, fifteen lines in length, was then introduced into the same intercostal space, at a point corresponding to the sixth rib, an inch before its union with the cartilage. The acupuncturation was repeated a third time, with a needle eighteen lines in length; and, according to M. Pegros, who details the case, it no doubt entered the pericardium, and reached the point of the heart. From this time the patient got better, and although the weather was for some time afterwards damp, the rheumatic pains never returned.

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* Revue Medicale, May 1826.

THE LANCET.

London, Saturday, August 12, 1826.

COLLECTANEA.

The Apothecaries Act of 1815, presents us ample testimony of the rapacity and imbecility of the Worshipful Company of Rhubarb Hall on the one hand, and on the other it exhibits disgusting evidence of the manner in which chicanery and shuffling are either sanctioned, or pass altogether unobserved, in our Houses of Parliament. Had any member of the legislature (possessing an ordinary understanding) attentively perused this Act, it is impossible that he could have failed to discover that it was framed with an eye to the immediate advantage of a few, to the obvious injury of thousands, and that instead of its being of a beneficial nature, either to the public or exclusively to the Members of the Medical Profession, it was only calculated to retard the progress of the most useful of all sciences, and to fill the coffers of a herd of ignorant pharmacopolists. The chicanery exhibited in this detestable instrument, and the total disregard of the public welfare manifested by its framers, cannot be more effectually illustrated than by directing the attention of the reader to the clause relating to Chemists and Druggists, in which it is stated, that "all persons using or exercising the said trade or business, or who shall or may hereafter use or exercise the same, shall and may use, exercise, and carry on the same trade or business in such manner, and as fully and amply to all intents and purposes as the same trade or business was used, exercised, or carried on by chemists and druggists before the passing of this Act." Many persons will naturally inquire how such a clause as this could have been introduced into an Act projected by *Apothecaries;* and a greater number probably will ask, how it was possible that it could be sanctioned by the legislature? At the latter circumstance, after having witnessed such numberless proofs of "collective wisdom," we feel no sort of astonishment; nor ought such to be excited in the mind of any person who is acquainted with the manner in which "Public Bills" for "*private purposes*" are constantly smuggled through the House of Commons. To such individuals no other knowledge is necessary; we shall therefore proceed to point out the circumstances which led to the introduction of the anomalous clause just quoted; the adoption of which by its authors, certainly presents as curious a contradiction to their professions respecting "public good," "respectability of the profession," and other like cant, as was ever placed upon record. Here we have *Apothecaries* who write a clause to free chemists and druggists from the infliction of penalties which they willingly bestow on their own fraternity! How can this circumstance be explained? Simply thus;—after the Act of the "*Associated Apothecaries*" had been deservedly scouted by the House of Commons, and ample disgrace heaped upon its authors, the Worshipful Company conceived the spirit of "Reform," and gave birth to a bantling, not quite so unsightly, we must say, as their sister labourers; although, however, of a more favourable aspect to the view of those who were looking at public and at *self* security, yet it was sufficiently hideous to affright the Worshipful Company of Physicians, for they saw that the intended Act struck a deep and heavy blow at *their* trade; in truth, it was calculated to sever their profitable, but dishonourable, highly dishonourable, connexion with the chemists and druggists, wherefore said the *Fellows* of Warwick-lane to their Dames of Rhubarb-Hall, unless you introduce into your Act a clause to exempt our bastards, the chemists and druggists, from all its operations and penalties, we will divorce you; in other words, if you do not permit the chemist and druggist to carry on his dispensing trade as heretofore, so that we as heretofore may continue to receive our *per centage* from him, we will oppose your Bill when in the House of Commons by every means in our power; at this declaration the Old Ladies became seriously alarmed, and began to apprehend that none of their golden dreams would be realized. Anxious, however, for their pin-money, and believing that the sale of their "Licences" would bring them no inconsiderable a portion,—altogether regardless of professional and public welfare, they inserted the clause which exempts chemists and druggists from all penalties of the Apothecaries Act, which in effect renders that Act, in point of law and utility, a mere dead letter—another sign of corporate avarice, and of legislatorial negligence.

Such is the correct history of this transaction, and it reflects eternal disgrace on all the parties implicated.

The exemption of chemists and druggists, not only nullifies the Act in a beneficial point of view, but it unfortunately throws open the door more widely to the votaries of quackery. If a man carry on the trade of chemist and druggist, what law is there in force to prevent him from exercising all the functions of the well-educated medical practitioner? None, if we except the *charter* of the College of Physicians, which since the decision of the House of Lords in 1705, on a writ of error in the case of Seale *v* Rose, as regards *attending* and *prescribing* may, like the Apothecaries Act, be considered a dead letter; in fact, the House of Lord's decreed that it was legal for an apothecary or chemist to visit, prescribe, and dispense medicines for patients, without having any license from the College of Physicians, and this fact, coupled with the clause above quoted, seems to confer on the practice of the chemist an authority which physicians, we believe, will not be very willing to recognise. At the period when the Apothecaries Act was in progress, had there been an active vigilant medical publication, had it received that exposure which the folly and injustice of its enactments so well deserved, it neither would have disgraced nor insulted the medical profession.

If the "Associated Apothecaries," as they style themselves, who first commenced their reforming operations in the year 1812, supported as they were by most liberal contributions from General Practitioners, had but proceeded boldly—advanced on sound legislatorial principles—the broad basis of public welfare and individual right, their efforts, long ere this must have been crowned with complete success; but when they truckled and cringed to the College of Physicians, to the College of Surgeons, to the Company of Apothecaries, and when, good God! they attempted to establish a FOURTH *Chartered Medical Body*, it was high time that they and their proceedings should be kicked out of the National Assembly. Instead of attempting to establish a *fourth* Medical Body, it was their duty to attempt to reduce the number of those already in existence. The Company of Apothecaries should have continued what it always had been, a company of traders. The first efforts of reform should have been directed towards the College of Surgeons; purify it, remodel its constitution, and when that shall be done, its utility and splendour, arising from the judicious acts and scientific attainments of those who will then be placed at the helm of affairs, will excite for its Members public respect, in proportion to their worth and talents; they will convince mankind of the superiority of the SURGICAL profession; and show the inutility, if not the evil tendency, of all *purely Medical Colleges;* finally, the public will feel thoroughly assured that no reliance can be placed on the attainments of a practitioner, unless he has triumphed over a severe and scrutinizing test as to his qualifications; and that day must come, when it will be considered that the best security for competency, in every department of practice, *is a man's liability to be called upon to act as a* SURGEON.

In a former Number we said a few words on the treatment of rheumatism by calomel and opium, (Hamilton, Ed. Med. Comm.) which has long been a common practice, but which Dr. Chambers, of St. George's Hospital, has at least endeavoured, to appropriate to himself. As much was stated in the July Number of the Medical and Physical Journal. A distinction was taken between rheumatism as it affects the " synovial bags and bursæ of tendons," and cases in which " all the neighbouring parts, which have a covering of fibrous membrane become the primary seats of the disease." The writer does not particularize these parts, but merely states that rheumatism affecting " *all* the neighbouring parts (to a joint) is *diffused*," and, as we have already observed, employs calomel and opium in its cure. In the present Number of the said Journal he has given " examples of rheumatism affecting the synovial membranes," in which another method of treatment was pursued. When rheumatism is " *diffused*," to use his own expression, the treatment is also " *diffused* "—general, but when it is confined to a joint, leeches and topical applications are also employed!

The reader will bear this wonderful sagacity in mind, and revere Dr. Macleod, the editor of the Journal, in that he has taken such a world of pains to show " the broad line of distinction" between an affection pretty nearly local, and a more or less general one. " The broad line drawn at St. George's Hospital between the different forms of rheumatism, as it respects the treatment," is indeed a most valuable addition to medicine, and will confer immortal honour on its designer, and more especially on him who has laboured to give effect to it with the public.

Ambo animis, ambo insignes præstantibus armis:
Hic pietate prior.

We deem it but fair to insert one of the cases:—

" *Bursal rheumatism, affecting the hands and knees**.—Susan Church, æt. 17; single; June 14th, 1826. Complains of pain and swelling occupying the extensor tendons of both hands, particularly the left. There is effusion into the sheaths of the tendons, and some of the joints of the fingers. Pulse 100; skin cool; tongue slightly furred; bowels natural; urine thick; catamenia regular. Ill nine months, with *occasional* swellings of synovial membranes; the urine being always thick at the time of the attacks.

Haust. piment. c. vini colchici, m. xx. *sextis horis;*
Diæta parca.

16. Knees much distended; hands better.

Hirudines x. *genu sinistro. Lotio spirituosa articulis affectis.*
Repetantur alia.

26. The medicines have been continued, and the leeches applied to the left knee on the 17th, 18th, 21st, and 23d. Knee much better; leech-bites ulcerated.

Repetantur lotio et haust.

From this time she gradually recovered, and was discharged cured on the 3d of July."

Dr. C.'s cases occupy about three pages of the Journal, but they are made up principally of prescriptions, there being no less than *thirty-eight!* We have looked at a few of them, and do not find that the Doctor has made any very egregious blunder this time; from what he says at page 118, however, it should seem that "*bursal* rheumatism" sometimes domiciles in and about the head!

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* *Passim,* instead of " Rheumatism affecting the bursæ" of the hands and knees, &c.

A case of disease of the heart, which is said to have been "*treated* by Dr. Macmichael," follows the above; but as no *treatment* is specified, and as the brief sketch of the history of the disease which precedes the post-mortem examination, merely "serves to connect the symptoms with the morbid appearances," the lux a non lucendo is very fully exemplified. There were white tubercles in the parenchymatous structure of the lungs, and on the pericardium at the base of the heart. "At the angle formed by its reflection over the heart, they were covered by the delicate serous membrane." A large tubercle was found at the union of the cavæ, and others in the inferior of these vessels, where it passes through the diaphragm; also in the right auricle occupying the septum auricularum. The upper half of the body was œdematous

Our friend Travers, or some one for him, (report says a scurvy little fellow named LUSH,) has published a case of sloughing ulceration, which may be found in the 9th volume, page 175, of this Journal. Of course we need say nothing further about it, except observe, that the prescriptions are written in that kind of Latin which has been attributed to the canine species—"dog-latin:" e. g. p. 125, "Hirudines, xii. pubis;" p. 123, "Vini rubri, ʒ iv. in dies," &c. &c. This is LUSHious, and truly honourable to Travers.

Mr. Rose relates two cases of "sloughing ulceration," one of which occurred nine years ago, and the other five, cured by bleeding, but they offer nothing worthy of notice or comment.

Mr. Jewel relates a "case of uterine hæmorrhage, in which transfusion of blood was employed unsuccessfully."

The patient had been delivered of a dead child after a difficult and protracted labour, and considerable hæmorrhage had supervened.

> "The attempts to support her by the frequent repetition of laudanum and brandy, with the addition of carbonate of ammonia, having been continued for four or five hours, without improving the patient's condition; and the pulse being scarcely perceptible at the wrist, while the extremities had become cold, and the whole surface bedewed with a cold clammy moisture, the operation of transfusion suggested itself as still affording a chance of the patient's life."

The operation was accordingly performed, the jugular vein being opened, and as Mr. Jewel supposes, about four ounces of blood injected "in the space of twenty minutes." With the exception of sickness, not the slightest deviation from the previous symptoms was produced. The patient survived the operation a quarter of an hour, and under all the circumstances more could hardly have been anticipated.

Dr. Granville has attempted the operation for extirpating ovarian tumours. He made an incision, seven inches and a half in length, through the parietes of the abdomen,

> - - - when the intestines, with part of the omentum, in rather a vascular condition, presented themselves, along with the margins of two of the tumours, right and left of the wound. It had been agreed, anteriorly to the operation, that if on examination, after a sufficient incision, numerous and strong adhesions were detected, the separation of which would materially increase the risk of the patient, all further proceeding should be suspended. Dr. Granville, therefore, passed his hand into the abdominal cavity, and ascertained that, although the tumours (of which there appeared to be several) felt loose when examined externally, they were, in fact,

adhering in several directions by strong bands. This was particularly the case with regard to the tumour which ascended on the right side towards the liver, and on the left to a large cyst which had contained ten pints of a highly albuminous fluid, that had been removed some time before by tapping. The wound was brought together by the twisted suture.

Dr. Granville does not state, as he ought to have done, whether the "strong bands" which he speaks of were *broad* adhesions, or whether, *quasi pediculi*, they might not have been cut through? We have a right to ask this question, since Mr. Key once ripped open the belly to sew it up again, in a similar way; and because no man should undertake an operation who wants the courage to go through with it. The woman recovered.

There is "a case of popliteal aneurism," (in which the femoral artery was found to be divided into two trunks, which again became united where the vessel passes through the tendon of the triceps muscle), by Mr. Bell. The patient a large and muscular negro, æt. 45.

"The situation of the tumour is unusual, being not properly in the popliteal cavity, but further down. It is more superficial than a common popliteal aneurism, and rises out between the heads of the gastrocnemius. The artery at the groin is very large, and easily felt. On compressing it, the pulsation in the tumour can be stopped; but the pulsation cannot be stopped by pressing on the middle of the thigh. For *these reasons*, Mr. Bell stated that he should tie the artery lower in the thigh than usual."

So, because pressure at the groin stopped the pulsation in the tumour, and pressure at the middle of the thigh did not, *therefore* Mr. Bell ties the artery *lower down* than usual! We should have thought he would have tied it higher in the thigh than usual, under such circumstances, instead of lower down! If pressure at the groin stop the pulsation of a popliteal aneurism, and pressure at the middle of the thigh do not, it is plain that the artery bifurcates between these points, or that some extraordinary anastomoses keep up the circulation, and the rational practice would be, to tie the vessel as near to the groin as possible, by which the *greatest* chance of success would be realised; although it might not amount to actual certainty, it would be very near it. Certainly the artery should be tied where pressure stops the circulation, and not, as in Mr. Bell's case, where it does not.

It seems that Mr. Bell's operation "was attended with no unusual circumstances. The artery was easily found by lifting the edge of the sartorius muscle, and neither the vein nor nerve were (was) exposed. After the ligature was applied, the pulsation of the artery against it was distinctly observed by all who were near the patient. As an arterial branch arose from the trunk close above the ligature, it was purposely cut across; it threw out its blood with great force, and was secured.

The moment after the artery was tied, Mr. Shaw, who had his hand on the tumour, said, that the pulsation was stopped; and on asking the patient what he felt, he immediately answered, "there is no more painful beating." But Mr. Shaw, keeping his hand on the tumour, felt the pulsation return in a *few seconds*; and so distinct was the pulsation, that he mentioned it to Mr. Bell, who, after putting his hand upon the tumour, and observing that the ligature was moved by the regular pulsation of the tumour, replied, "Well, be it what it may, I shall do no more; we have done all we ought to do." The edges of the wound were brought together, "&c." In five or six days the patient died.

Dissection.—The sartorius muscle, from end to end, was affected with inflammation, of an erysipelatous character, which had spread along the whole course of its sheath; the muscle itself was swollen and tumid, with serous effusion.

Just below the part where the profunda was given off, the femoral artery was divided into two very nearly equal branches. These ran down parallel to each other, to the part where the artery passes through the tendon of the biceps muscle; here they reunited. The ligature was found on the more superficial artery, a little above the reunion.

It appears to us that Mr. Bell performed his operation, as he tells us he did, lower down than usual, without any satisfactory reason; on the contrary, with every reason against it, and that if he will reflect a little he must be convinced of his error. If he was unable to stop the pulsation of the tumour by pressure, at the part of the thigh where the artery is usually tied, he should either have performed the operation higher up instead of lower down, or have adopted Dupuytren's plan, and tied the artery at the posterior part of the thigh, by cutting down upon it, between the inner edges of the semimembranosus, semitendinosus and the adductor magnus, thus reaching the vessel just before it passes through the tendon of the triceps. A deep incision is required, and it must be confessed that the operation is by no means an easy one, and calculated to harrow up Mr. Bell's "anxious feelings;" indeed we hear, from our Correspondent at Paris, that Dupuytren himself lately hesitated to perform it, although he so strongly recommended it to his pupils.

COLLEGE OF SURGEONS.

At the 13th Meeting of the Committee of Members of the Royal College of Surgeons in London, held at the Freemasons' Tavern, on Friday, July 7th, James Wardrop, Esq., in the Chair,

A copy of the terms and conditions on which the Hunterian collection, purchased by Parliament, was delivered to the late Corporation of Surgeons, having been read by the Chairman,

It was unanimously Resolved;

That the Curators of the Museum, not allowing it to be open during the hours specified in the grant, and not having prepared a catalogue descriptive of its contents, have not fulfilled the objects for which they were appointed.

That this Committee regard with great satisfaction the regulations which have lately been enforced by the Trustees of the Museum, for the purpose of rendering it more generally useful; and, while they express to the Trustees in behalf of themselves, and of that large body of surgeons for whom they have been deputed to act, their sincere thanks for their past exertions, they take the liberty of respectfully representing what they conceive to be still wanting, in order to give to this national collection the highest degree of public utility, and to place its management on a plan of liberality correspondent to the enlightened views which led to its purchase.

I. That the Museum should be open for four hours every day (Sunday excepted,) in the winter months; and six hours in the summer months; and, during these hours, that free admission be allowed to the Members of the College; to the Fellows, Licentiates and Members of all other Colleges and Universities; to the Medical Officers of the Army and Navy; to those legally authorised to act as Apothecaries, and to all scientific Foreigners; also, that medical students and other persons should be admitted on presenting a letter of introduction from a Member of the College, or from a Fellow or Licentiate of the College of Physicians.

II. That all persons who visit the Museum, should be permitted, under proper regulations consistent with the safety of the collection, to take notes of, and make drawings from, any of the preparations, and to make copies of any drawings.

III. That a descriptive catalogue of the preparations and contents of the Museum, should be formed, arranged, and printed as soon as possible.

The Committee beg leave to state, in conclusion, that, from their own knowledge of the Museum, as well as from the opinion of others who are conversant with the subject, they are firmly convinced that a catalogue of the Museum can be prepared in less than twelve months; but they will not presume to dictate to the Trustees the time which should be allowed for the accomplishment of so desirable an object.

That a copy of the above resolutions and proceedings, signed by the Chairman, be transmitted to the Lords and Gentlemen, Trustees of the Hunterian Museum.

James Wardrop, Chairman.

Paris, Aug. 4, 1826.

[*From our Correspondent.*]

The neighbourhood of the Ecole de Medicine begins to look dull; the students are leaving town for their domiciles à la Campagne, and it is expected that the Ecole itself will be closed on the fifteenth. **Dupuytren** and **Roux** are now, as heretofore, the rival candidates for surgical popularity; as might be expected, they hate each other most sincerely.

Dupuytren made a bungling business of a stone operation a few days ago. After having divided the neck of the bladder and prostate with his new double-bladed bistouri caché, he failed in his attempts to extract the calculus. A large aneurism in the *middle* of the thigh came under his care lately, he was afraid to tie the artery above, and could not easily get at it below the tumour; time passed on; he still hesitated; some friend of Roux's advised the patient to go to the Charité, when Roux performed the operation according to the plan of Scarpa. He cut into the tumour, and so divided the vessels leading to the sac; the man is doing very well, and Dupuytren is very sulky, quarrelling with all the elèves, and swearing at Roux.

Sir Everard Home traversed the Hotel Dieu a short time since with Dupuytren, who always took care to keep to windward of the rosy knight, not liking to come within the reach of the odour of the *eau de vie*, with which fluid he had recently lubricated his fauces. Baron **Larrey** will visit the three Britannic Capitals this autumn, so that a few of the Gauls will escape gelding and branding for a time. We hope the veteran will be well received. **Laennec** is better, and is expected back from Britany next week. **Lisfranc**, as usual, is flourishing his snuff and scalpel at the Pitié, proclaiming himself the "Roi de prosecteurs," and the "prosecteur du Roi."

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

AFFECTION OF THE TESTICLES, CONNECTED WITH GOUT.

J. Gardner, æt. 48, a mechanic. Both testicles are much swollen, of a pyramidal shape, with a hard and smooth surface. On the anterior and middle part of the scrotum, there are three small fistulous openings, from which openings is discharged a transparent, glairy fluid, resembling semen; a small probe can be introduced into one to the extent of an inch, but does not reach the testicle. There is no pain produced by pressure, and he suffers inconvenience merely from the discharge and size of the testicles. Complains also of pain in the right knee and ancle, both of which are somewhat swelled and exceedingly painful on the slightest pressure. Suffers most pain during night, and rarely sleeps more than an hour or two. Bowels open; tongue white; pulse feeble. Has no difficulty in making water, and it comes in a copious stream.

States, that two years ago, after an exertion to raise a heavy weight, he felt pain in both testicles, which was gradually followed by swelling. About a fortnight after he applied to a surgeon, who punctured the swelling on the left side, and drew off about half a pint of a yellowish fluid. In a month the fluid had collected to its former quantity.—Both sides of the scrotum were now tapped, and Port wine and water injected into the cavity of the vaginal coat. From the operation he suffered very little pain, but there was a good deal of bleeding after the fluid was evacuated; both testicles could then be felt of their natural size; however, they soon became painful, and began to swell and harden. The first fistulous opening in the scrotum appeared about a month after the last tapping, and the two others in succession in the course of a fortnight. From his account they were in consequence of three small abscesses, which formed successively on the scrotum; and he says they are in no way connected with the punctures made by the trocar, and that their situation is not the same. Six months ago he had, for the first time, an attack of gout in his right knee, which occasionally shifted to his ancle, and has since afflicted the two joints alternately. Has been in bad health for the last two years, and has used a variety of medicine.

3d day. Since he came into the House he has taken a pill every night, composed of

Pil. hyosciam. gr. iij.
Ext. acet. colchici, gr. i. *ft. pil.*

but seemingly without the least effect. Has also taken for two nights two grains of opium, from which he finds some relief. Continues to suffer excruciating pain in his knee and ancle joints. Bowels open; pulse small, but not altogether compressible. To be bled to ℥x. and a plaster of belladonna and soap to be applied over the joints.

4th day. The blood taken away presented the buffy coat; feels no relief since the bleeding.

℞. *Pulv. opii*;
Subm. hydrarg;
Pulv. antimon. aa. gr. ii. *ft. pil.*

to be taken every night.

6th day. Took the pill last night, and although he slept little he passed the night free from pain; feels himself rather better this morning. Continue the pill.

7th day. Passed another better night. Bowels open; tongue clean. Continue.

8th day. Slept pretty well, and perspired a good deal, which relieved him much. Continue.

10th day. Continues to receive relief from the pills. The testicles are very much diminished, and the fistulous openings have healed up. To return home, and attend occasionally as an out-patient, with directions to continue the pill.

A fortnight after this he presented himself at the Hospital, having perfectly recovered his health, and the swelling of the testicles having nearly subsided; he had taken the pill every night.

Ordered to discontinue the medicine.

FISTULA LACHRYMALIS.

A woman, 50 years of age, applied in consequence of a considerable swelling of the lachrymal sac of the left eye, and a constant flow of tears over the cheek, particularly when she was exposed to cold winds. The contents of the sac could not by pressure be evacuated into the nose; the integuments were sound.

Mr. Wardrop punctured the sac with a common lancet, and a copious discharge of tears, mixed with a puriform fluid, took place. He then introduced a very small probe down through the nasal duct, which he found very much contracted in its calibre. A small style was then left in the duct in place of the probe. The style caused an unusual degree of irritation, so that in a few days it was withdrawn. The wound closed, and the swelling of the parietes of the lachrymal sac gradually diminished, so that she has now no inconvenience from the disorder, except the occasional collection of a goutlett of tears, (perhaps three or four times a-day,) at the inner canthus.

On accurately examining the channel whence the tears come, Mr. W. pointed out a very minute dark *punctum* in the integuments over the middle of the sac, which, in truth, is a small opening leading directly into the sac, and through which any superabundant tears pass. Mr. W. has remarked the formation of a similar fistulous opening in many cases, in some where an artificial opening has been made into the sac, and in others, where it seems to have been a natural process, and intended for the same purpose as Nature accomplishes when she establishes a fistula in the urethra behind a stricture, to admit of the flow of urine.

SUCCESSFUL CASE OF ACUPUNCTURATION.

J. T. ætat. 40, *a carpenter*, complained of constant pain in the gastrocnemii muscles of the right leg, extending from the knee to the foot. The pain was increased towards evening, and on taking exercise, frequently accompanied by slight involuntary contractions of the muscles. The integuments were of their natural appearance, with the exception of a small cicatrix on the back part of the calf. Felt much inconvenience in walking; general health good.

Stated, that about two years ago, while cleaning a window, he fell down and hit his leg against a board, a splinter of which penetrated the calf of his leg to the depth of half an inch. The piece of wood was taken out, and most acute pain followed, which, however, went off in a few days. Eighteen months after the accident, the pain in the leg returned, and continued for several months, notwithstanding the frequent application of leeches, and severe and repeated blistering. The *acupuncturation* needle was introduced into the substance of the gastrocnemii muscles, to the extent of an inch and a half at two different places, and allowed to remain for a few minutes; immediately after the application he felt relief, and he remained nearly free from pain for eight days, when, after a long walk, the pain returned; the acupuncturation was again performed with complete and permanent relief.

GUY'S HOSPITAL.

DISEASE OF THE BLADDER.

H. Mesnard, ætat. 42, a man of spare habit and dark complexion, was admitted into the Hospital on 26th of April, under the care of Mr. Key, on account of inability to retain his urine. He gave the following circumstantial account of the origin and progress of his disease:—

About two years and a half ago he had typhus fever, under which he laboured six weeks; when he was becoming convalescent from this attack, he found great pain and difficulty in passing his urine. These symptoms increasing, he consulted Mr. Bacot; it was the opinion of this gentleman that there was a calculus in the bladder, although by repeatedly sounding the man he was not able to detect it. He remained under the care of Mr. Bacot for upwards of nine months; and during this period recourse was had to various medicines, none of which, however, were productive of benefit. The patient next applied to Mr. Copeland, who was also of opinion that the symptoms were referrible to calculus in the bladder, but he failed in finding it with the sound. After a short time had elapsed, Mr. Jeffreys' opinion was taken on the nature of the case; it was similar to that of the two former gentlemen who had been consulted. Having sounded the patient eight or nine times, and not finding a calculus, Mr. Jeffreys requested the man would go to St. George's Hospital, and here he was examined by Brodie, Keate, and by Jeffreys again, but with like ill success.

Here then we have the *decided* opinion of five *West-End* Surgeons, that a patient had calculus in the bladder, although not one of the said wiseacres could detect its presence with the sound.

The poor man's sufferings were unrelieved, and having met with no benefit from the medical advice which he had already sought, he remained for a long time without taking medicine. About eight months ago he applied to Mr. Wakley, who, after sounding him in the most careful manner in various positions of the body, was convinced that there was no calculus in the bladder, and that the symptoms were referrible to and depended upon disease of the bladder itself; he prescribed the infusion of buchu, which the patient took for some time, and it afforded great relief. At the suggestion, however, of Mr. Wakley, the patient applied for admission at Guy's Hospital, because it was impossible for him to maintain that strict observance of rules at home necessary in his case.

The symptoms under which he laboured when admitted were,—a frequent and irresistible desire to expel his urine, and he can retain but a very small quantity, for, on an average, he empties his bladder about once an hour, and generally makes about a wine glassful of urine at each time. During the time of voiding his urine, he feels a severe lancinating pain along the whole course of the urethra, and a bearing-down sensation in the perineum; at the same time he has darting pain about the anus, accompanied with tenesmus. The pain goes off gradually: he is waked from his sleep by the desire to void urine, which being so frequent, his repose is of course much interrupted. The urine contains a small quantity of mucus, it is light-coloured, and has no peculiar smell; the prostrate gland is slightly enlarged. The urine is never bloody, except after the operation of sounding; the bowels are regular, and the general health is tolerably good.

The patient was admitted, as we have already stated, on the 26th of April, and he remained in the Hospital from that period until the 13th of May, without any plan of treatment being pursued!! *

13. Ordered to rub the tartar emetic ointment over the loins.

16. The plan of treatment proposed in this case, a few days since, by Mr. Key, was that the patient should wear an elastic gum catheter, through which the urine should be constantly allowed to flow, so as to keep the bladder empty, and thus prevent the urine from producing that irritation which formed so remarkable a symptom in the patient's disease. This, however, was found to be impracticable, for although a catheter was made precisely of the same length with the urethra, so that its point might not rest in the bladder, still the instrument produced so much irritation about the neck of the bladder that it could not be worn.

Extract of opium, one scruple;
Water, three ounces. Mix.

Mr. Key directed this solution to be injected into the bladder every morning, through an elastic gum catheter.

22. Continues much the same. Mr. Key prescribed, on the 18th, a drachm

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* Surely the surgeons of this Hospital must suppose there is some magic influence in hospital air and diet.

of *spirit of nitric æther*, to be taken every six hours. He says, that during the time he took this medicine (two days) the pain was increased. Mr. Key, to-day, directed the following draught to be taken every morning.

> *Solution of potash, thirty drops;*
> *Castor oil, three drachms.* Mix.

29. The patient expresses himself relieved; he says, that he does not so frequently wake during the night for the purpose of emptying his bladder as formerly.

July 8. Somewhat improved; he can retain his urine in larger quantities, but he still suffers the most excruciating pain when voiding it. He was visited by Mr. Wakley on Monday (3d), and at his suggestion the patient, since that time, has endeavoured to retain the catheter, but he was at length compelled again to abandon its use. Mr. Key ordered the draught of castor oil and potash to be omitted, and *bicarbonate of potash, two scruples*, to be taken three times a day. Continue the opiate injection.

12. Much the same. Ordered to inject an ounce of olive oil into the bladder, night and morning.

15. Complains of much pain from the use of the oil, and the desire of voiding the urine is somewhat increased in frequency. Omit the injection of oil, and again use the solution of opium.

22. The improvement in this case is very trifling; some relief appeared to be at first afforded from the exhibition of castor oil and potash, but it was only temporary, and the symptoms at the date of this report are equally severe as at the time of admission. He has had febrile symptoms during the last few days, which have been in some measure removed by the exhibition of salines.

26. The patient's general health appears to be suffering; he complained to Mr. Key this morning of much uneasiness from dyspepsia. Ordered to omit all the former medicines, and to take a dose of the nitric acid julep three times a day.

July 8. Much the same; finding that his general health is affected, he wishes to leave the Hospital.

Shortly after the date of the last report the patient was dismissed.

SECOND CASE OF DISEASE OF THE BLADDER.

The symptoms in this case differed somewhat from the preceding; they were, however, as will be seen from the report, equally intractable, and alike resisted the means employed for their removal.

J. B., ætat. 22, of delicate appearance, was admitted May 3, under the care of Mr. Morgan, on account of disease of the bladder.

He stated that he was attacked nearly three years ago, with violent pain in the loins, attended with dysuria; and these symptoms continued for many months. He was informed by his medical attendants, that the pain which he experienced, was occasioned by the passage of calculi through the ureters from the kidney. A calculus of the size of a pea was voided with the urine soon after the attack of pain in the loins, and a few months after, a second was passed; since this period he has not had pain in the loins.

Present symptoms.—He has no power of retaining his urine, it dribbles away in small quantities. It is very thick when first passed, but if allowed to stand it deposits a large quantity of mucus. He suffers much from pain and irritation about the neck of the bladder, and occasionally has tenesmus. He was sounded a few weeks ago by Sir Astley Cooper, but no calculus could be detected. Ordered to take, three times a-day,

> *Subcarbonate of soda, ½ a drachm;*
> *Mint julep,* 1½ *ounce;*
> *Tincture of henbane,* 20 *minims,* Mix.
>
> *Compound soda powder, (p. g.)* 5 *grains;*
> *Extract of colocynth,* 5 *grains;*

to be taken at bed time;

A large blister to be applied to the loins.

May 10. Much the same; continue the former medicines. A suppository of opium to be introduced into the rectum twice a-day.

25. Bowels much disturbed; he now takes the chalk mixture, with opium. The symptoms of the disease of the bladder continue unrelieved.

31. He now takes the mixture of soda with mint julep, and 5 grains of Dover's powder at bed time. The symptoms are not at all relieved.

Mr. Morgan on visiting the patient today, remarked that he had seen a case of disease of the bladder, somewhat analogous to the present, and in which warm water was injected into the bladder. An attack of inflammation supervened, which well nigh cost the patient his life, but the original disease was thereby cured.

The patient continued in the hospital until the 14th of June, when he was dismissed at his own request.

He continued to take the soda, with an occasional dose of castor oil; but when he left the hospital no benefit had been obtained.

Operation of Lithotomy.

On Tuesday (July 25,) Mr. Bransby Cooper performed this operation on a boy of about three years of age. The patient had been suffering under the disease for two years. It will be remembered that in our observations on the last operation of lithotomy performed by Mr. B. Cooper, we stated that great difficulty was experienced in passing the straight staff. In the present case, however, it was passed with much facility; still we have " a crow to pluck" with the operator, and however unpalatable the term awkwardness (which we used in our former report) may be, we do not hesitate to apply the same term to the latter part of the present operation. The staff, we have already said, was well introduced, the external incisions were also made with due facility, and the knife equally well passed into the bladder. A short pair of forceps were now introduced for the purposeof extracting the stone, but it was found that it lay a considerable way back, and in additition to this, the child had what is termed " a deep perineum," so that the short pair of forceps employed on this occasion, were passed through the wound to a considerable distance beyond their joint, before the stone could be touched. On attempting to open them, therefore, it was found impracticable, because they were locked, as it is termed; in the wound. They were withdrawn again and again, and the same result ensued; the obvious remedy for this inconvenience was the use of longer forceps, but Mr. Cooper preferred poking about the bladder for nearly fifteen minutes, when the stone might have been removed in as many seconds.

We are gratified in being enabled to state, that the child has been free from any unfavourable symptom since the operation, and has left the hospital quite well.

The following cases were admitted into the Hospital by Mr. Morgan, on Wednesday, June 21st :—

Males—Paraphimosis; chronic disease of the knee joint; cancerous disease of the neck; opacity of the cornea, with granular lids; strumous ophthalmia; hydrocele; ulcer of the leg; fistula in ano.

Females—Disease of the knee joint; disease of the elbow joint; ulcer of the leg; disease of the womb; dysphagia.

The only two cases which we shall notice on the present occasion, are the following :—

CANCEROUS DISEASE OF THE NECK.

The subject of this dreadful malady is a pallid unhealthy looking man, about 36 years of age; his employment has been that of a lapidary.

The disease is of eight years standing; its destructive ravages have gone to a most appalling extent. There is an ulcer, bearing all the characteristics of cancerous disease, which extends backwards from the anterior edge of the right masseter muscle, to about an inch behind the mastoid process, and from the zygoma to a considerable distance down the neck. The pinna, or lobe of the ear, is destroyed, and also a portion of the concha at its under part; there is not a vestige left of the parotid gland. The surface of the sore is irregular, and it has broad, raised, and fleshy edges; it discharges a thin fluid, emits a most offensive fœtor, and occasionally bleeds. It first made its appearance as a small wart on the side of the neck, just below the ear; this was chafed and became sore, and from that time it gradually extended. He does not experience so much pain as formerly; the pain is of a lancinating kind.

The right cheek appears swollen, but it is flabby and pendulous, the muscles on this side being totally deprived of power; whilst the antagonist muscles, drawing the mouth to the opposite side, give to the face a most unsightly and distorted appearance.

This case affords an exceedingly good illustration of the doctrine which has lately been advanced with respect to the function of the portio dura, namely, that it is the muscular or motor nerve of the face, and that the sensibility of this part is derived from other nervous sources.

With the patient under consideration, the portio dura of the right side and its various ramifications, have been completely destroyed in the progress of the disease; the power of motion is, as we before observed, entirely gone, yet the sensibility of the cheek remains unimpaired. The orbicularis palpebrarum, and the corrugator supercilii, appear to be completely paralysed; he cannot close his eye, nor knit his brows on the right side. There is also another curious and interesting fact to be observed with respect to the motion of the eye on the right side. It has been said, that on all occasions at the instant the eye-lids are closed, the eye-ball makes a rapid movement, which raises the cornea under the upper eye-lid, and various ingenious reasons have been assigned for this motion of the eye-ball. Without entering into the consideration of the accuracy of such opinions, we would simply remark, that in the present case, when the patient attempts to close the eye, the ball is turned up so that the upper lid is almost covered by the transparent cornea; the same effect is observable when he winks with the eye-lids of the left side.

CASE OF DYSPHAGIA.

It may appear somewhat unscientific to apply so sweeping and general a term as dysphagia, (which is only a symptom of various affections,) to any case; but it will be seen, on the perusal of the following, that the cause on which the difficulty of deglutition depended, was not ascertained.

The patient, a delicate looking girl from the country, about 18 years of age, was admitted under the care of Mr. Morgan, on account of difficulty in deglutition, which was supposed at the time to arise from a stricture of the œsophagus. She stated that during the period of four months she laboured under a most distressing difficulty of respiration, and that it was attended with wheezing and copious expectoration. These symptoms *suddenly* left her about nine weeks before she came to London, and a difficulty of deglutition immediately ensued, from which time this distressing symptom has continued.

She could not swallow solids, and only the smallest quantity of fluid, with the greatest difficulty; the latter frequently producing so much pain, irritation, and distress, as to occasion its rejection. The poor girl complained bitterly of hunger; she took occasionally a small quantity of egg beaten up with wine, a little milk and arrow root. The body was greatly emaciated, she was indeed "worn to the bone;" the pulse was quick, and exceedingly feeble, and she had frequent cough, with purulent expectoration.

A few days after admission, we saw her, with Mr. Callaway; a probang was now passed down the œsophagus, but no obstruction could be detected along the course of the tube; still the difficulty of deglutition continued.

The case, therefore, now became involved in much obscurity; the sudden manner in which the disease was said to have come on, had before been remarked upon by Mr. Callaway, as a curious feature in the complaint, supposing it to be stricture of the œsophagus.

The following plan of treatment was directed, but the poor girl was not able to swallow the medicine; she remained in the Hospital about three weeks, during which time there was no alleviation of symptoms, in fact she became daily mor debilitated:

Griffiths' mixture, 1 ounce, to be taken three times a day.

Blue pill, 1 *scruple*,
Extract of henbane, 1 *scruple*,
Simple syrup; mucilage; of each hal an ounce.—Mix.

A fourth part of this to be taken every six hours.

We did not examine the chest with the stethoscope, but there could be little doubt from the appearance of the expectoration, that the lungs were suffering from tubercular disease. Dr. Byrne, who visited the patient when in the Hospital, suggested that there was probably some enlargement of the bronchial glands, which by pressing on the œsophagus, occasioned dysphagia.

Upon what principle five grains of blue pill was prescribed to be taken every four hours, we confess ourselves at a loss to conjecture. (Is this a *pure* surgical prescription for phthisis?)

Mr. Bransby Cooper admitted the following cases on Wendesday, July 12th:

Males.—Inflammation of the testicle; abscess in perineo; irritable bladder; suppurating glandular tumour in the axilla; two cases of lupus; retention of urine; disease of the penis; ulcer of the leg; papular eruptions; chronic disease of the knee-joint; stricture, with fistula in perineo.

Females.—Hæmorrhoids; ulcer of the leg; tumour on the side of the neck; cancer of the mamma.

The only case from amongst these which we shall notice at present is the following:

CASE OF RETENTION OF URINE, WITH DISEASE OF THE PROSTATE, AND HÆMORRHAGE INTO THE BLADDER.

T. H., admitted on Wednesday July 12th, is a man about 68 years of age, and of tolerable good health. He states that he was attacked early on Monday morning when in bed, with great pain in the pubic region, and urgent desire to void his urine, but found himself totally unable to do so. He immediately sent for a surgeon, who did not arrive, however, before noon; a catheter was then introduced without much difficulty, and a large quantity of urine was drawn off. On the following day, Tuesday, he was visited by his surgeon, and the catheter was again passed, not, however, without much difficulty, and the urine which came away was bloody.

When admitted on Wednesday, he complained of much pain and uneasiness about the bladder; this viscus appeared to be distended, and there was much pain felt on making pressure. The patient's countenance was anxious, his pulse feeble and irregular.

A catheter was passed into the bladder, without any obstruction being offered, except at the prostate; this gland was found on examination, per rectum, to be very much enlarged. Only a small quantity of urine, tinged with blood, was drawn off; and the canula of the catheter was much obstructed by clots of blood. In the evening the dresser again passed a catheter, with a similar result as in the morning.

13. The symptoms continue unrelieved. Mr. Cooper on visiting the patient this morning, remarked that he feared hæmorrhage was going on in the bladder; for on introducing the catheter, and moving it about the bladder, it gave to the hand the sensation of stirring amongst coagulated blood. The bladder too was obviously distended. With a view of allaying the extreme pain and uneasiness which existed, Mr. Cooper directed the patient to be put into a warm bath, and purgative medicines to be exhibited.

14. The patient has had some alleviation of pain since the use of the warm bath. Mr. Cooper passed a catheter this morning, and drew off a considerable quantity of bloody urine. It appeared that the urine flowing into the bladder had broken down or dissolved the coagulated blood. Mr. Cooper had determined, if this had not taken place, to inject the bladder with tepid water, and then to withdraw the fluid by means of a syringe. The following mixture was prescribed:

Infusion of digitalis, 3 *ounces*,
Carbonate of soda, 1½ *drachm*,
Tincture of squill, 1 *drachm*,
Peppermint water, 3 *ounces*.—Mix.

A wine glassful to be taken twice a day.

15. Complaining of great pain and irritation about the prostate, and there is great tenderness on making pressure over the bladder. The catheter is now passed night and morning, and urine, mixed with clots of blood, drawn off; it has also a highly offensive smell. Twelve leeches were ordered to be applied over the pubic region, with the use of warm fomentations.

16. Much the same; ordered the warm bath, and two grains of calomel, with a grain of opium, to be taken afterwards.

18. The symptoms continue very distressing; a sense of burning heat and pain about the neck of the bladder, with tenesmus, produce so much irritation, that the patient can obtain no repose. The catheter is still introduced night and morning, and bloody urine drawn away. He continues to take the medicine.

21. We find him this morning straining violently, and thus passing a small quantity of dark-coloured and highly offensive urine. The distressing symptoms noticed in our last report continue unabated.

24. The poor man is evidently much worse to day; he complains of violent and constant pain across the pubic region; he has frequent and urgent desire to pass his urine, which he accomplishes in small quantities, after violent straining. The tongue is brown and dry in the centre, red and moist at the tip and sides, the pulse is small, quick and irregular, and he has had occasional hiccups since yesterday afternoon. Mr. Key saw the patient to day, in the absence of Mr. Cooper, and directed a grain of opium to be given every four hours, and *fifteen drops of the solution of potash, twice a-day!!*

25. The countenance becoming more anxious, the tongue dry and brown, and the pulse small and irregular; the hiccup also continues. The irritation and pain about the neck of the bladder not relieved, still frequently straining and passing urine in small quantities.

Subcarbonate of ammonia, 5 *grains;*
Opium, 1 *grain.*

to be taken every six hours.

26. He is evidently sinking; the powers of life can no longer withstand the continued irritation to which the patient has been subjected since his attack. The pulse is very feeble, and hiccup more frequent. He lingered on, however, until the following day, when he died.

It is much to be regretted that the friends removed the body immediately, and thus prevented an examination being made.

Operations.

On Friday, (July 28,) Mr. Key performed the operation of lithotomy on a boy, six years of age. There was nothing remarkable to be observed; except that the patient had prolapsus ani to a considerable extent, which occasioned some little impediment. The operation was completed with Mr. Key's accustomed dexterity.

On Friday, Aug. 4, Mr. B. Cooper amputated a leg, above the knee.

ST. THOMAS'S HOSPITAL.

Mr. Travers admitted the following cases into the Hospital on Thursday, July 13th.

Males—Ulcer of the leg; ulcer of the arm; scrofulous abscess of the neck; tumour at each end of the right clavicle; chronic disease of the knee joint; superficial ulcer of the breast; abscess of the testicle; hydrocele (2).

Females—Chronic enlargement of the knee joint; tumour on the tibia from extravasation of blood; inflammation of the fascia of the arm; venereal phagadenic ulceration.

INFLAMMATION OF THE FASCIA OF THE ARM, FOLLOWING A SMALL PUNCTURED WOUND.

The subject of this affection is a healthy looking girl, about 17 years of age. She states, that about ten days ago she fell down, and the point of a pair of scissors stuck in her fore-arm. The wound was very slight, and it healed in the course of a day or two; shortly after, however, she began to experience violent pain in the arm; it swelled and became inflamed; at the same time she laboured under much febrile excitement. Leeches were applied to the arm, and spirituous lotions, with the exhibition of purgatives at the same time.

Present Symptoms.—July 15. The arm is kept in a flexed position, and great pain is produced on attempting to extend it, which darts up to the axilla. There is no external redness of the fore-arm, but there is a slight blush along the inside of the upper; great pain is felt on making pressure at any part of the arm, but more especially over the biceps, which feels tense.

There is a small scar in the middle of the fore-arm, about two inches below the bend of the elbow, which is the part at which the wound was inflicted with the scissors. There is not much constitutional disturbance; the pulse is somewhat quick, and tongue slightly furred. The following measures were directed: Twelve leeches to be applied to the arm; cloths to be kept wet with a lotion composed of

Solution of acetate of ammon. ½ *pint;*
Spirit of wine, 1 *ounce.* Mix.

Calomel, 3 *grains;*
Scammony, 8 *grains;*
to be taken directly, and a dose of house medicine on the following morning.

17. Symptoms not relieved; repeat the application of leeches.

19. The patient still experiences great pain when the fore-arm is extended, or when pronation and supination are performed. There is little or no external redness, and no glandular enlargement in the axilla, or perceptible inflammation of the absorbents. The tenderness and tension along the course of the biceps, is not at all relieved; pressure here occasioning pain, which extends towards the shoulder. She still keeps the arm in the flexed position. Mr. Travers, however, directed that it should be placed on a pillow in the extended position; fearing, as he observed, that the former position might lead to a permanent contraction. The pulse continues quick, and the tongue is furred; the bowels are open, and the skin is moist.

Tartar emetic, 1-6*th of a grain;*
Opium, 1-4*th of a grain;*
Calomel, 1 *grain;*
to be taken every six hours.
Opium, 1 *drachm;*
Boiling water, half a pint;
to be used as a fomentation to the arm.

22. Some improvement has taken place in this case; there is not so much pain on pressure, nor on using the arm. Ordered to continue the pills, and as the bowels are constipated, to take a colocynth pill every second night, and a dose of house physic on the following morning. The fomentation, by mistake of the nurse, has been used cold.

24. The mouth is now much affected by the calomel; she was therefore directed to omit the pills. The symptoms of disease in the arm are almost entirely gone; the motions of the arm are performed with ease, and there is no tenderness on pressure.

27. The mouth continues sore; in other respects she is going on well.

Aug. 5. From the date of the last report to the present time, she has continued free from pain in the arm, and only remained in the Hospital in consequence of pain in the side, for which a blister was applied. Mr. Travers ascribes the benefit derived in this case to the exhibition of the calomel, and the consequent ptyalism.

OPERATION OF REMOVING A TUMOUR FROM THE ORBIT.

The particulars of this case and of an operation which was undertaken for the removal of the tumour, were given in a former number of THE LANCET; we will, however, recapitulate the leading facts, in order to elucidate the nature of the second operation.

The patient is a little girl, and was admitted on 27th of April, on account of a tumour in the right upper eye-lid, which was so large as completely to obstruct the vision of the eye. The disease was of three months standing. Under these circumstances, Mr. Green performed an operation for the removal of the tumour on the 9th of May. A transverse incision was made through the integuments of the lid, and the tumour was then dissected out. With respect to the nature of the disease, there was a diversity of opinion; some considering it as malignant, whilst others held a contrary opinion. The portions constituting the tumour (for it was removed piece-meal, not being encysted), had an appearance of fat, but on pressing them between the finger and thumb, they broke down readily, and much resembled cerebral matter.

The incision of the eye-lid speedily closed after the operation, and the contraction produced in cicatrization occasioned ectropion or contraction of the upper lid. The portion of tunica conjunctiva covering the inside of the lid thus everted, became thickened in consequence of exposure, and a considerable swelling formed. In addition to the eversion and consequent thickening, in the course of a few weeks a swelling of the whole lid was apparent, from the reproduction of a tumour beneath. The disease went on rapidly increasing until July 13, when Mr. Green, with the concurrence of Mr. Travers, determined on a second operation.

The first step in the operation was making a perpendicular section, completely through the eye-lid, and then dissecting away the thickened tunica conjunctiva. This being done, the tumour was exposed resting immediately on the ball of the eye, and passing far backwards into the orbit. As in the former operation, it was taken out piecemeal, and the process of removing it was exceedingly tedious; the tumour dipped down between the muscles of the eye, and it was carefully dissected thence. The superior rectus and oblique muscles were laid bare in the operation. At length the whole of the tumour being removed, the edges of the incised eye-lid were brought together by means of strips of adhesive plaster.

The patient has gone on well since the operation; the wound of the lid has closed, and there does not appear to be at present any disposition to a recurrence of the disease.

We had almost omitted to observe that the vision of the eye itself has been perfect throughout; the obstruction to sight arose from the circumstance of the lid being so much swollen, as completely to cover the eye.

MIDDLESEX HOSPITAL.

CASE OF COMPOUND FRACTURE, AND DEPRESSION OF THE OS FRONTIS.

Caroline Lamb, a little girl, six years of age, was brought to this Hospital on the afternoon of the 10th of June, having received severe injury to the head. The child fell out of a hay loft, a considerable distance from the ground, and pitched directly on her head. She was instantly picked up and brought to the Hospital.

On examining into the nature of the accident, a small incised wound was observed to the right of the mesian line of the frontal bone, near to its junction with the parietal. On passing the finger into the wound, a fracture of the frontal bone was detected, to the extent of about an inch, the bone being depressed about three lines.

The child at this time appeared but little affected by the injury; the pulse was only slightly oppressed, the pupils were of the usual size, and obedient to light, and the breathing uninterrupted. She was put to bed, and a dose of calomel and rhubarb ordered to be given immediately; the edges of the wound brought together by means of adhesive plaster.

17. The sensorium not in the least affected; the countenance is placid, and the child is in fact free from any unfavourable symptom.

19. The wound is healing kindly, there have been no symptoms of cerebral affection. Pulse 80; tongue moist; the bowels are kept in a lax state, by the occasional exhibition of an aperient powder.

23. Going on well. The appetite, which for the first few days was rather indifferent, is now much improved. Bowels open; tongue moist; and pulse natural.

25. The child for the last few days has been running about the ward, and appears quite recovered.

CASE OF LACERATED WOUND OF THE LEG, WITH A NEW REMEDY FOR ERYSIPELAS BY JOE BURNS!

Thomas Daly, a lad about 18 years of age, was brought to the Hospital on the 16th of June, in consequence of having injured his leg, by falling from a scaffold.

On examination, there was found to be a transverse lacerated wound on the fore part of the leg, immediately beneath the knee-joint. The wound was cleared of some extraneous matter, which had got into it, and some simple dressing was applied. An aperient was administered. The wound was going on favourably for some time after the accident, when a slight erysipelatous blush appeared round its edges. Fomentations were directed to be applied by Mr. Shaw, *alias Junior Joe*. A dose of saline mixture, with antimonial wine, to be taken every six hours.

27. To-day the *Senior Joe* visited the patient, in consultation with his colleague; the erysipelatous inflammation had now extended up each side of the thigh, and the inflamed part was thickly studded with small vesicles. The fore-part of the thigh is free from redness. The pulse is 90, and *full*; tongue moist, with a brown streak in its centre; bowels open twice yesterday.

"What are you applying here?" asked the Senior Joe. "Fomentations," was the reply. "*Eh! eh! I have known a decoction of quince-seed used a good deal in erysipelas of this kind;* and I think that I should try it here, Mr. Shaw." "Well, *I* think (said Lithotomist Shaw) a mucilaginous application of that kind would be just the thing, this hot weather; and therefore, if you please, (turning to the dresser,) we will *just* order that."

A decoction of quince-seeds was therefore ordered to be applied to the part.

The case terminated favourably, and we understand that Mr. Shaw has it in contemplation to publish it in the *Yellow* Journal, as illustrative of the beneficial effects of a *decoction of quince-seed in erysipelas.*

On looking over the hospital books, we find the following prescription by our friend the Senior Joe, written two years ago; the case, gangrenous inflammation of the thigh. *Solution of subcarbonate of ammonia*, 1 *drachm; decoction of quince-seed!!* 4 *ounces.*—Mix. This was ordered to be *smeared* over the inflamed part with a feather!!!

WESTMINSTER HOSPITAL.

PUNCTURE OF THE RADIAL ARTERY IN VENESECTION.

On Friday the 4th instant, a man was admitted with a large pulsating tumour at the bend of the fore-arm, occasioned by a puncture of the radial artery, in an attempt at venesection.

The patient is about 40 years of age, and applied to a druggist on the Sunday preceding his admission, to be bled. The druggist bled him, and punctured the radial artery, but nothing intimidated, he placed a compress of lint on the incision, told the man to go his way, and that he would do very well. The patient, however continued to bleed two or three times every day, until his admission to the Hospital, which was about six in the evening. Shortly afterwards, the hæmorrhage returned; the house-surgeon was called, who sent for **Mr. White**, and about 12 o'clock the same night, Mr. W. judged the case of sufficient necessity to cut down upon the radial artery, at the bend of the arm in front of the elbow, and tie the vessel above and below the opening. At the time the operation was performed, the fore-arm was very much swollen and discoloured, insomuch that even after the operation, **Mr. Alcock** took a drawing of the parts, considering the arm to present a fine specimen of the force of pressure in producing ecchymosis.

Simple dressing was applied to the wound, and from the great tension of the parts a warm fomentation and a poultice were used. This is a practice to which we decidedly object, since the tension could only be produced by the great irritation of the parts, aided by the mechanical impediment placed to the return of the venous blood. The arm, however, has fortunately subsided somewhat, and the patient is going on well. He is taking some cooling aperient medicine.

On the following morning, Saturday, Mr. White apologized to the pupils for having operated in their absence, which the necessitous nature of the case did not, however, require. **Sir Anthony Carlisle** happened to be present, and **Mr. White**, refering to the cause of the injury said, "The case, Sir Anthony, was a serious one, although not the offspring of a member of that body of which you are one of the head and chief." "Oh, never mind that, replied the chirurgico-naturalist of Langham-place, send it up to **The Lancet**, and they will soon show to what class the author of the mischief belongs." In obedience to Sir A.'s hint, we have only to say, that the phlebotomizer was lawfully authorised to prick the veins, or even the *arteries*, of his Majesty's subjects, for any thing Sir Anthony or his colleagues can say to the contrary. If the public will go to ignorant men, they must take the consequences.

OPERATION.

On Saturday last, the operation of lithotomy was performed by **Mr. White**, on a boy of about eight years of age. The curved staff, common scalpel, and the bistouri caché of Frere Jacques, were the instruments employed. The operation was well performed, and the stone was of a moderate size. The stone was composed of the ammoniaco-magnesian phosphate, about the size of a walnut.

THE LANCET.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXXVII.

Of Hydrothorax.

Gentlemen,

This name is given to a dropsical accumulation of serous fluid in the sac of the pleura. The disease may exist on either side, and that singly. But more commonly, fluid is found on both sides after death, though unequally. When fluid is found on the left side of the chest, there is generally some also in the pericardium.

The symptoms of *hydrothorax* are laid down by Dr. Cullen with much clearness. There is *dyspnœa;* (by which you are to understand simply difficult breathing, without any allusion to the cause inducing it, which may be very various); difficulty in lying in the horizontal position, with sudden starting from sleep, and a dread of suffocation; often with palpitation of the heart. The face is pale, and often bloated; the feet and ancles commonly swell; and the urine is scanty. When the quantity of fluid accumulated in the chest is very large, fluctuation may sometimes be perceived between the ribs, or when the trunk of the body is strongly agitated. The pulse is hard, frequent, and often irregular. The tongue is dry and furred in most cases; and there is generally cough, and more or less of pain in the chest.

It has been attempted to discriminate between *hydrothorax* and *hydrops pericardii*, by saying that, in the latter, the patient breathes most easily upon leaning forwards over a table, or the like; while, in *hydrothorax*, the breathing is easiest in the erect posture: the supposition being, that in those postures respectively, the fluid gravitates most out of the way of the heart and lungs. It is doubtful, however, whether this distinction can be much relied upon. But, in fact, the two affections are mostly combined in the same subject.

Theory.—Hydrothorax is very generally (I believe I might say invariably) the consequence of inflammation of the pleura. It is not, however, in the most recent and active stage of the inflammation, that serous accumulation is apt to take place; but in milder states of the disease, and when the inflammation is on the decline; but in general before it has wholly subsided.

Prognosis.—Although this, upon the whole, is unfavourable, many cases of hydrothorax do well under proper treatment. Success depends upon the degree of injury the parts may have sustained in their organisation; and this again, upon the degree and duration of the inflammation in which the disease is founded. If the disease is recent, the patient not far advanced in life, and the habit and general strength tolerably good, you may entertain a reasonable prospect of success. But in general, the circumstances altogether are the reverse of this; and the disease, therefore, in most instances, proves fatal.

Treatment.—Your first object should be to inquire into the existence of inflammation, because, if this be present, no good can be done till its removal is accomplished. The presence of inflammation is ascertained by the common signs, viz., pain in the chest, a quick and hard pulse, and dryness and foulness of the tongue, with thirst. If these signs present themselves, the common remedies for inflammation are to be resorted to. If the subject is not far advanced in life, and still retains a moderate share of general strength, as is not unfrequently the case, *bloodletting* is to be considered as the most important of our means of cure. Great caution, however, is necessary in the application of this herculean remedy, so as not to carry it to an improper length. You must constantly bear in mind, that the inflammation in these cases is of a *chronic* and often indolent kind, in which large bleeding is wholly inadmissible, What I wish to recommend is, very small and repeated bleedings, at intervals of a few days; hardly ever exceeding four or five ounces at a time. This practice, applied under proper circumstances, you will find to be not only safe, but in many cases effectual, as I know from repeated trials. And where, from the injury done to the structure, by the long continuance of the disease, a cure is impossible, *bloodletting* is still capable of affording relief. In addition to this, *blisters* are often useful.

The good effects of this plan are, that the pain in the chest is relieved, the febrile symptoms abated, and the appetite improved: respiration becomes easier, and the sleep is rendered more refreshing. Not unfrequently, in addition to these advantages, the effused fluid begins to be taken up spontaneously, so that no further remedies are required. Should this, however, not be the case, we may have recourse to the usual *diuretics*; as the *squill*, combined perhaps with *calomel*, *nitre*, or the *acetate of potass*, but particularly the *infusion of digitalis*, which has the double advantage of being anti-inflammatory, as well as most powerfully diuretic. Should these not succeed, the *elaterium*, cautiously administered, as in quarter or half-grain doses, will often do wonders in promoting absorption. If these means altogether fail, the failure is perhaps to be ascribed rather to the disorganization of the parts concerned, than to the insufficiency of the remedies employed.

Of Inflammation of the Substance of the Lungs.

When the substance of the lungs is attacked by inflammation, exclusive of the pleura, there is but little pain experienced, and not at all in proportion to the degree of the disease. There is commonly, however, more or less of pain felt, and which may be variously seated in the chest, according to the seat of the inflammation. Sometimes the pain shoots through from the front to the back, and is often felt under the shoulder blade; sometimes about the top of the shoulder or clavicle; and not unfrequently about the middle of the arm. These pains in the back, shoulder, and arm, are often mistaken for rheumatism, especially by the patient himself, so that you must be on your guard against this. Instead of pain, there is at times only a sense of weight or oppression complained of.

When you have not pain to guide you to the seat of disease, your judgment must be formed chiefly from the state of functions, that is, from the state of respiration principally, though other functions will be often disturbed also, as I shall presently mention.

Theory.—Now to understand this, you have only to recollect that inflammation, in so loose a texture as that of the lungs, must of necessity, be attended with a swelling of the part inflamed. This will produce pressure upon both the *blood-vessels* and *air-vessels* of the part, and so doubly interfere with the process of respiration; for neither can air enter into the lungs at this part, nor can the blood pass with sufficient freedom through the minute branches of the pulmonary artery and vein in the inflamed part. If the inflammation be of small extent, no serious inconvenience may be experienced; because there is no material impediment to the function of respiration altogether; and the system may not suffer in consequence. But in proportion as the disease is extensive, so must be its importance in regard to the general health of the body, and even to life itself.

When the lungs become generally or extensively inflamed, as is sometimes the case, the symptoms are of the most alarming and dangerous kind; for in addition to the common signs and effects of inflammation, namely, pain or uneasiness in the part, with a general febrile state of system, there is an impediment or interruption of a function that is immediately essential to life, and which cannot be even partially interfered with, at least in any considerable degree, without great distress to the patient, and much injury to a variety of other functions. These, I shall now proceed to point out to you.

It is the *bronchial* artery (that vessel which is destined to nourish the lungs,) and not the *pulmonary* artery, that is essentially the seat of the inflammation, the pulmonary artery being passive on the occasion. No doubt, the coats of this vessel, as of any other, may participate in the disease; but this does not appear to be essential.

Symptoms.—The history I am now to give you must be considered as applying only to the more severe and extensive cases of inflammation of the lungs. The slighter affections of this sort, not interfering materially with the respiratory function, are, of course, marked by fewer and trivial characters. The symptoms then of violent and dangerous inflammation in the lungs are various, and follow in a certain order, one arising out of, and depending upon, another. Now it is of importance that you should mark the series and dependence; as, in practice, our chief attention should be directed to the *primary* symptoms, rather than the *secondary*, or still more remote ones; because the removal of the latter has no necessary tendency to relieve the essential part of the disease, the inflammation, but rather the contrary. Thus if, as is often done, you were to give stimulants in order to relieve the general prostration of strength that takes place in the advanced stage of the disease, you would be likely to aggravate the inflammation, and that without a possibility of accomplishing the object you had in view.

1. *Pain in the chest.*—The natural insensibility of the lungs renders pain an equivocal symptom, as I have already told you. When present, it bears in fact no necessary proportion to the degree of the disease present, the worst cases of pneumonia being those in which there is the least pain. Your attention, therefore, should be chiefly directed to the state of functions, in order to form your judgment of the case.

2. *Difficult respiration of a continued kind.*—The breathing is short and laborious, often with wheezing. This symptom is occasioned by the pressure made by the swelled portion of lung upon the air-cells and minute ramifications of the bronchia, impeding thus the admission of air into the lungs.

3. *A livid hue of the skin* in various parts, especially of the cheeks, lips, and nails. This arises from the blood not having undergone the necessary changes in the lungs, owing to the imperfect admission of the air in breathing. And as animal heat depends in a great measure upon respiration, this being imperfectly performed, *coldness of the extremities* likewise takes place.

4. The same pressure which acts upon the *air-vessels*, influences also the *blood-vessels* of the lungs, namely, the minute branches of the *pulmonary* artery and veins. The blood in consequence is impeded in its passage from the right to the left side of the heart, which is thus deprived of its due and regular supply of blood. The pulse in consequence is generally small, soft, and feeble, and sometimes irregular.

5. The obstructed state of the pulmonary artery leads to a gorged state of the right side of the heart, which cannot sufficiently empty itself of its blood. It becomes in consequence unable to receive the venous blood coming from the different parts of the system; and thus a general stagnation of circulation takes place in a greater or less degree, and accounts for the tumid and bloated state of the face and extremities. The brain from its proximity to the heart, is likely to suffer most from the impediment to the return of blood to the heart; and hence stupor, and not unfrequently delirium ensue. Something may doubtless be attributed here to the *dark* or *venous* character of the blood itself, by which it is less fitted to excite the brain, and other organs of the body, whence the general torpor and inaction observed.

In severe cases of peripneumony, the tongue assumes a brown hue, similar to what is observed in low fever; and this probably from the same cause, the oppressed condition of the brain. The thicker and darker the crust on the tongue is in these cases, the greater in general is the danger of the disease.

There is often no cough, because the mucous membrane is not always or generally affected. When cough does occur, however, there is not much expectoration at first, and the sputum is often of a brown or sanious appearance; sometimes it is bloody, but the blood is rather of a dark than a florid hue.

The history I have now given, you are to consider as an extreme case of the disease, and as it appears in its most simple and uncombined form. In most cases, it is a much milder disease than I have now stated, and is most frequently accompanied with more or less of inflammation of both the investing membrane (the pleura), and of the mucous membrane, or that which lines the *bronchia*. Hence the pain, and cough, and expectoration, that so commonly are found in combination with the other symptoms.

Progress and *Terminations.*—The progress of inflammation of the lungs is according to the violence of the disease and the age of the patient. In infants, it often runs its course, and proves fatal in little more than eight and forty hours; and the same is the case in very old subjects.

Peripneumony terminates in various ways; as, *first*, by *resolution*, as it is called; that is, by simply subsiding, without even expectoration or other obvious change; *Second*, More frequently it terminates in coughing and expectoration. The more early this takes place, and the more copious and easy the discharge of mucus becomes, the more likely is the disease to terminate favourably.

3. *By abscess*, commonly though needlessly termed *vomica*. The approach of this may be suspected from the continuance of the oppressed state of breathing, after the pain and febrile symptoms have declined. Occasional shivering fits, also, indicate approaching suppuration. The abscess commonly bursts into the bronchia, when the *matter* is brought up by coughing. Sometimes, though rarely, it penetrates through the pleura, into the cavity of the chest, and then constitutes what is called *empyema*, that is, a collection of purulent fluid in the thorax. In many instances, the lungs adhering to the ribs, the matter makes its way between these, and is discharged at the skin, often very remote from the opening into the chest. Patients occasionally recover under all these circumstances, though slowly, and after a long period.

4. *By hæmoptysis.*—This occurring early in the disease, tends powerfully to take off the inflammation, though, in itself, it is not unattended with danger.

5. By deposition of blood or serum, or both, into the cellular texture of the lungs, and that to such a degree as to occasion suffocation. When the disease proves fatal in this way, the lungs, upon being cut into after death, resemble the liver in colour; and hence have been said to be *hepatized.* This is a very unwarrantable use of language, as it tends to excite ideas that are without foundation. Modern writers have a great deal of this sort to answer for.

6. *By apoplexy.*—The impediment given to the return of blood from the head, and which is evident in the bloated state of the face, the red, and starting, and suffused appearance of the eyes, and the turgid state of the jugular veins, not only induces stupor, the effect of mere stagnation, but becomes also, in some cases, a cause of irritation to the arteries of the brain, urging them to an increase of propulsive action, and consequent rupture and extravasation of blood.

Prognosis.—The chief danger in peripneumony, arises from the impeded respiration, and the interruption given to the passage of the blood through the lungs. The unfavourable symptoms are, the livid hue of the skin, with coldness of the extreme parts; a feeble and irregular pulse; and the occurrence of stupor or delirium. A thickly coated brown and dry tongue, also indicates danger.

Treatment.—The common remedies for inflammation are all that are required in this case. *Bloodletting*, commenced at an early stage of the disease, is particularly necessary, and that often to a great extent, the patient in many cases requiring to be bled, (once, or oftener, daily, according to the severity of the symptoms,) for many days in succession, till either the disease gives way, or the strength will no longer allow of this evacuation. Of this, you are to judge chiefly by the pulse. In proportion as this declines in strength and fulness, you are to be cautious in abstracting blood. You must be aware, however, that the pulse in this disease is not wholly or exclusively to be trusted to; for, owing to the blood retaining its venous character, and thereby not stimulating the heart and arteries sufficiently; and partly, also, to the imperfect transmission of the blood through the pulmonary artery; the pulse at the wrist may be weak and small, although the general strength be still unimpaired. In such cases, you must judge of the general strength from other circumstances; such as the duration of the disease, the quantity of blood already lost, and the state of the patient immediately previous to the attack.

In the advanced stage of the disease, when the skin is livid, the extremities cold, pulse feeble and irregular, and the tongue of a dark brown colour, *bloodletting* is hardly admissible, although we may be convinced the inflammation is still going on. Bleeding then, to any amount, will but hasten the fatal event. In these cases, it is usual to give stimulants, as *ammonia*, the *seneka*, and *wine;* as if, because *bloodletting* was no longer admissible, an opposite treatment were required. It is difficult, however, to reconcile this with either reason or experience. The reason commonly assigned for employing *stimulants* on such occasions, namely, "to support the strength," is quite fallacious; for no medicine has any such power. All that stimulants can do, is to excite vascular action; but this effect is of short duration, and not favourable, one would suppose, to the real disease, the inflammation. When the unfavourable symptoms I have just described, have made their appearance, little, probably, can be done by art for their relief. The insufficiency of our means, under such circumstances, should make us doubly attentive to the disease in the beginning, when it is mostly within our power.

I hardly need observe, that, besides *bloodletting*, *counter-irritation* of different kinds is to be used; or to remind you, that *mercury*, as on other occasions, and after a proper use of bloodletting, is calculated to assist materially in the cure. As to what are commonly termed *expectorants*, these are probably of little moment. It is no doubt desirable to see expectoration taking place freely; but this is rather to be looked upon as a *sign*, than as a *cause*, of returning health. Nor is it much in our power to promote this event, unless by the use of nauseating medicines; and these, in all probability, accomplish the object, rather by checking the inflammation, than by any direct *expectorant* power.

A *mild* and *chronic* kind of pulmonary inflammation is a far more common occurrence, than the acute form I have just described to you, and, upon the whole, is much more fatal in its result. It takes place mostly at the approach of winter, commonly in the form of catarrh, and spreads gradually to the lungs themselves, and often their investing membrane; giving rise to a complication of symptoms, easy to be conceived. If neglected, as among the poorer classes generally is the case, it continues till perhaps the return of spring, and is renewed the succeeding winter, becoming worse upon each return, and gradually laying a foundation for various incurable states of disease in those organs. The mucous membrane becomes permanently thickened, and otherwise diseased in its structure, and acquires a habit of secreting mucus largely, and of a vitiated quality; thus occasioning a continued difficulty of breathing, with constant cough, vulgarly termed *asthma*, and that fluctuates in point of severity with season and weather. The affection of the pleura, in its turn, gives rise to adhesion and serous accumulation in the cavity of the chest. While the continued or frequently-repeated attacks of inflammation (however slight) in the lungs themselves, gradually induce an alteration of structure in these parts, which, by slow degrees, degenerates into *pulmonary consumption*, a disease which we shall soon have to notice.

Nor is this the whole of the mischief that results from slight and neglected inflammation in the pulmonary organs. The resistance the heart encounters in its endeavours to propel the blood through the lungs in the diseased state of those organs, becomes a source of irritation to the heart, that at length terminates in actual disease, such as morbid enlargement or other change of structure, either in the heart itself or the large vessels connected with it, attended of necessity with disordered action, discoverable in the pulse, and which is productive of the greatest possible distress to the patient, and not unfrequently a sudden and fatal termination. A great proportion of the chronic diseases of the heart originate in this way, namely, in diseased lungs.

General *anasarca*, first noticed about the ancles, is also frequently induced by the same cause, inflammation of the parts within the chest, impeding, by pressure, or by the extension of inflammation to the great trunks of the absorbing system, the free discharge of lymph into the veins. Many of these cases of dropsy, if early attended to, and treated by moderate and repeated *bloodletting*, and other *antiphlogistic* measures, admit of cure, by the removal of the cause; whereas, if treated in a different way, by stimulants and the like, they soon terminate fatally.

FOREIGN DEPARTMENT.

PATHOLOGY.

Curious Case of Paralysis.—(*Hufeland's Journal, d. p. h. Feb.* 1826.)

C. S., twenty-five years of age, of a sanguineo-melancholic temperament, for four years laboured under a peculiar kind of weakness. The commencement of this weakness is attributed to a leap which the patient made from a stair, in February 1822; in consequence of which, the joint of the right foot was sprained. The same joint on the left side became also a little injured, from being used to assist the one that had been first hurt. Several remedies were employed for these accidents without removing the complaints. In the spring of 1822, the patient's state became worse, insomuch, that when he came out of the country, he could not place his foot on the plain field. When he sat with the sole resting on the ground, very disagreeable sensations were felt, and it was only when the leg was properly supported with suitable contrivances, that he was able to ride in a carriage. This, as already remarked, was the first sign of the commencement of the disease. It must be noticed, however, that he had suffered from a weakness in the right pectoral muscle some years previous, which prevented the use of the right arm for any length of time, even in writing.

This, after a time, disappeared without leaving any trace behind.

After he had left the country, in the spring of 1822, his condition was found to be little better during summer; nevertheless he could walk as much as 1500 steps on a completely even plain, without its being observed that any thing was the matter with him. In the following winter his pacing became better, and he walked about the streets, first of all, with the assistance of an attendant, and afterwards pretty well alone. The weakness that showed itself in the breast, which we have already spoken of, returned occasionally when the patient used his arm for any length of time. This, however, was not very serious.

It was in the harvest of 1822, that the patient came under the notice of the physician. This case was looked upon as general muscular weakness which his growth had produced. No change was to be seen in the feet. The organs of digestion appeared at that time not to be altogether in order, but this was attributed to the same cause. Cinchona and iron were ordered, which he took during the winter in different forms, with a good deal of exercise in the open air. The limb was rubbed with oleum cajeputi and other local remedies. The stomach was soon restored, and as has been already related, the foot got better, so far as related to walking. His countenance became also better. Sea-bathing was recommended, and a hope held out that this remedy would have complete effect. The convalescence did not endure long however, for in three weeks or so his state became a great deal worse than it had been previous to his journey; in addition to a considerable diminution of the power of the limb, there was such a weakness in the muscles of the upper extremity that the violin bow could not be used for a moment; the difficulty of holding any conversation was so great, that he was obliged to say but little, and that not very often.

He could only walk across the room once or twice, and this was done with such pain that he was obliged speedily to abandon the attempt. To stand was difficult, although not impossible. Walking on the toes was much more easy than on the heels or whole foot, a fact which showed the superior power of the flexors over their antagonists; he could only walk on soft surfaces and began to be afraid that the pavement would be too hard for him; to mount up stairs was more severe than to walk in any other way. He sat without much difficulty in a carriage, and rode short distances daily on horseback, although in mounting and descending he required assistance. Above the knee he complained a little; above the haunches, he felt nothing. The weakness of the pectoral muscles alluded to prevented him whenever he began to stretch out his arm; food and drink he could not lift to his mouth with ease; such was the disagreeable and painful sensation he felt in his breast, it was only by a great effort that he was enabled, even in a low tone of voice to speak; whispering was more easy; the sensation felt on exerting himself to speak, he compared to what he imagined he would feel if the muscular substance was torn from the ribs.

Such was the state of the patient when he returned from the coast in the harvest of 1823. The disease appeared to be situated in the feet and breast alone. His appearance was pretty good and healthy; appetite, digestion, and excretions were properly performed.

During his stay on the sea-coast, it was supposed that the situation of the disease might be in the spinal chord. This opinion was even given by certain eminent medical men who had been consulted. This opinion, it must be confessed, seemed to be well founded, for in about a month after the return of the patient, he began to complain of pain in the back, particularly in the sacral region. The pain was not severe, but it became increased in sitting upright, riding, and lying on his back. Whether it was the pain that is usually felt in diseased spine, or a case of rachalgia, neither at that time nor since has it been agreed upon. Excepting the jump mentioned before, no cause could be assigned for the complaint. Magnetism, electricity, moxas in the lower portion of the spinal chord, irritating ointments, phosphorus internally, and the recumbent position, were used without benefit. He remains just in the same state, the power of motion in the lower extremities is gone, and very much diminished in the upper; the power of sensation still remains.

The question then is, what is the complaint? Is it really an inflammation of the spine? This might be answered, perhaps, in the affirmative; but there are wanting many of those appearances which characterize diseases of that organ, such as want of retention of the excretions, and the unsound state of the organic functions. One can hardly believe that an inflammation exists, for supposing it to be chronic, it must have ended long ere now in extravasation, caries, &c.; but as we have already said, no single change is to be observed.

Supposing that the disease is in the chord, whence has it arisen? Is it possible that the growth of the patient may have brought on an atrophy of the medulla, or produced a want of equilibrium betwixt this organ and the other parts of the body? Or can the leap that caused the distortion of the foot have been the origin of the disease, by producing a state of concussion which manifested itself afterwards. These are mere queries, none of which, although answered, can account for the cause of the disease.

Hufeland has followed up the description of this case by a narrative of no less than nine cases of palsy, of a very peculiar nature. The symptoms commence first in the extremities of the nerves, sometimes in one of the organs of sense, and the disease gradually extends itself over the extremities. It may remain in this state for a year, or it may advance speedily; attacking ultimately the abdominal viscera, destroying the action of the intestinal tube, producing want of power in the sphincters of the rectum and bladder, and finally seizing on the brain or lungs, causing apoplexy or suffocation.

This disease Hufeland proposes to call paralysis medullaris. No remedy has been discovered for it. The treatment he proposes consists in applying, once every four weeks or so, cupping glasses to the loins, electricity in the course of the spine. Internally, tinctura toxicodendri æther. sulph. The disease, however, mentioned by Hufeland, and probably the one we have given above, is what the French have termed *ramolissement*, this pathological change in the different cases taking place in different parts of the brain and spinal marrow.

In the *Revue Medicale* for May, there are some cases of paralysis detailed by M. Velpeau, of which the following is the most remarkable:—A lady was seized with palsy, which commenced from the little finger of the right hand and extended over the whole upper extremity of that side, then on the lower limb, and lastly, over the whole of the body, with the exception of the thumb and the two fingers of the hand, which had preserved the power of motion, and by means of which the patient made known her wishes. Her whole body then nearly was in a state of complete paralysis, and the tongue also had suspended its motion. Towards the latter period of the lady's life deglutition had become very difficult, but the intellectual faculties were preserved entire to the day before her death. It was probable that these different symptoms depended on a bruise of the encephalon; nevertheless, on opening the body, not a single trace of disease was found, excepting in the *tuber annulare*, where there was a yellow spot, or one of the colour of rust, about four lines in depth, three in breadth, and the centre of which was much darker than any other part.

On the Femur of the Mastodonte. By M. Marcel de Serres. (*Bulletin de la Societé Philomatique. May.*)

M. Marcel de Serres announced to the Philomatic Society recently, that he had discovered an entire femur of the mastodonte, with straight teeth, in the sandy country of Soret, near Montpelier. This femur presented some difference from the fossil femur of the great mastodonte of the Ohio, drawn and described by Daubenton, in the *Memoires de l'Academie des Sciences* for 1762, relative to the form and the direction of the linea aspera. From the length of this bone (which is 0m.910 from the extremity of the great trochanter to the internal condyle) and its other dimensions, it would appear that the mastodonte with straight teeth was smaller than the mastodonte of Ohio.

SURGERY.

Interesting Surgical Cases, by Professor Weinhold, of Hallé.*—Nos. 1 and 2.

Cure of an irregular large Callus on the left Femur, accompanied by a shortening of the limb to the extent of two inches, by a Seton introduced by means of a peculiar boring instrument.

John Xaver R———g, 18 years of age, a native of Hallé, farm-servant, had the misfortune to break his left thigh bone, about its middle, on the 21st of June, 1825. A surgeon residing on the spot took the patient under his care, and observed for a few weeks the treatment necessary in cases of fracture. As the master required labourers, he consulted the surgeon whether the servant was not able to re-commence his labour immediately. *Four weeks* after the treatment had commenced, the patient resumed his work at the plough.

It is not at all curious then that with a soft callus, the under and upper fractured surfaces should have rode over one another, to the extent of nearly two inches. During ten weeks continued hard labour, a tumour had arisen on the part nearly as large as the head of a new-born child, which made the patient a complete cripple, compelled him to go out of his service, and become a burden on his poor mother, who could scarcely gain her own livelihood. The poor woman called on me, in tears, to her unfortunate son. On close examination I found what I have already noticed, namely, that the thigh was broken in the middle, shortened by two inches, and surrounded by a firm large callus; touching it produced very great pain. Towards the knee and joint, as well as above and below, a great quantity of lymph had been thrown out into the cellular texture and interstices of the muscles. Both in the direction of the thigh and knee-joints there were several inflammatory spots in the hard cellular substance which ultimately gave rise to discharge of pus and formation of fistulæ.

In the state of surgical knowledge at that time the case would have been considered as a complete deformity, which would stick to the patient as long as he lived, rendering him a cripple. The prognosis under these circumstances was very unfavourable; indeed, nothing remained but to lay the patient on a suitable mattress, and by means of a pully to apply constant extension. Eight days trial, however, convinced us that the callus was too hard, and that the foot must remain two inches shorter. Nothing certain indeed, could be expected from this old mode of treatment, as the fracture had existed for three months, and the callus was so hard as to baffle any mechanical remedy.

We were just about to consider the case as hopeless, when I made known in the public demonstrations of the clinique under my care, all the similar cases narrated in the history of surgery. No case was found where a callus *converted into bone* had been resolved by surgical art, and a deformed fracture under this circumstance healed. It occurred to me that the following experiment might be performed, and I accordingly proposed it. *To bore a hole through the callus, and introduce a seton somewhat about three lines thick. Afterwards to apply irritating remedies to the chord which would produce an inflammation in the bone as well as formation of pus, and thus melt down and diminish the callus. Afterwards to apply extension by the machine to lengthen the shortened extremity.* This was only a rational experiment that I proposed. No one could tell how it would succeed; whether the bone could be inflamed and afterwards made to suppurate. As all hope of healing it otherwise had been cut off, the patient willingly agreed to undergo this operation, which was performed in the following way, in presence of my pupils and certain other medical men.

I took the blade of the needle trephine, which I use in boring into the antrum highmorianum, and other hard bony depositions,* and fastened it into a boring bow, in the manner that mechanics do, when they wish to employ the same for piercing metals. Next, without any previous cutting, the point was thrust through the skin and muscles, an inch to the external side of the arteria cruralis, until it reached the callus. The bore was now set in action by means of the gut-string and bow, and in less than a minute the anterior side of the callus was pierced. The blade of the needle trephine then passed into a space of about four inches before it reached the posterior part of the cavity. The posterior side was then bored through, and the point of the instrument carried through the soft parts, which were so stretched out by an assistant as to cause little or no pain. Scarcely an ounce of blood was lost. The seton was now carried through the callus, having been previously well oiled by means of the bladder. This was accomplished from its being squeezed on the way with the stone forceps.

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* Hufeland and Osann's Journal der Practischen, Heilkunde. Berlin, February, 1826.

* Weinhold's Ideen über die abnormen metamorphosen der Hyghmorshole, 1810.

Ebend, über die krankheiten der Gesichtsknochen, &c. 1817.

The patient was treated, during the three first days, with cold applications. On the fourth the chord was touched with the balsam of arcäus twice a day, and as often carried forwards. For thirteen weeks he was not allowed to stir out of bed, but to lie constantly on his back. In the fifth week, the irritation which the seton produced in the soft parts softened the indurated surrounding cellular texture and lymphatic depositions so much, that it was found necessary to make two openings, one at the knee joint and one beneath it, to evacuate the pus. These openings, as well as the hard depositions, were all healed afterwards by compression. In the sixth week, inflammatory symptoms began to show themselves again, but they were subdued in 48 hours by cold applications. In the seventh week, the long-looked for suppuration of the callus manifested itself at the entrance and exit of the chord. Closer examination with the fore-finger showed, by the hole that was discovered, that the extension machine ought now to be applied. On the 10th week, such was its success that the diseased limb was only two lines shorter than the sound one.

To ensure the cure the seton was allowed to remain until the 12th week, when the openings were closed. The callus in a few weeks became much less; the patient could walk without a crutch; the deformed limb had nearly the same diameter as the sound one; and finally the youth now proposes to commence the occupation of coachman.

No. II.

On the Cure of a False Joint in the lower part of the left Tibia, between which a deposition of lymph had been formed, with a deep seated collection of pus in the calf of the Leg.

" J. C. N——e, 52 years of age, was so unfortunate in coming down from the front seat of a coach, as to fracture the left tibia about one inch and a half above the joint of the foot. On the following day the limb was put up in the usual suspensory machine, but unfortunately, perhaps, from the moving of the instrument, it was discovered eight weeks afterwards that a complete false joint, with pus in the calf of the leg, had been formed by the numerous splints.

" Having been asked by a medical friend who had treated the patient, I undertook to operate and cure this false joint, according to my peculiar method. This differs from that of Dr. Physic's of New York, recorded in the first volume of the Medical Repository, in so far as it acts more certain and more powerfully.

" Wardrop, in the fifth volume of the Medico-Chirurgical Transactions, has given cases where he was obliged to abandon Dr. Physic's practice. Hutchison, in his practical observations, has narrated that he was obliged to retire the chord without effecting a cure. After considerable search, I discovered that the cause of the failure was to be attributed to the too small re-action which a common chord can excite, and to the action of the air in producing caries. By making a funnel-shaped wound, and introducing a wedge-shaped setaceum; both requisites for the cure are sufficiently secured, as experience has proved.*

On the outer side of the tibia, and at one inch and a half from its lower extremity, an incision the length of an inch was made down to the bone. An eye of a trephine needle, armed with a bundle of threads having a wedge-shaped setaceum, was now taken; the false joint sought for and bored through with the point, and the wedge brought out at the opposite side. The operation did not occupy more time than three minutes. A bad symptom was, during its execution, discovered, namely, that the blood which flowed was mixed with ichor, and the latter increased in quantity by pressure on the calf of the limb. I now perceived that the pus formed in the calf was connected with the false joint, which rendered adhesive inflammation a little problematical. Hectic fever had commenced.

The most fluctuating points were opened. A colliquative secretion of pus commenced, which brought the patient to the brink of the grave. Both foreign and forensic surgeons, who saw the unfortunate man, for instance, Drs. Wauenberg, Harsleben, Kahleis, Zwanzig, Mr. Charles London of London, and many others, were of opinion, that under the circumstances, amputation above the knee-joint should be resorted to.

The powers of nature, assisted by surgical art, effected a cure, without loss of the limb. For after the application of 240 bandages, not only was the false joint cured, but the pus was also dried up, and the cure of the natural joint, even restored without anchylosis or stiffness, although 13 weeks had passed over. It must not be omitted, however, that during the secretion of the pus, the patient's constitution was supported with 40oz. of Peruvian bark.

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* Vide De Articulatione Spuria, et novo eam curandi Methodo. Halæ, 1822.

No. III.

Case of a False Joint of ten years standing, with Caries and Fistulæ, in the right Femur, cured by means of the wedge shaped seton; in less than three months.

J. C. H., 20 years old, a young man from the country, broke, at the age of ten, the right femur above its middle. A country surgeon treated him in the usual way, but as his parents were necessitated to attend their work in the field, and to leave the youth alone in the house, he rose in the fourth week. In the 8th, a complete false joint had been formed, which compelled him to make use of a stick in walking, at the age of 18. In order to gain a better livelihood, he changed his occupation of herding cattle, but as his work was much severer, the false joint inflamed, caries of the bone, with two fistular openings, soon followed. On examining the two fistulæ, they were found to open in the false joint itself. Both of them were laid into one, and in the chinks of the soft substance, the needle trephine was applied, boring a hole through the thigh; into this the wedged shaped seton was afterwards introduced. Cold applications were then applied; a reaction commenced in the fourth week, and before the eleventh, the false joint was cleared of its small bones, and the separation, previously unhealthy, became much better. In the twelfth week the callus began to harden. The limb bent no more. The seton was reduced in size daily, until only one string was felt. In the thirteenth week, the patient rose, and in the sixteenth was so completely cured, as to be able to follow his usual occupations.

CASE IV.

This was a case similar to the preceding. The false joint was also in the femur, and healed in the same way. So perfect was the cure, that five months afterwards the patient could carry two pitchers of water and heavy sacks of grain to the upper story of a granary. Professor Weinhold is, however, of opinion, that such burdens ought not to have been attempted for the first six months, as there was some inflammation of the bone at the period alluded to.

CASE V.

The same mode of treatment was adopted in this case, which was a fracture of the os femoris. As the accident, however, had not only injured the bone but also the acetabulum, the want of success is attributed to the hectic fever which supervened. The patient died.

CASE VI.

A case of spina ventosa, in the left femur of a young man, 19 years of age, which was three inches in diameter and nine in circumference. The fistulæ which accompanied the disease were laid into one, on the lips of the wound the instrument was introduced, the bone bored, and the seton carried through the hole. On the third day after the operation, when the pain and inflammation had subsided, the seton was besmeared with a balsamic substance and moved night and morning. In this way the wound was prevented from closing, the air kept out, and in the third week healthy pus produced.

In consequence of the inflammation produced the spina ventosa swelled at the commencement, and a pain was felt at night all round the swelling. As the preceding cases, however, had pointed out that healthy suppuration was the consequence, that the best results succeeded only when the seton was withdrawn and the irritation taken away, the setaceum was removed at the end of the thirteen weeks. The swelling of the bone soon diminished one-third, and the patient began light work immediately after.

SKETCHES OF THE MEDICAL PROFESSION IN IRELAND.

No. XII.

"The King and Queen's College of Physicians in Ireland."

Dublin, August 10, 1826.

THE proceedings of Medical Corporations might well be counted by their abuses. Add up these items in their annals, and you arrive with arithmetical certainty at the amount of their labours. Their monotonous existence seems to be disturbed only by an occasional transition from indolence to the most mischievous activity. From the number of their avocations they have scrupulously excluded the interests of science and the ungrateful cultivation of humanity. The greatest efforts of which they happen to be guilty, from time to time, never transcend that impassable barrier of exertion —SELF. All beyond this magic line on the map of their concerns is a waste, a desert, a *terra incognita*, unworthy of their consideration; it is the "wall of brass," the verge of the "vast abyss" which they, like our simple sires of old, believe to terminate the sphere of their speculations. Above all other men they exhibit, in the most perfect manner, the phenomenon of an inversion of the moral vision, their views being solely concentrated on their own interests. In short, we might for ever remain in happy ignorance of these "learned bodies," if the excesses which they sometimes unwarily commit did not awaken us to a painful consciousness of the means which they adopt in the prosecution of their aggrandizement. Just as I had been meditating something in the way of an article on the subject of this paper, out comes a "circular letter," which, operating on my mind with the quickness of the prophet's wand on the rock in the desert, at once matured my thoughts into a legible form. It would, indeed, be tempting Providence in a very unpardonable manner to defer to a later period the exposition of the urgent claims of this College to critical retribution; so, taking the voice of Dr. Grattan as a warning from Heaven on the matter (the gentleman to whom this curious epistle is attributed), I shall commence the execution of a duty, for the non-performance of which I ought, perhaps, here entreat the forgiveness of offended justice. Before, however, any observations are offered on this extraordinary document, it may be as well to preface them by a short analysis of the history of this Corporation, that the reader may enjoy the pleasure of comparing its past with its present state, and observe with what fidelity to first causes it has preserved undiminished, through the lapse of so many years, its original worthlessness.

To the "merry monarch," Charles the Second, Ireland is indebted for the blessing of a College of Physicians. We are not sufficiently acquainted with the profundity of royal wisdom to understand upon what principles the corporate form was deemed the best means of improving the profession of medicine. It may, however, be fairly presumed, that as all important business in the state was then conducted on that plan, Charles naturally supposed that he best consulted the advantages of physic by placing it on the same honourable footing with the other useful arts of street-paving and the collection of tolls. He, accordingly, with his usual generosity and want of prudence, conferred a charter for the purpose, little imagining, no doubt, that he was signing the death-warrant of medicine in Ireland for so many years. From the history of this incorporation we learn, that some alteration in the management of medical affairs was indispensably necessary, his majesty's subjects having scarcely suffered more from the ravages of the bayonet than the silent destruction of empiricism. All sorts of quacks, mountebanks, and villanous apothecaries were inflicting, at the time, the horrors of their ignorance on the population of the country; any change, therefore, from this dynasty of impostors was of course for the better, and argues a sympathy in the royal breast for the health of his people, which should command the gratitude even of their descendants. By some fatality, however, incident to English legislation when Ireland is the patient to be treated, this benign prescription of an incorporated College of Physicians, intended to secure the longevity of the inhabitants, entirely failed in its object. In despite of the new College, its charter, and its great powers, the quacks continued to furnish the old quantity of work for the coffin-makers by the exercise of their mortal craft, just as if no such measures had ever been projected to check this unnecessary expenditure of life. From the reign of Charles to the accession of William and Mary, we are unable to discover, by the most microscopic examination of the archives of the Irish faculty, that they ever distinguished themselves, collectively or individually, as teachers or practitioners of that art with the destinies of which they had too incautiously been intrusted. Suspecting as much, the new king had the old parchment delivered up to him, and bestowed a second, conferring very extensive privileges.

By this instrument the College was to consist of an increased number of Fellows, with authority to fine and imprison such persons as were thought unqualified to practise medicine consistently with the safety of the sick; to examine apothecaries' shops, and burn before their doors such deleterious drugs as might be therein found. "All in the wrong" was still the farce acted by English kings and Irish doctors. The unlimited powers thus bestowed became absolutely inefficient from their excess, as it was now considered unconstitutional to act on a grant which had never been sanctioned by the other branches of the legislature. Things of course proceeded as before, and this era of Ireland's College of Physicians is about as fruitful in disappointment as that which it succeeded, and only differing in the trifling circumstance of one piece of "leather and prunella" being exchanged for another. In vain do we search for some indications of that spirit of inquiry amongst the incorporated doctors, which was then beginning to appear in other countries—one starless night of obscurity envelops their history during this period. About the year seventeen hundred and thirty-five, however, a short episode intrudes itself on the tranquillity of their annals, and is so far worth recording, as it discloses the opinion entertained of them by one whose competency to judge cannot be doubted, and whose disinterestedness envy itself dare not impugn. The gentleman alluded to is no less a personage than the celebrated Dr. Lucas of the Irish House of Commons. He was just such a man, to be sure, as Mr. James Johnson, and Mr. James Copland would be pleased to designate by the odious name of "radical." But call him what they may, this "radical" apothecary (for such originally was his humble craft) had the sagacity to suspect that a junto of Johnsons and Coplands, self-elected, irresponsible, a species of atheists in medical economy, fearing neither censure in this world, nor damnation in the next, could not compose such a body as was calculated to improve the low condition of medicine in his native country. The exertions of this patriotic individual on the subject in the Senate were so far successful, that the number of the Fellows was increased; thus intending, I presume, that a fresh supply of members might dilute the poison of the old system, and in time, perhaps, overcome its virulence altogether. The scheme, though feasible enough, was completely defeated, for instead of the new scion changing the character of the old stock on which it was ingrafted, it became soon infected by the vices of the parental stem. The result of this remarkable experiment affords no bad illustration of the probable consequences to be expected from adopting a similar mode of treatment with a charter at present under public consideration—*delenda est Charta—Carthago*, I believe, is the proper word, but it makes no difference. We now come to another era in the annals of the Corporation, the establishment of a school of physic in Ireland. The constitution of this School is so pregnant with perplexity, that I make no secret of my unwillingness to become the unraveling Penelope of such a web of absurdities. It would take Mr. Cobbett's talent for lucid narration, to state in a perspicuous manner the mass of heterogeneous connexions in which this system of making doctors is entangled. I have no idea, therefore, of tracing its ramifications into the University and the College through Acts of Parliament, by-laws, regulations, and all the other ingenious contrivances of knaves for their personal aggrandizement. Neither can I pretend to describe the different grades of practitioners turned out from these three manufactories of titles, such as Bachelors of Medicine, and Doctors of Medicine of the University, real Fellows, honorary Fellows, and Licentiates of the College of Physicians; then the Professors of each department of this hybrid creation, their modes of election, their salaries, and from whence derived, their duties, and how performed, and—oh! my brain: but what in the name of Heaven, has all this confused jargon, this quartering of the arms of Hippocrates, this reduction of the Profession of Medicine into a mythological system of gods, demigods, and heroes; this shadowy pageant of titles, invented in ignorance and perpetuated in dishonesty for the captivation of the vulgar; what, in the name of common sense, has all this to do with the cure of a fever, or the amputation of a leg? Let some congenial pen, some lover of academic liveries, some dotard of Hippocratic heraldry, who can espy desert in initials, and prognosticate a man's fortune by perusing an almanack, answer! Stand forth, Mr. Copland! or if you dread the task, make it a joint concern with your friend Mr. Johnson: but first hear a practical illustration of the effects of that system, of which you glory in being the champion. Namesakes, and brothers of the quill, *favete linguis*: "At a meeting of the King and Queen's College of Physicians in Ireland, held on the 3d of May, 1826, proposed by Dr. Harty, and seconded by Dr. Litton." "WHEREAS Dr. Grattan, a Fellow of this College, did, during their late *delicate discussions* with Dr. Leahy, publicly canvass the subject matter thereof, with sundry persons not Fellows of the College, and did, subsequently, in order to prevent a vote of severe censure for such conduct, express his regret before the College for having done so, and his determination for the future never to disclose the secrets of the College. AND WHEREAS Dr. Grattan did, on the 8th ultimo, at an extraordinary meeting of the College, not only openly disclaim such determination, but did on the contrary state his intentions of disclosing the transactions of the College whether secret or otherwise, to *Honorary Fellows and Licentiates*, notwithstanding any opinion expressed by the College of the impropriety of such conduct. AND WHEREAS such conduct is subversive of all confidence and freedom of discussion, and must tend to degrade the College in the estimation of the profession and the public. AND WHEREAS (Again? no, the word now is) RESOLVED, THAT, Dr. Grattan having greatly misbehaved therein (the bold child) and rendered it impossible for the College to consider him a safe or a sound member of the Corporation, be accordingly removed from his Fellowship, unless as a mark of lenity of the College, he accept of a *leave of absence for two years!*" To this resolution it was proposed as an amendment, by Dr. Lindrick, and seconded by Dr. O'Brien; "That the College are of opinion that there are no legal grounds for adopting the course recommended in the motion;" which being put from the Chair, was passed in the affirmative.

Greater impudence, absurdity, and turpitude than this resolution displays, never I believe before appeared in print. Its diction and design leave it without a parallel. A petty corporation mimicing the style of a proclamation, and arrogating the powers of a Parliament! It is really insufferable. But let us first consider the cause which threw this "puddle into a storm." From the writer's account of the transaction, it appears that a Dr. Leahy thought proper to resign the presidency of the College; that the College in consequence had certain *delicate discussions* with that gentleman, that a Dr. Grattan informed some one or other of these circumstances; that the College at one of their meetings demanded an apology and a promise from him not to violate in future his obligation of secrecy, with both which he complies, but that having subsequently broken the compact, the College once more meet, debate the culprit's guilt, and having duly discovered its magnitude, fulminate this threat of expulsion against poor Dr. Blab, in this mock-heroic manifesto of their displeasure, "WHEREAS," unless the tattling sinner chooses to vacate his Fellowship for two years, as a special mark too of the lenity of the Corporation; only just, however, observe the sequel of the proceedings of this most merciful tribunal. The reader has already seen that Dr. Grattan was acquitted on the first impeachment of his loquacity; it now remains to be told, that having circulated his temporary triumph in this letter which we are speaking of, he was again arraigned and expelled in real earnest. Expelled! and for what? for professional ignorance, for poisoning, or mal-practice? Oh! not at all, that would have been quite in the way of trade; his crime was not of such a pardonable nature, his offence was not of that every-day description; the babbling felon actually said that Dr. Leahy resigned the presidency of the College of Physicians, and for this the traitorous tell-tale is deprived of his Fellowship? So much for the simple fact of expulsion, and the grounds on which its propriety depends; now for a word or two on the clauses of this resolution, in which we find it stated, "That such conduct (as Dr. Grattan's) is subversive of all confidence and freedom of discussion, and must tend to degrade the College in the estimation of the profession and the public." Without offering any remark on the novel doctrine inculcated indirectly in the first member of this sentence, namely, that silence is favourable to discussion, let us contemplate the meaning of the latter part of the phrase, "that such conduct must tend to degrade the College in the estimation of the profession and the public," in the full light of explanation. It cannot be supposed that the writer who penned these words could have intended by their use to make us believe that the conduct of any individual could degrade the whole profession, or that there was any criminality in the mere act of a man having told the truth; and observe, Dr. Grattan is not charged with stating a falsehood. What then is the real purport of Dr. Harty's declaration? The obvious and only construction, then, which this passage admits of, is simply this; that we have it here stated by the organ of the College that this Body have secrets, the promulgation of which must tend to degrade them in the opinion of mankind. This is not hearsay evidence, mind, it is the *viva voce* proclamation of the College issued on the third of May. Well then, they have told us they have secrets, criminal, degrading secrets; might an honest man, uninitiated in the free-masonry of corporations, ask what are these wicked secrets? Perhaps Dr. Grattan could throw some light on this part of the affair by his comments on the resolution. It is but fair to allow him to speak in his own defence, so here he goes: "Doctor Grattan contends that every Honorary Fellow and Licentiate has a right to be informed of the transactions of the College, and he has no hesitation in asserting, that the plea of mystery and secrecy, when put forward in order to prevent discussion, is only resorted to for *improper purposes*, and by persons who are *afraid* or *ashamed* to have the motives of their conduct fairly inquired into." What these "purposes" are which make men "afraid and ashamed" of them, he gives to understand in the following paragraph: "The College of Physicians," he says, "are intrusted by the Legislature with the management of estates, with a power of granting leases, and with the receipt of large sums for charitable purposes. Let it be *supposed* that these funds are *misapplied*, that they fall into *improper hands*, that they are *appropriated* for the *private uses* of the members, that *bribes* (O fie! Dr. Grattan, say *fees!*) are received when *leases* are to be made, or that any other abuses are practised; is it to be supposed that an obligation of unqualified secrecy, even if such an obligation existed, could bind the minority, and prevent them from vindicating their own purity of conduct, and from assisting in the exposure and punishment of *fraud* and *peculation?*" The attempt which Dr. Grattan makes here to justify himself for divulging the secrets of the College, has I fear led him into error. By no possible ingenuity of special-pleading can he escape coming within the meaning of his own quotation, "that the secrets of the College shall not be divulged to any who are not of the College." Had he succeeded in such a natural endeavour, he would of course discharge the College of the odium of one of its vilest laws, the obligation of unqualified secrecy imposed on all its members; but I need scarcely adduce Dr. Grattan's own case, wherein it appears that he was expelled for a very trivial violation of this compact, as evidence against his interpretation of the statute.

This important point being set at rest, we come to consider the inferences deducible from the latter part of Dr. Grattan's statement, on the "misapplication" of funds, and the receipt of "bribes" when leases are to be made. Though these charges are put hypothetically, the usual way in which accusations are politely couched, yet is it impossible to misunderstand the writer's meaning. Through the thin veil of supposition, the certainty of these imputations being founded on facts, stares us most wickedly in the face. Many reasons besides those suggested by the context of the passage, induce us to believe that such innendos could not have been merely argumentative on the part of Dr. Grattan. It is well known that the College for a long time absorbed almost the whole revenue of Sir Patrick Dun's estates, until Government had to interfere, reduce the salaries of the Professors, and decreed the surplus to the erection of that Hospital which retains the testator's name. There is nothing either beyond the range of probability, that a tenant whose pulse beat high for a cheap farm, might have his agricultural fever reduced to a healthy standard by a liberal consultation with these medical landlords, the propensity of doctors to take *fees* being proverbial. Whether Dr. Grattan ever prescribed on such terms, he is the best judge; but of the possibility of such an event he has left us nothing to doubt. If other proofs were wanting to justify the conclusion which Dr. Grattan's sybelline postulates demand, they might be found in the baseness revealed in the following quotation:

"The insolent attempt of Dr. Harty, who was originally a medical *reformer*, a self-constituted leveller of medical distinctions; who, noisy, ***, and presuming, opposed the College of Physicians, at the commencement of his otherwise obscure career, and who continued his insignificant opposition for years, on the ground their regulations were narrow and illiberal!—who at last procured from the same College, whose authority he had so long resisted, his license to practise medicine, on the disgraceful understanding, that when examined as to his qualifications, he should only be asked a few questions for form's sake—that however defective might be his answering, he should nevertheless not be rejected!!"

Is this fancy or is it fact? for such announcement, making every allowance for its relation to the College, might justly startle the credulity of a Jew! Yet how can it be rationally doubted; it has been uttered by a Fellow of this College; it has been in the hands of the profession in Dublin for three months and not contradicted; it has been spoken of a Body who make it perjury to violate their secrets, and punish the transgression by expulsion, so that we are left, like the metaphysical donkey, between the two bundles of hay, with the testimony of our senses on one side, and the charities of our nature on the other, to keep our judgment suspended in a state of perpetual vacillation.

The pleasure of doubt, in such a case, must, however, at present, yield to the sadness excited by facts; and I must turn the balance by stating, that this body have, to my own knowledge, compelled men advanced in years, and with regular diplomas, to stand an examination, while they conferred, and no later than last year, a license on a man who had no license at all, and I believe without even the form of an inquiry into his qualifications. All this, to be sure, might be got over by a very tender-hearted person, on the plea of its being only probable; but who can withstand the force of the ensuing declaration? "Dr. Grattan, in the genuine spirit of charity, will say nothing of Dr. T. H. Orpen, &c. &c. &c.; in whose person, as treasurer, a most important by-law of the College, connected with the safety of its private and trust funds, has been for a long time, and is at this moment, violated!" Now, Mr. James Copland, panegyrist extraordinary to all the Colleges of the earth, having perused attentively this concluding paragraph, unyoke thy nose from the encumbrance of spectacles, and laying them down gently on the pages which contain this admonition, throw thy editorial legs into an easy reflecting attitude, and "sit in sorrow for mankind," until I have the honour of again awakening your reveries by some more observations on this subject; for albeit I am just now weary of the doings of Colleges, and my paper is exhausted, as my "antiphlogistic" friend of the LANCET can certify.

ERINENSIS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 22d ult., you ask "What has the Veterinary College done for Science?" and as you profess impartiality, I trust you will allow me to endeavour to answer the question, so far as to point out *some of the advantages* which the public appear to have derived from that Institution.

The veterinary surgeons in the metropolis, and in most of the large towns in England, Scotland, and Ireland, have obtained *the confidence of the public*, and you admit in THE LANCET of the 15th, that there is "a *host of well-informed Veterinary Surgeons.*" Now, Sir, can veterinary surgeons *without science* be *well-informed?* And if there be "a *host of* well *informed veterinary surgeons,*" from whom did they derive their professional knowledge, but from the Professor of the Veterinary College, and from those eminent teachers (the Medical Committee) who, with unprecedented liberality, have admitted veterinary pupils *gratuitously*, to receive the full benefit of their lectures?

The original and ultimate object of the Veterinary College *was*, and *now is*, to give the public "a *host of well-informed veterinary surgeons,*" and if that object has here been obtained under the tuition of Professor Coleman, I think it must be admitted, that some benefits have been derived from his Lectures, and something added to veterinary science.

Does not the professional science of a Lawrence, a Brodie, or a Bell, reflect honour on their respective tutors? Are not the able surgeons of Guy's and St. Thomas's Hospitals indebted to Sir Astley Cooper? And if there be "a host of well-informed veterinary surgeons," is it not fair to presume that they owe a part of their knowledge at least to Mr. Coleman? In courts of law, horse causes, I am told, were formerly determined by the number of witnesses; but the counsel, judge, and jury, now, look to the opinions of well-informed veterinary surgeons; and the public has thereby obtained from *veterinary science*, a more equitable adjustment; and the beneficial effects of their knowledge in soundness and unsoundness of horses, has been by various judges often expressed. It is also notorious, that the *cavalry* and *ordnance* have derived most *important benefits from the services of veterinary surgeons.*

The number of pupils for many years past, has, I find, gradually increased, and for the last three years, greatly so, beyond any former period; and this year upwards of a hundred veterinary surgeons and pupils gave a public dinner at the Freemasons' Tavern, *expressly in honour of their professor*, who was received with *every possible mark of gratitude and affection.* Are these results to be attributed to defects of the professor, or to any *recent* or *general disaffection in veterinary surgeons and pupils?*

You may possibly, Sir, remark, that I have not yet furnished any proofs that the Veterinary College has done any thing for *science;* but how are we to judge of *science* and of *its value*, but from its *practical results?* I will, however, detail a few of the facts in anatomy, physiology, and pathology, for which I believe we are indebted to our Professor.

Mr. C.'s first work was a series of experiments to ascertain the immediate cause of death in suspended animation. In these experiments Mr. C. proved, that after breathing had ceased, the lungs (contrary to the opinion of Dr. Goodwyn and others) were *contracted*, and *nearly void of air*. That the blood was, in consequence, obstructed in its passage through the lungs, and accumulated in the pulmonary artery, the right side of the heart, and from *excessive distention, its* action sometimes ceased; but by removing a portion of blood from contiguous vessels, the action was revived, and from thence Mr. C. concluded, that when the *blood-vessels* or *heart* are *morbidly distended in any disease, bleeding always gives power*. Founded on these facts, Mr. C. also observed, that as in inflammation the blood-vessels are *morbidly distended*, general and local bleeding, fomentations, poultices, and all the known remedies for inflammation, in *proportion as they lessen the distention of vessels, give power to the parts affected.*

Mr. C. was the first to oppose tobacco enemas in suspended animation, and ascertained the curious fact, that neither mineral or vegetable poisons given after breathing had ceased, *retarded recovery*, but after respiration was restored, destroyed life. Various other important experiments were also made.

Mr. C. has ascertained the effects of the most powerful medicines in the Materia Medica, on horses, and other animals, from which we have derived many valuable facts. Rhubarb, and many other medicines given as purgatives to man, are not purgatives to the horse. Opium does not induce sleep, or alleviate pain, but inflames the bowels. Lead produces no sensible effect; mercury does not salivate; emetic tartar vomit, induce perspiration, or lower the pulse; oil of turpentine gives no pain to *sensible granulations*, and yet excites *great pain to sound skin.*

From these, and numerous other data, Mr. C. has laid it down in his lectures, as *an axiom*, that as the susceptibilities of impressions from the same causes, are *various in different species of animals*, a knowledge of the structure, functions and diseases, and the remedies for those diseases, in *any one species*, affords *no certain knowledge* of the structure, functions, or diseases, or *the best remedies* for those diseases, in *any other species*. That what is food for one animal may be poison for another, and therefore that a knowledge of the nature, causes, and treatment of *diseases*, of *any particular species of animal*, can only be obtained from *observation, experience and experiment*, in *each particular species*, and not, (as has been supposed, and acted upon by old writers on Farriery,) from *reasoning founded on analogy.*

Mr. C. has ascertained by experiment, that the matter of glanders and farcy, both possess the same qualities; either may induce one, or both diseases. Farcy is very rarely propagated by contact of matter. The *superficial* absorbents of the skin are the common seat of farcy; the deeper absorbents are not susceptible of *farcy irritation*, although capable of absorbing farcy matter, when introduced into the cellular membrane, and which when absorbed, frequently ends in glanders. Mr. C. further states, that although glanders and farcy be *contagious*, glanders are *frequently*, and farcy is *very generally produced from an animal poison, generated by breathing many times a confined atmosphere, impregnated with secretions. Many contagions, and infectious disorders of other animals*, and phthisis pulmonalis, in the human subject, Mr. C. believes to arise often from the same causes.

Mr. C. has proved by experiment, that in glanders and farcy, the *blood is contaminated*; that by transfusing glandered blood, into a sound ass, glanders have been produced; and from thence he concludes, that Mr. Hunter was probably mistaken in supposing that the blood in lues venerea, and small pox, &c., was never infected.

Mr. C. also states, that the lungs being the organs through which the poison passes, are not always, but *very generally diseased;* that catarrh in horses, commonly called a cold, very rarely proceeds from exposure to a *low temperature;* but from a sudden change *from cold to heat, and not from heat* TO COLD; and especially from breathing the heated *poisonous atmosphere of stables.* That inflammation of the lungs seldom proceeds from exposure to a *low temperature*, but from a sudden transition *from cold to heat*, or *over exertion, especially in hot weather*, so as to send more blood to the right side of the heart, than the pulmonary artery can expel. From these facts being considered as established, a new mode of *ventilation* was recommended by Mr. C. and ordered by the Commander in Chief to be carried into effect in all the *cavalry and ordnance stables* in *Great Britain*, in 1810. And from this ventilation, the number of horses affected with *blindness, glanders, farcy*, inflammation of the lungs, and other diseases, has been *greatly dimi-*

nished; and I believe there is not a veterinary surgeon in the kingdom who doubts its *great utility*.

It has also been observed, that the disease called *roaring*, most frequently attacks horses with *long necks*, used *in harness*, and which often proceeds from the *severe bending of the neck, and superior part of the windpipe*, and therefore, horses in training, which are allowed *a free extension of the neck and windpipe*, are seldom roarers. Hunger in horses does not depend upon the state of the stomach, which is capable of containing three or four gallons, and in about fifteen minutes may be filled with hay, or green food, but *the appetite continues the same when the stomach is full*, as *when empty;* the contents then passing into the duodenum to make room for other food.

Water does not remain in the stomach of a horse, but immediately passes through the small intestines to the cœcum and colon, more than fifty feet, in less than ten minutes. The structure of the cœcum and colon retards the passage of the contents, and the quantity of fluid absorbed from them, in *twenty-four hours*, often amounts to *five or six gallons*, and therefore very *greatly exceeds* the *quantity* absorbed *by the lacteals from the small intestines.* Mr. C. concludes, that the mesenteric veins probably receive a large portion of this fluid, either directly from the intestines, or indirectly from absorbents.

The functions of the haw of the eye of the horse are very peculiar. Its great power and action are governed by the retractor and adductor muscles drawing the eye into the orbit, but which have no direct connexion with the haw.

The iris has eight small glandular bodies attached to its edges in the centre, with a cobweb-like membrane to limit the degree of light during the day, but which does not appear in a weak light. The pupil of the eye is *oblong*, like a button hole, when exposed to *a strong light*, but nearly *circular at night*.

Horses are subject to a specific ophthalmia from the *vitiated air of stables*, which ventilation in a great degree prevents. The disease is *constitutional*, and generally ends in *cataract* of one or both eyes. When cataract is formed, the *vitreous humour* is generally diminished in *quantity and diseased*.

The horse has no lachrymal sac. The nasal duct, although small in horses, extending from the eye to the extremity of the nostril, is in part a bony and in part a membranous canal, and *is scarcely ever obstructed*, although so much more complicated than the nasal duct of man.

The cause of horses not breathing through the mouth, proceeds from the epiglottis and velum palati forming a pair of valves.

The small metacarpal and metatarsal bones are united to the cannon bones by elastic cartilaginous matter: they articulate with the knee and the hock, and *act as springs to the animal.* This elastic substance is liable to be over-stretched and inflamed, and ossification in consequence frequently takes place, which is termed a *splent*, thereby preventing *all future elasticity in the parts affected.* It has been supposed that splents are *readily removed*, but when a splent is once formed, although it may be *diminished in bulk*, it can never be *radically cured* or *totally removed*.

Important discoveries have been made by the Professor, in the structure, functions, diseases, and treatment of horses' feet, and the principles and practice of shoeing.

Mr. C. has shown, in various beautiful plates, the circulation of the blood through the coffin bone, forming a *circulus arteriosus* within that bone, and also at its inferior and external edge, to supply the sensible sole. The peculiar distribution of the arteries to render the circulation slow, enables the vessels to secrete the crust, bars, sole, and frog, and the number and distribution of veins *without valves*, over the cartilages, are equally remarkable.

The Professor has proved, by the removal of the *horny sole, frog*, and *bars*, that the weight of the horse is sustained by the laminæ of the crust, coffin bone, and side cartilages, and by the long flexor tendon, and therefore that the *horny sole, frog*, and *bars* do not support the weight, but perform other *most important functions.* The coffin and navicular bones receiving the weight from the small pastern bone, stretch the laminæ, and as they elongate the coffin and navicular bones descend obliquely backwards. The horny sole performs *two functions.* It not only protects the sensible sole, but acts as a *powerful spring to the animal.* As the laminæ, the coffin, and navicular bones descend, the *horny sole also descends*, and *expands the lower quarters and heels of the crust.* Whatever *fixes* the *lower quarters and heels of the crust*, resists the descent of the *horny sole, coffin bone*, and *laminæ*, and often produces *concussion* and *lameness.* Severe pressure, therefore, of the *heels and quarters of the shoe* against *the heels and quarters of the crust*, (*particularly from the old English concave shoe*), or *the sole being too hard, too thick, or too dry*, will often prevent the *descent* *and elasticity of the sole*, and occasion *concussion*, *inflammation*, and *lameness.* Various shoes have been recommended, to allow all these parts to perform their *elastic functions*, and which have been found eminently useful. Mr. C. has ascertained the functions of the horny and fatty frog, inferior cartilages, sensitive bars and side cartilages. These parts are all *highly elastic.* All that portion of the frog which is divided by a cleft in the centre ascends when the frog meets the ground; and Mr. C. has proved by experiment, that the horny frog, when it receives pressure from the ground, possesses the power to *expand the side cartilages* and *upper quarters of the hoof.* In proportion to the pressure it receives from the ground the hoof is circular, the *frog grows;* and in proportion as it is deprived of pressure, as the action of the animal is low, as the pastern joints are *long* and *oblique*, as the head and neck are *light*, and *as the hoof is exposed to heat*, so will the *frog and heels of the hoof contract.* The nails of the shoe often *fix the quarters* and *produce pain and lameness from concussion, but do not produce contraction.*

Sandcracks are produced from the *crust bending* or *contracting over the fixed heels of the coffin bone*, and always commence at the upper part where the crust is thinnest.

The disease called a corn in horses is an extravasation of blood from the sensible into the horny sole, and was formerly supposed to proceed from the pressure of the shoe, or stones under the shoe. The disease proceeds very generally from the *descent of the heels of the coffin bone, against the sensible sole*, and if *the horny sole be fixed*, from being *too hard* or *too thick*, or from the *contact of the shoe*, or from *any other cause*, then, at every step, the *sensible sole is bruised* by the heel or heels of the *coffin bone alone*, pressing against the heels of the horny sole; and not, as has been supposed, from *force* and *pressure below.* This disease can be generally prevented and cured.

Flat and convex soles proceed from the crust being too weak to sustain the weight of the animal, and can be relieved by burning the surface of the sole, and giving pressure to the frog, but no pressure to *the quarters and heels of the crust.*

The sensible laminæ are sometimes inflamed, and a separation in consequence takes place between the sensible and insensible laminæ, commonly called a fever in the foot. The heels of the coffin bone are in consequence drawn upwards by the flexor muscle, and the laminæ *no longer sustaining the weight*, the toe of the coffin bone rests on the sole contiguous to the toe of the frog, and the sole not being made to *support the weight, bulges, and becomes thin and convex.*

Quittors most commonly proceed from shoes improperly turned up at the inner heel, and can be generally prevented.

Canker is a frequent and formidable disease of the foot, and from which, it has been stated by the Professor, horses in the service, to a *very large extent*, were formerly destroyed, but by keeping the *heels low*, and *giving the frog pressure*, this disease may be prevented.

Grease in horses was formerly a *very frequent and violent disease*, and often incurable. It proceeds from (the same cause as catarrh) *heated stables;* a change of temperature from *cold to heat*, and not a change *from heat to cold;* ventilation of stables and other simple means, generally prevent the disease, and when it takes place, is readily cured.

If one carotid artery be laid bare in a horse and torn asunder, the hæmorrhage is not violent or dangerous; but if the same operation be performed in the other carotid artery *immediately afterwards*, the second artery seldom contracts, and the animal dies from hæmorrhage. But if the second operation be deferred for two or three days, the bleeding will be inconsiderable, and the animal will do well. from which Professor Coleman infers, that the stoppage of hæmorrhage depends more on the *contraction* and *retraction of the arteries*, than on the *coagulum* formed at the mouth of the vessel.

One of the most important discoveries in Veterinary Science must be attributed to the Deputy Professor, Mr. Sewel, who was the first to demonstrate the good effects in various diseases of the horse's foot, from dividing the nerves below, and sometimes above the fetlock joint. If no other discovery had been made, I should say that the Veterinary College had done much for science, as this operation has removed pain from thousands of sensitive and valuable animals; and so long as horses are subject to disease and pain in their feet, this operation will continue to be useful. But, Sir, consider the works of Mr. R. Lawrence, Mr. Bracy Clarke, Mr. Boardman, Professor Peel, Mr. Wm. Percival, Mr. Goodwyn, Mr. Blane, Mr. Ryding, and others. Have they done nothing for *Veterinary Science?* And although these gentlemen may not be indebted to the Professor *for one particle of the knowledge they have published*, yet their *works* are the *fruits* of the *Veterinary College.* And observe, Sir, you have asked, "What has the Veterinary College done for science?"

> "Give unto Cæsar the things that are Cæsar's."
> "Nothing extenuate, nor set down aught in malice."

I remain, Sir,
Your obedient servant, and
Friend to *truth* and *justice*,
A VETERINARY SURGEON.

Yorkshire, Aug. 2d, 1826.

To the Editor of THE LANCET.

SIR,—As you were pleased to give a pretty extensive review of my pamphlet, respecting the Gardner Peerage Cause and the Duration of Pregnancy, in the 144th Number of THE LANCET, perhaps the following remarks may be deemed no unsuitable appendage.

I am, Sir,
Your very obedient servant,
ROBERT LYALL.

45, Haymarket,
Aug. 7, 1826.

Catamenial Fluid.—The *peculiar qualities* of the catamenial discharge clearly demonstrate that it is not blood, but a fluid *sui generis*, and it is now generally ranked among the secretions.—These qualities are well pointed out in "*The London Practice of Midwifery*," p. 4, and still better in Dewees' "*Compendious System of Midwifery*," p 44; so that it would be a work of supererogation to repeat them here. With respect to the colour of the menses, however, I wish to make a few observations. Some have remarked, that the catamenial discharge is like venous blood—some call it a sanguineous fluid—some speak of it as a fluid resembling blood—some simply say it is of a red colour—others nominate it a reddish serous fluid—and Dewees (p. 44,) states, that "its colour is between the arterial and the venal blood, being less brilliant than the former, and more florid than the latter." Although, in page xii of my Introduction to "*The Gardner Peerage Cause*," I have said that "the catamenial discharge greatly resembles venous blood," yet I am well acquainted with the fact, that it sometimes, at least, resembles arterial blood, as was the case in a healthy servant, of a more ruddy complexion than usual, in Russia, who, while *unwell*, and unprovided with clothes, dropped her catamenia upon the floor. I have made similar remarks since the above event, which have led me to adopt an opinion similar to Dewees. It seems reasonable to think, that this discharge, as it issues from the female, is more florid in colour than is generally imagined; because medical men, comparatively speaking, rarely see it till it is spread on clothes, or has been otherwise subjected to atmospheric air, the influence of which may not be the same upon it as upon venous blood. This point deserves notice. I need not remark, that the monthly discharge of females is greatly modified in colour, as well as in its other qualities, by the state of health, and by a variety of diseases. It may be seen of all the shades between arterial blood and treacle, and between the last named fluid and nearly colourless lymph.

Of Menstruation in Different Climates.—We are all too apt to be guided by authorities, and to accept as facts, many statements which are not well founded. For instance, it has been said by many authors, and it is generally taught by lecturers, that in *cold* countries, the menses do not commonly appear before the 18th or the 20th year; that instead of returning once in every 28 days, they recur at intervals of 3 months; that in *very cold* climates, as in Lapland, women only menstruate in the summer months; and that, the quantity of the catamenial discharge is very small;—while the exact converse of all these circumstances happens in *warm*, and in *very warm* climates. With respect to cold countries, I can speak with some assurance; but my residence in a warm climate has never been sufficiently prolonged to admit of accurate remarks, though calculated to raise doubts. In the north of Russia, if my experience be correct, I should say, that females menstruate almost every way the same as in this country, and I believe among the lower orders, the peasants, with great regularity. As it is the master's interest to promote early marriages, so as to have numerous families on his estates, which constitute his chief wealth, we often remark that, as in some warm countries, the girls have the catamenia and become wives and mothers before they have entered their teens; a very powerful contradiction to their not having the menses till the 18th or 20th year. Some of them indeed have a numerous family by the time they have reached these ages. The Russian word *mésiatchni*, is exactly of the same import as the Greek one, *catamenia*, or the Latin one, *menses;* and owing to the regularity of the periods throughout the whole year, it is used exactly as the phrase, *unwell*, here, or *mes choses*, on the continent. The Russian word also bears the same relation to the moon—in Russian *mésiats*—as the words monthly periods. This, however, was to be expected; since, "in every language the expression denoting this discharge, also implies the regular courses, or returns of the moon."—Vide *London Practice of Midwifery*, p. 1.

Do Females menstruate or not during Pregnancy?—While Denman, Hamilton, and many others, hold it *impossible* that a woman can be pregnant who menstruates, and while it is said in *The London Practice of Midwifery*, (p. 82.) "No woman can be with child if she menstruates; this is the *sine qua non* of pregnancy;"—passing by a number of more ancient authorities,—we find the following sentiments in a very popular work:

> "The catamenia, as is well known, are very commonly suppressed during pregnancy; but in some women they flow with their usual regularity through the whole period of gestation. In delicate females, who use little exercise, it is not uncommon to have one discharge, regular in time, but not in quantity or duration, after impregnation; and this slight appearance will recur at irregular intervals during the whole time. If not attended with pain, or flowing copiously, we have never found it dangerous, or threatening abortion."—Dr. Parr's "London Medical Dictionary," under Pregnancy.

Dr. Dewees, the most recent writer on the same subject, among other reasonings, says, "We are perfectly familiar with a number of women, who habitually menstruate during pregnancy, until a certain period; but when that time arrives it ceases. Several of these menstruated until the second or third month; others longer; and two until the seventh month." He asserts that he is confident there was no mistake, and that the fluid discharged possessed the usual qualities of the catamenia. He also cites the authority of Heberden, Hossack, and Frances, in favour of the above position. Vide p. 96; and in page 165, one of his cases—a very dubious one it appears—is related at some length. Dr. Power, in his "*Essay on the Female Economy*," p. 32, endeavours to give a rational explanation of the same doctrine.

Of the Regular Periods of the Menses.—My attention has been forcibly called to this point, by a very important remark made in a communication from a most extensive practitioner in midwifery, who I believe has had more pupils than any teacher in this kingdom. In allusion to my pamphlet, he says, "One most extraordinary error, I cannot, however, avoid noticing. It seems to be assumed, without any contradiction too, by the different witnesses,* that twenty-eight days intervene between the end of one menstrual period and the commencement of another; whereas every woman could tell them that *twenty-eight days comprehend a period and the interval*; in other words, if a woman begin to be *unwell* on the 1st May, she will be (if regular) again *unwell* on the 28th† of the same month." I fear the above is a very common mistake, and, I am free to confess, that in two of my notes, in the pamphlet so often alluded to, I have myself carelessly fallen into it; but I have distinctly shown my knowledge of it in other notes. These facts show the necessity of correctness of observation and of precision in language. Who would expect to find the same error in different books? For instance, Dr. Dewees states that after the menstruous period ceases, "the woman is exempt from a repetition for *twenty-eight days*, or a *lunar month*;" p. 45—whereas, in general, a woman will only be exempt from it 25 or 26 days. From the above remarks, we see the justice of the following expression in *The London Practice of Midwifery*, p. 4, "In healthy women, this secretion returns once *in every lunar month*." To avoid all ambiguity, let us rather say, that healthy females after puberty, till near the time of the cessation of the catamenia, menstruate once every 28 days, thirteen times a year, and ten times during a period equal to that usually occupied by pregnancy, if we take 40 weeks or 280 days as the term of its duration, and nearly ten times, if we reckon nine calendar months or from 273 to 275 days, as its more general period. I have a strong suspicion that these facts will explain many of the supposed cases of *protracted gestation*, both among females themselves and among some of the members of the medical profession. Thus, if a female or a practitioner reckon *the periods* by *weekly* or *lunar* months, instead of *calendar* months; we have at once a protracted pregnancy.

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* This is perfectly correct with respect to some of the witnesses; but others did not allude to the point, so that the above expression is too general.

† This should be the 29th, as 28 days complete the monthly period.

Of the difference between Nine Calendar Months and Forty Weeks.—I have been at considerable pains, in my notes to the Gardner Peerage Cause, to indicate that there is about a week of difference between nine calendar months, which contain 273-275 days, and forty weeks, which contain 280 days; and the more I think of, and read on this subject, the more am I persuaded of the necessity of attention to it. The reader will find, in p. 164, that Dr. Dewees, in his System of Midwifery, like many other practitioners, uses the following expressions as synonymous:—" nine calendar months, or forty weeks." To prevent mistakes in future, I am clearly of opinion that all teachers of midwifery ought to speak of *the number of days* in relation to the catamenia and to pregnancy, and to avoid the expressions of lunar months and calendar months. Even the term weeks, though sufficiently precise and convenient in *round numbers*, as 39 or 40 weeks, becomes objectionable whenever it is necessary to say so many weeks and so many days; therefore, it might be better to speak only of the number of days in relation to these affairs, and the future student would not be led into error.

Of the difficulty of detecting Pregnancy, and of judging of its duration.—The evidence given in the Gardner Peerage Cause, although it contains much negative information, yet, taken as a whole, with respect to the detection of pregnancy and the means of judging of its duration, may be reckoned as great an abortion as Mr. John Murray's " *Representative.*" Some account of the

Windsor Immaculate

Will form a good illustration of the confusion on the subject. A female had been unwell for some months, and among the symptoms of her disease was *a swelling of the abdomen, which gradually increased.* As she maintained, in the most positive language, " *that she had never known man,*" while a number of medical gentlemen whom she consulted were dubious as to the correctness of her report, she was frequently examined per vaginam, and at various periods. Some of them said that she was pregnant—others that she was not; and some who had declared the latter opinion, in a more early period, were the most positive as to her pregnancy at a later date. But still the *chaste virgin* treated the matter lightly, and it was a stain upon her *fair* reputation, to dream of her being pregnant. She had even the effrontery to come to London, and to be examined oftener than once, and she was highly offended with a medical gentleman who decidedly told her she was pregnant; nay, so far did one of them go, as to say he would provide her child-bed linen. Yet the spotless fair one returned to Windsor, and to belie all this *nonsense*, very impertinently offered to go before a magistrate and make an affidavit, " *that she had never known man.*" She even succeeded in deceiving a distinguished physician, who is said to have treated her for a *peculiar kind of dropsy.* Three weeks afterwards a fine, stout, healthy child made its *debut* upon the bed, to the *astonishment* of the pure virgin. I shall, at least for the present, let the good folks of Windsor have an opportunity of revealing how this little Shiloh was engendered; but I would remind them, that if they play their cards well, *The Windsor Immaculate* may distinguish the Royal Burgh, and may become a source of great wealth by the number of visitors who will be induced to visit so wonderful a phenomenon in the 19th century.

From the remarks made in my pamphlet, and the above observations, it is evident that there are numerous points relative to the catamenia, pregnancy, and especially to the duration of pregnancy, which merit the most serious investigation. It appears to me that the disputed and dubious points cannot be settled by the experience of the *past*, but may be determined by *future* researches. I have already received different unsolicited communications; a circumstance which leads me to say that, well aware of the value of the division of labour, I have resolved to give particular attention to the subjects under discussion, and that I shall be most happy to receive important information from any member of the medical profession. It must consist only of such details as could be verified on oath, or at least, as have been made with the utmost attention and care; and as there is no hurry for publication, any communication could be sent by private conveyance to 45, Haymarket, so as to avoid expenses.

MEETING AT THE COLLEGE OF SURGEONS.

(COPY.)

At a quarterly meeting of the Trustees of the Hunterian Collection, holden at the Museum of the Royal College of Surgeons in London, on Saturday the 5th day of August, 1826,

Present
Lord St. HELENS, in the Chair;
Sir EVERARD HOME, Dr. AGAR, Dr. RAMADGE.

Read the Minutes of the last Meeting of the Trustees.

The Secretary reported that he communicated to the Board of Curators the Resolutions of the Trustees at their last Meeting, and laid before the Trustees a reply thereto from the Curators. Thereupon the same was read as follows, viz.

The Board of Curators of the Museum of the Royal College of Surgeons in London in reply to a communication from the Trustees of the Hunterian Collection, requesting to be furnished with a brief statement of the progress made in the preparation of the descriptive Catalogue from the commencement, shewing the date when the same was commenced, by whom successively carried on, and for what periods respectively; and also, to be informed from time to time of the total length of time which it may appear will be required for the completion of the Catalogue upon the present plan, have to state, that when the Hunterian Collection was, under certain conditions, confided to the care of this College, there were several detached parts of a Catalogue, but in an exceedingly incomplete state.

That till the year 1816, when the Collection was removed to its present situation, it was impossible for this Board to commence the preparation of a descriptive Catalogue.

That in 1816 when this Board proposed to commence such Catalogue, Sir Everard Home claimed the right to prepare the same, and was occupied in correcting the arrangement of the Collection, preparatory to the commencement of the Catalogue, till he resigned the office of Curator upon his election as a Trustee.

That since such period this Board have been anxiously and unceasingly engaged in the accumulation of materials for a descriptive Catalogue of the whole of the Collection.

That the Conservator has commenced the descriptive Catalogue of the morbid anatomy; that the description of the morbid preparations in spirit will be completed by the quarterly meeting of the Trustees in February next; that the morbid preparations not in spirit will be described by the Meeting of the Trustees in August next; and that the descriptive Catalogue of the preparations in the gallery will be completed in the three years thence ensuing."

(*Signed.*) WILLIAM BLIZARD,
Chairman of the Board of Curators,
August 4, 1826.

Resolved.—That this Board receive such communication with much satisfaction, relying upon the assurance given by the Curators, that the Catalogue will be completed in the time specified in their report.

The Secretary reported that since the last Meeting of the Trustees, the Museum had been open two days in each week for four hours on each day.

A Trustee laid before the Board a copy of certain proceedings of the Committee of the Members of the College of Surgeons held at the Freemasons' Tavern on the 7th of July last, signed by Mr. James Wardrop, as Chairman of the Committee, relating to an increased opportunity of access to the Collection, and to the preparation of the Catalogue.

And the same having been read,

Resolved,—In compliance with the wishes expressed therein,

That on the days and during the hours when the Collection shall be open for inspection persons be admitted on presenting a written introduction from a Member of the College of Surgeons in London, or a Fellow of the College of Physicians of London; and that it be recommended to the Board of Curators to grant every facility to persons requesting to make drawings from preparations in the Collection, upon specifying what preparations they wish to draw from.

Resolved,—That a copy of the foregoing resolutions be communicated to the Board of Curators.

Resolved,—That a copy of these Minutes be transmitted to James Wardrop, Esq.

Adjourned.

(*Signed.*) St. HELENS,
Chairman.
EDM. BELFOUR,
Secretary to the Trustees.

THE LANCET.

London, Saturday, August 19, 1826.

It will be recollected, that at a most numerous Meeting of the Members of the College of Surgeons, held at the Freemasons' Tavern in February last, a Committee was appointed to attain the objects expressed in the following resolution: "That THE CHARTER of the College, by conferring on the Council and Court of Examiners the unqualified and unconstitutional privilege of electing those who are to be their colleagues in office, has been the sole cause of the injuries and grievances detailed in the foregoing resolutions. *With a view of effectually preventing* a RECURRENCE of those numerous evils, and of rendering the Royal College of Surgeons in London a benefit to the public, and an honourable distinction to ALL its members, we further resolve, *That a Petition founded on the adopted Resolutions be immediately prepared and presented to the House of Commons*, praying for the appointment of a Committee to inquire into the abuses of the said College, with a view of ultimately obtaining from His Majesty a NEW CHARTER, which shall provide that the officers of the College be annually chosen by the Members, so that EACH MEMBER may have a voice in the election of those persons who are to regulate the proceedings of that College, in the prosperity of which he must feel a personal, as well as a national interest."

Six months have now elapsed since this Committee was appointed to prepare the above Petition, yet it has not been accomplished. A feeling of very general dissatisfaction pervades the profession, in consequence of the Petition not having been presented to the House of Commons during the last Session of Parliament. In this feeling we do not participate; on the contrary, we rejoice that this delay has occurred, although the circumstances which produced it are not calculated to give satisfaction. Had the Petition been presented to the Legislature in the last Session, there would not have been time for it to have undergone that investigation and discussion, which its nature so justly merits; and had a dissolution of Parliament occurred whilst the proceedings were pending, we must, before a new House of Commons, have commenced *de novo;* and we should therefore have gained nothing by our previous labours but expense.

We thought also that a reasonable delay might prove beneficial to our cause, by affording the Committee and the Members of the profession ample time to investigate the nature of the abuses which exist in the College, and the source whence they spring; we expected that the Committee would take every opportunity of communicating with the influential members of the college in our principal cities and towns, and that they would pursue those measures which were best calculated to insure a long list of signatures to the Petition. We shall not, however, state on the present occasion whether we are satisfied or dissatisfied with the general conduct of the Committee, as it will be matter for discussion at a future period. And indeed, we should not have noticed the subject in this day's Journal, had it not been for the report of the Meeting of the Trustees of the Hunterian Museum, which we insert in another page, and had we not been given to understand that another Meeting of the Committee is shortly to be held at the Freemason's Tavern. We are almost afraid that the Committee for some time past have been on the wrong scent; in fact, that they have altogether lost sight of the substance, and are in full chase after the shadow. Instead of sending a Petition to the Legislature, they forward their resolutions to the Trustees of the Hunterian Museum, in which they reproach the Curators, whilst in strict justice the reproach belongs to the Trustees themselves; they are the Governors of the Museum, and it is *their* duty to see that the public should derive from it that benefit which they have a right to expect from so valuable a collection. The Curators act merely under the directions of the Trustees, and neither the Counsel of the College nor the Court of Examiners, have, *ex-officio*, any control over the management of the Museum. As far then as the Museum is implicated, the Council of the College stands in a great measure exculpated, whilst the Trustees deserve a vast deal of censure for their extreme negligence, in not having rendered this unique Museum available to the purposes of surgical science.

Had the great body of the profession participated in the government of the College, the Trustees would not have been permitted for so long a time to have slumbered at their posts; they would have been made acquainted with their peculiar duties, and the manner in which these could be rendered beneficial to the country, would have been pointed out to them. They are men of high character; many of them are men of talent, and their minds only require to receive a proper direction to accomplish all that the science can deserve.

We will ask one question here, and which we should very much like to see answered; *who advised Government to purchase the Hunterian Collection*, WHILST THERE WAS NO CATALOGUE? There was a something in this transaction, either very *corrupt* or exceedingly *stupid*, and we will endeavour to become acquainted with its history.

We hope the gentle hints given above will be sufficient to convince our Committee, that they have not kept their eye steadily fixed upon the great engine of our injuries, and of our insults, and of the profession's degradation; (viz.) the CHARTER! and let them bear in mind, that every improvement they effect in the government of the College, will in an exact ratio weaken their cause when before the Legislature; let the College be taken into the House of Commons, surrounded by all its hideousness; let its unjust, tyrannous, and imbecile regulations remain in full force; let the whole of its corruption and its incapacity to do any thing for science, as at present constituted, be clearly illustrated in our Houses of Parliament; and then let the imbecility of its Governors, and their infamous measures, be traced to their detestable and detested CHARTER.

There are great changes contemplated amongst the Metropolitan Medical Teachers; "a Holy Alliance" is formed in *Windmill-street*, composed of the shattered and decaying materials of some of the Western Lecturers, and some of those reptiles, the "Hole and Corner gentry." Sir Astley is likely to increase his troops, and quite overwhelm poor Joe Green, notwithstanding his ill-gotten Museum; but our readers will be astonished when we tell them that JOHN ABERNETHY, notwithstanding all his former protestations of the incapacity, inability, and stupidity of men at his time of life, still clings to the loaves and fishes, and has expressed his determination to go on lecturing as long as he is able, i. e. as long as pupils will attend him, which we suspect will not be of very great duration, if the report be true that Mr. LAWRENCE is now determined to give a course of lectures on surgery, upon a scale much more extended than the *pure Surgeons* of this metropolis have hitherto been pleased to present to their pupils. But more of this hereafter.

Our most excellent and potent friend **Copland** has at length terminated, or at least suspended, his *grave* calling—has not put spade in ground for the last month, nor closed the world over a single victim. Nothing daunted, however, by the ill success which has attended his schemes, this redoubtable Editor of a thrice adopted and as often damned "New Series," has hit upon another project by way of regaining his lost trade, and of perpetuating his wonted characteristic and fond pursuits. Having no contributors of his own, he puts the following notice at the end of his Journal:

> "Correspondents and authors of works, or of papers in other journals, who may wish to have their productions noticed, may send them under cover to 1, Bulstrode-street."

Patet atri janua Ditis, and those who will try it may be assured that the way is certain. It may seem rather odd, however, that Copland, who has hitherto selected what articles pleased him from his cotemporaries, should adopt this novel artifice to gain stale news; but we must recollect that such as may be sent is promised "a notice"—a decent funeral—smoothly to "glide down Lethe;"—temptations so great, to some, that we doubt not the Mausoleum will be as much crammed with victims on the next burial day, as the patients at the Queen's are with turpentine and calomel, that is, to repletion, and that Copland will take his punch and cry Euhoë! at the success of his latest scheme, with a satisfaction that he never enjoyed before.[*]

From the commencement of this work, we have always directed a large share of our attention to the abuses existing in all medical institutions, but more particularly in those fated to afford the so-named *finish* to medical education. That absolute perfection is to be expected, we do not contend; but is it not thoroughly inconsistent with common sense, that what can be shown to be not only negatively, but positively bad, should be allowed to continue with no better plea than antiquity for its retention?

We were the first to expose the serious malpractices of the London Hospitals; to force them again and again upon the notice of the Governors, who alone possess the power of removing the evils arising from the cupidity and negligence of their own medical officers. No other persons could have done this, because no men practising medicine could accuse each other individually, without risk of incurring the imputation of some sinister or malicious motive. We, however, have been, and still continue to be, for the offended laws of physic, what the Attorney General is for the offended laws of the country—the public prosecutor for the public good. We are encouraged to proceed by the success which has already crowned our exertions, and are determined to leave no abuse unattacked, but will persevere to concentrate our efforts against them successively, until we either blot them out, or render them powerless, by removing the possibility of their doing harm. Why should men, teaching medicine, be of all public teachers those who possess the fewest qualifications for their duties? And why should men, practising medicine, be notorious for ignorance and incapacity for their avowed avocations Why? Because the benighted restrictions of ruder times have thrown such impediments in the way of medical education, as have prevented men from profiting by the afforded opportunities, and have caused the science of medicine to remain almost stationary, whilst all others have made great and rapid advances. Because corporate influence has made the stream of instruction to flow in *hereditary channels*, and has dammed up other sources of information which would have diffused a store of intellectual wealth among a part of the public, now brought up (not educated) in scientific indigence and literary pauperism.

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[*] Our readers must know that Copland is "consulting physician" to the Lying-in-Hospital at Paddington, and that we lately looked over his prescription book. The remedies he mostly employs, and which he appears to adapt to all cases, are camphor, calomel, and turpentine, the two latter in large doses. One woman, *in extremis*, had the spirits of turpentine, we suppose, as a sort of *viaticum;* at any rate it soon whistled her off; and another died of hæmorrhage rom *leech-bites!*

The corporate authority once granted to certain burghers for the purpose of protecting their commercial interests, accomplished the very reverse, and proved to them a bane instead of a blessing; and Manchester, Birmingham and Leeds have risen up to laugh at the blind policy of a chartered commerce. What corporate influence has done for the arts it must do for those sciences, which like medicine, have to proceed upon the more tardy evidence of deduction, analogy, and experience. To assert the contrary, is an absurdity; yet, into such an absurdity all the advocates for a restrictive medical education are of necessity drawn, and it is easy to see that the existing chartered medical bodies are dead weights on the progress of medical science. What is wrong in principle, is equally wrong in working, as all the steps taken by these bodies, in reference to education, abundantly show; but none more satisfactorily than the manner in which the public hospitals of the kingdom are to be rendered available to the student. In short, every movement of the Dames at Rhubarb Hall, and of the climacteric wisdom of Lincoln's Inn Fields, shows that they have any object in view, rather than the advancement of medical or surgical knowledge. At present the hospital system is devoid of all discipline, and is reduced to a mere trade, in which the partners, being the Council of the College, act with the greatest energy to secure their annual revenue in pounds, shillings, and pence. We shall shortly revert to this subject, and show how fundamentally wrong is the present management of our public hospitals, considered as medical schools.

We have received the following Letter from "the only person of *his* name in the medical profession"—Lush!

To the Editor of The Lancet.

Sir,—As I am the only person of my name in the medical profession, I must take it for granted, that it is to me that "report" (vide The Lancet of this day, p. 628) has attributed the publication of some cases in Dr. Macleod's Journal. To this I reply, that I have no connexion with that Journal—that I have never written a line in it—that I have never even read a page of it—and that I have never reported hospital cases for any journal whatever. So much for the truth of the "report" which I am anxious to contradict, from a wish not to appropriate to myself the labours of others. The *rhetorical embellishments* of the paragraph in question require no comment.

Yours, &c.
Charles Lush, M.D.
Licentiate of the Royal College of Physicians.

Leadenhall street, Aug. 12, 1826.

We can assure Dr. Lush that his mawkish decumbency to one, at least, of the St. Thomas' surgeons,* coupled with other acts or projects of his, was quite sufficient to originate the rumour in question, setting aside the studied accuracy of the style in which the cases are written. But he did not write them, it seems; and however humble his pretensions may be, is desirous of letting the world know it, not wishing to "appropriate to himself the blunders of others,"—having enough of his own. He says he has no connexion with Dr. Macleod's Journal, that he has never read a page of it, that he has never reported cases, &c., and we suspect if he had told us what else he has *not* read, and what else he has *not* done, he would have used several quires of paper; at all events he may be assured that we *know* him, and that if we hear any more of his vagaries the public shall know him too.

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* "I praise their parts to the skies," says *Gnatho* in the play. "If they say any thing, I cry it up too; if they unsay it, I commend them for that too; what they deny, I deny; what they affirm, I affirm; in fine, I've brought myself to be of their mind in every thing, and by this means I get many a sweet bit and a sweeet penny!" "*Quicunque vult*," this is the way to rise at Hospitals!

AUTHOR GUTHRIE feels sorry that he should have been represented as saying any thing with a "modest air," and was so cut at the imputation of "*not writing English*," that he had determined to send to us forthwith for an explanation. He was restrained, by the interference of a cool good-natured friend. Perhaps Sir Anthony!

JEMMY COPLAND we understand relinquishes the office of Undertaker to the Mausoleum, and is to be succeeded by little BRODIE—a hopeful substitute.

We insert the letter of a Yorkshire Farrier precisely as it has been sent to us, because we happen to have enough of York in us to know who the writer is; we shall probably turn his production to account on some future day.

DIRECTIONS FOR THE USE OF THE STETHOSCOPE.

Almost seven years have now elapsed since LAENNEC proposed mediate auscultation as a mode of exploring the diseases of the thoracic viscera: a period sufficient in this busy age of investigation to try the merits of any hypothesis; and to outlive such a probation is almost enough to ensure permanent popularity. After various trials with materials of different density, a perforated cylinder of moderately light wood has been found the most convenient; and what may appear at first in opposition to an axiom in physics, in the present case the most accurate conductor of sound. To this cylinder the name *stethoscope* has been given; a name which very well expresses its principal use. The stethoscope merited, and has now obtained the patronage of the majority of scientific practitioners, and up to the present time has had the rare fortune of being without one decided public opponent. It is employed almost universally in France, and extensively in Germany, but as yet not so frequently in this country as it deserves; we are therefore glad to find that Sir JAMES MACGREGOR has recently ordered the army surgeons to use it generally, and to report the results of their investigations.

The appointment of LAENNEC to La Charité gave to him and to the numerous students who attend his clinic from all parts of Europe, more frequent opportunities of studying auscultation, than they could ever have hoped for at the Necker Hospital; and it is to this circumstance we are principally indebted for the improved shape in which the present edition of his work has appeared*. We regret to say that his health is in a very precarious state; he is obliged to leave the clinic to the superintendence of others, and is gone into Brittany, where he will pass the summer.

The first edition of Laennec's work has been translated into German, under the superintendence of Dr. FRORIEP, at Weimar, and into English by Dr. FORBES; it has also found its way into the Italian and Russian languages. The last edition of the valuable work of **Bertin**[*], edited by his friend Bouillaud, on the diseases of the heart and large vessels, and the clinical reports published by **Lerminier** and **Andral**,[†] contain many facts illustrative of the use of the stethoscope. Dr. **Forbes**,[‡] also, in 1824, published a considerable number of cases observed at the Chichester Dispensary; but the greatest number of interesting facts has been collected by Dr. **Louis** of Paris, who during the past year has published a very respectable work on pulmonary consumption[§]. It is true that Andral has given a negative testimony against some of the signs said to be afforded by the stethoscope, but this is of no great weight, since Laennec had before admitted the existence of the same objections, under certain circumstances.

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* Traité de l'Auscultation Mediate et des Maladies des Poumous et du Cœur. 8vo. Paris, 1826.

Many persons have inquired why Laennec has called it *mediate* auscultation; it is to distinguish it from *immediate* auscultation, or the direct application of the ear to the chest; a mode of examination with which the father of physic was so well acquainted, that he thought he could distinguish a serous from a purulent effusion in the thorax. "You will know by that," says he, "that the chest contains water and not pus, if by applying the ear for some time to the parietes, you hear a sound like to that of boiling vinegar."[‖] It is singular enough that the passage never arrested the attention of physicians, so as to induce them to make any use of it; the commentators of Hippocrates passed over it as a matter of little consequence, and Laennec confesses that many years before the idea of mediate auscultation suggested itself, he had read the same passage without exciting any particular attention.

In the summer of 1816, Laennec was called to a young lady who presented the general symptoms of disease of the heart; the application of the hand to the chest, and percussion, afforded very little assistance, and immediate auscultation was interdicted by the sex and *embonpoint* of the patient. The recollection of the well known fact, that the tap of a pin at one end of a beam could be heard distinctly at the opposite end, induced him at the moment to avail himself of this acoustic phenomenon. He took a quire of paper, rolled it tightly together, applied one extremity over the region of the heart, and putting the ear to the other, was surprised to find that he could distinguish the pulsation of the heart in a more distinct manner than he could before do with the naked ear. Having hit upon the principle, he extended its application to the investigation of the various sounds produced in the chest by the respiration, the voice, and the accidental presence of fluids in the lungs, pleural sacs, and pericardium. He immediately commenced a series of observations at the Necker Hospital, which have afforded a large number of new and safe signs, easy to be understood for the most part, and calculated to make the diagnosis of almost all the diseases of the lungs, pleura, and heart, more circumstantial and certain than the surgical diagnostics established by the aid of the probe or the finger.

Many persons who are not able to avail themselves of Laennec's works, feel anxious to learn his late opinions on the subject of mediate auscultation; to such, the following abstract on the use of the stethoscope will prove an acceptable boon.

Shape of the Stethoscope.—Some alterations have been made in the shape of the stethoscope, of which the following are the principal: The diameter of the cylinder is sixteen lines, or one inch and a third English; of the tube which passes longitudinally through its centre, ne quarter of an inch. The usual length of the cylinder is one foot, divided generally in the middle, but sometimes at different distances, by the contrivance known to mechanics, as the tenon, or tenet, and mortoise; the tenet is about one inch and a half long, rounded at its extremity, and made to fit tightly by passing a waxed thread around it. The two pieces are hollowed at one of their extremities to the depth of one inch and a half, the one to receive exactly the tenet just described, and the other to receive the *obturateur* or stopper of the same size and shape as the tenet, furnished with a brass tube passing through its centre, which extends about an inch into the tube of the adjoining piece. The extremity of the cylinder formed by the stopper, or obturateur, should be slightly concave, as it is less liable to slip when applied on the chest, and the skin, with a very slight degree of pressure, entirely fills up the space. The upper part of the tube, or that to be applied to the ear, is also slightly concave, and Laennec has lately used a plate of horn slightly concaved, of a larger diameter than the cylinder fitted on this end, for the purpose of adapting the ear more accurately, and thus shutting out external sounds. In the Charité, however, a rim of horn, fitted on the edge of the cylinder, of about a quarter of an inch in width, is more generally employed than the plate. The wood most frequently used is the walnut; some stethoscopes are made of cedar; in this country the ash or maple would be fit woods. Thus made, the cylinder is used without the stopper, for the exploration of the respiration and the rattles; and with it, when it is intended to examine the voice and the pulsations of the heart.

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[*] Traite des Maladies du Cœur et des gros vaisseaux redigé par Bouillaud. Paris, 1824. For an analysis of which, see The Lancet, Vol. V. No. 7.

[†] Clinique Medicale, tome III. Paris, 1826.

[‡] Treatise on Percussion; an extended analysis of this work, which contains also a translation of Avenbrugger's, will be found in The Lancet, Vol. V. Nos. 4 and 5.

[§] Recherches Anatomico-Pathologiques sur la Phthisie Pulmonaire, Paris, 1825.

[‖] The passage is as follows:—*Τούτω ἤν γνοιης, ὅτι οὐ πυον, ἀλλὰ ὕδωρ ἐϛι. καὶ ἤν πόλλον χρόνον προσεχων τὸ οὖς ἀκουαζη προς τὰ πλευρα ξέει ἔσωθεν οἷον ψὀφος.* Hipp. de Morbis, II. Sect. 59, according to the text of Froben and Mercurialis; but Vanderlinden has *ἄζει* for *ξέει*; we know not upon what authority.

General remarks.—The cylinder should be held like a writing pen, and the hand should be placed near the chest of the patient, in order to be certain that the extremity is in direct apposition with it. When excessive emaciation has caused furrows between the ribs by the absorption of the pectoral muscles, the spaces may be filled up with lint or charpie, covered with a bit of linen. The interposition of the charpie between the instrument and the skin by no means impedes the transmission of sound.

The diagnostic signs afforded by mediate auscultation in diseases of the lungs and pleura, are derived from certain variations afforded by the respiratory murmur, the resounding of the voice and of the cough within the chest, as well as the rattle or *rhoncus*, a term which Laennec has lately substituted for *râle*, and some other accidental sounds which may be heard in that cavity. The stethoscopic signs of the diseases of the heart and large vessels, form altogether a particular class, and will therefore be mentioned separately.

The *general precautions* necessary to be observed in practising mediate osciltation are, 1st, to apply the stethoscope accurately and perpendicularly on the part to be examined, so that there may be no hiatus between the surfaces of the instrument and the chest. 2dly, Too great pressure must be avoided, particularly when the stopper is not employed, and when the chest of the patient is thinly covered. 3dly, It is not necessary that the chest should be entirely naked, all the positive stethoscopic signs, and often the negative, may be observed through thick garments, provided that they are accurately applied to the chest. It is, however, better if the chest be slightly covered, as for example with a flannel waistcoat, or a shirt. Silks and woollen stuffs are objectionable, on account of the crackling noise which is produced by their friction on the instrument. The person examining the patient ought to place himself in an easy and unrestrained position, without bending or extending the head; since the rush of blood to the head in such positions would impede the delicacy of hearing. The best position, if the patient be in bed, is to have one knee on the ground. To examine the anterior parts of the chest, the patient ought to be lying on the back, or seated, inclined slightly forwards; to examine the back the patient must stoop forward, the arms at the same time being firmly crossed; for the side it is sufficient to incline the body a little to the opposite side, and to allow the head to rest upon the hand.

Auscultation of the Respiration.—To examine the respiration, the cylinder must be used without the stopper, and the patient must make some inspirations of a moderate force and frequency, followed by equal expirations.

It happens sometimes that some persons whose lungs are very sound only afford a very weak, and sometimes almost no respiratory sound. Ordinarily the weakness of the respiratory noise is with them in direct ratio to the effort which they have made to respire. At other times, patients imagining that some extraordinary thing is required of them, try to dilate the chest with all their power, or they make several inspirations more and more strong, without expiring in the interval, and in these cases one scarcely ever hears any thing. In these and in all other cases where the respiratory noise is feeble, the patients must cough, the cough is succeeded by a full and deep inspiration, the air rushes into the lungs, and one is often surprised to find the air pass readily through lungs deemed from the first experiment almost impermeable. Or the same object may be accomplished by making the patient speak, read, or repeat several phrases in succession.

The noise caused by the respiration presents different characters in the pulmonary tissue and in the larynx, the trachea, and in the large bronchial trunks.

The Pulmonary Respiratory Sound.—If the stethoscope without the stopper be applied to the chest of a healthy man, a slight but extremely distinct murmur is heard, which denotes the entrance of the air into the pulmonary tissue, and its expulsion. This murmur may be most accurately compared to the noise made by a man in health, when during a sound but tranquil sleep, he from time to time takes a full and deep respiration. This pulmonary respiratory murmur is best distinguished on all those points of the chest where the lungs are nearest in contact with the parietes, namely, on the anterior superior, lateral and inferior posterior parietes. The armpits, the space between the clavicle and the superior edge of the trapezius muscle, are the points where it is heard with the most force. The sort of restraint and fear which the patient feels on the first examination, should deter any one from giving a decided opinion as to its results; the examination should be repeated after the patient has been somewhat accustomed to the method, and then a judgment may be fairly given. No noise must be allowed in the chamber, in the ward, or among the bystanders, since it confuses a beginner; but after a time, when the ear has become habituated to the different sounds, this is not so important. Laennec has asserted over and over in his clinic, that he has tuned his ear so nicely to the study of minute sounds, that he can distinguish at the same moment the pulsations of the heart, the noise of the respiration, of the various rattles, of the borborygmi in the intestines, and a muscular noise made either by himself or the patient; and that although the students move about him and sometimes talk in a half voice, he is seldom obliged to demand silence.

The respiratory murmur is distinct in proportion to its rapidity; a deep inspiration slowly made, is scarcely audible, whilst an incomplete inspiration scarcely sensible to the eye, made briskly, produces much more noise. Many causes may vary the intensity of the respiratory noise; *age*, particularly. In infants the respiration is very sonorous and noisy, it can easily be heard through several thick garments. It is not only in intensity that the respiration of infants differs from that of adults: the nature of the sound itself is different; this, like all simple sensations, is difficult to describe, but is easily recognized by comparison. It appears as if in infants all the air cells dilated themselves to their full extent, whilst in the adult they appear only to do so partially, or that their structure in the adult age does not allow of any equal proportionate extension. This difference is more marked in inspiration than in expiration. This characteristic respiratory sound continues from infancy, more or less, to puberty, and some adults retain this peculiarity to an extreme age. These are principally women or men of a nervous constitution, who present something of the mobility and especially of the irascibility of infancy. To this sound of the respiration in adults, the name of *puerile* is given. Some such persons have not, properly speaking, any real disease, but they pant after taking exercise, although thin; and they take cold easily. Some others who present the puerile respiration, are affected with chronic catarrhs, with dyspnœa, and such a case constitutes one of the diseases to which the name asthma has been given. Whether this puerile respiration be the result of asthma, or of a certain hardening of the pulmonary tissue, is not yet decided, but on this point the following remark is made. It appears to me, says Laennec, quite certain that the constitution of the pulmonary organ, the most favourable for the preservation of health and long life, is that in which only a moderate expansion of the lungs is necessary, and the respiratory murmur less loud than in infants. That state ought therefore to be considered the natural and healthy state: *Id est maximè naturale, quod natura fieri optimè patitur.*

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Squar', St. James's.

STAPHYLOMA OF THE CORNEA.

A countryman, 50 years of age, had a violent attack of inflammation in his right eye, occasioned by the beard of a barley-corn getting within the eyelids, which terminated in a staphyloma of the cornea. The whole cornea is white and opaque, and projects so considerably, as to prevent the eyelids closing over it. As he suffered much inconvenience from this eye, Mr. Wardrop deemed it expedient to reduce the bulk of the tumour, which was accomplished by a very simple operation. An incision was made with the common cataract knife, so as to form a small semilunar flap in the diseased cornea; through this incision the lens and some vitreous humour were evacuated, and then a small portion of the corneal flap was snipped away. The effect of this mode of removing the staphylomatous tumour, in place of its complete excision, as generally recommended, is, as Mr. W. states, that the eye-ball can be reduced to any desirable bulk, according as more or less of the vitreous humour with the lens is evacuated; and that opening in the cornea formed by the excision of a portion of the flap, by preventing the closing up of the wound, and leaving a permanent opening into the anterior chamber, permits any superabundance of aqueous humour to escape, and thus the globe to remain in a collapsed state. This operation is, in fact, precisely an imitation of the process which nature employs when she cures staphyloma, as Mr. W. has pointed out in his Essays on the Morbid Anatomy of the Eye, p. 112. "When the eye is in this state, (a collapsed state) from the bursting of a staphyloma, if the disorganized cornea be accurately examined, a dark point will be discovered, not larger than a small pin's head, on some part of the opaque portion. This will be found to be a fistulous orifice leading into the anterior chamber, but actually covered in most cases by an extremely delicate, pellucid membrane, which if punctured with a pointed instrument, gives outlet to a larger or smaller quantity of an aqueous fluid. This opening seems to me to be established for the purpose of carrying off the superabundant aqueous humour, the secretion of which is not arrested by the disease; and I have had frequent opportunities of observing a staphylomatous eye become extremely painful and inflamed, which symptoms were instantly relieved by puncturing the membrane by which the fistulous opening was covered, and thus discharging some aqueous humour."

This patient complained of slight uneasiness in the head, on the evening after the operation, and leeches were immediately applied to the forehead. No inflammation supervened, and on the third day he left the hospital, the eye being only slightly discoloured, and completely free from the inconvenience which the disease had occasioned.

GUY'S HOSPITAL.

CASE OF SYPHILITIC IRITIS.

H. Hoad, a stout healthy looking man, 25 years of age, was admitted into the Hospital on 7th of June, under the care of Mr. Key, on account of disease in the right eye.

The patient stated, that the eye had been affected five weeks; it presented the following symptoms:—diffused vascularity of the conjunctiva, but not excessive, the vessels having a tortuous course; apparently beneath these, were seen the vessels of the sclerotica, distinguished from the former by passing in straight lines, which, converging towards the base of the cornea, formed a vascular zone. The vessels constituting this zone had not the bright red hue usually observed, but were of a reddish brown or brick-dust colour. The pupil was irregular, being contracted or puckered in towards the inner canthus of the eye, and the inner margin of the pupil was fringed with a deposit of lymph; the iris had a dull unnatural colour, and was but faintly obedient to the stimulus of light. The pain in the eye was not very severe, but the intolerance of light was considerable, and vision much obscured.

We have already observed, that the disease in the eye was of five weeks duration, consequently it was not of the most acute form; the symptoms had, however, become much aggravated within a few days of the patient's admission. On questioning him accurately, with respect to the primary symptoms of venereal disease under which he had laboured, it appeared that about four years ago he had a small sore on the penis, for the cure of which he took mercury, and it speedily healed. He stated that he had gonorrhœa about two months since.

About a fortnight since, an eruption appeared on his arm, which is now diffused over the whole body. It is of a papular kind; on the anus, some of the papulæ are very distinct, but the greater part are desquamating, so as to give it the appearance of a scaly disease *ab origine.* On the body, the desquamation is complete, and the cuticle is of a brownish colour; indeed at this part, the disease much resembles the pityriasis versicolor of Willan. He has no pains in his limbs, nor is there much febrile excitement. Mr. Key directed the following treatment:—the temporal artery to be opened, and eight ounces of blood abstracted; a blister to be applied to the nape of the neck, and a saline purgative draught to be taken twice a-day. (These measures were prescribed on the following day after admission, June 8th.)

13. The appearance of the eye is much the same; the pupil still irregular and iris cloudy; some benefit was derived from the abstraction of blood, but it was only temporary.

Calomel, one grain and a half, to be taken night and morning.

15. The symptoms are somewhat aggravated; the pupil is more irregular, and there is a further deposition of lymph on its internal margin; the pain has increased, and is greatest towards morning. The mouth is not affected. Mr. Key remarked, that he was induced to try the depletory plan of treatment alone in this case, by way of proving the truth of the assertion, that iritis can be cured as well without as with the exhibition of mercury. Judging, however, from the present case, which was not at all benefited by depletion alone, and from the numerous cases of iritis which he had seen rapidly yield under the use of mercury, he (Mr. Key) was inclined to adhere to the mercurial plan of treatment, and he would therefore affect the present patient's system as speedily as possible.

Calomel, 3 *grains ;*
Extract of opium, 2-3*ds of a grain ;*
to be taken three times a-day.

20. Mouth slightly sore; the vision of the right eye somewhat improved; he has less pain. The bowels have been much disturbed, with considerable tormina. Contin. remedia.

23. The constitution fully under the influence of mercury, ptyalism now being profuse. The iris less clouded, and the deposit of lymph on its pupillary margin is lessened; the conjunctiva has lost its vascularity, and the zone of vessels at the circumference of the cornea is diminished.

28. Mouth still continues sore; the pills were omitted yesterday. All the symptoms are rapidly yielding; the deposit of lymph is entirely removed, and the iris has regained its natural bright appearance; but there is still irregularity of the pupil towards the inner canthus of the eye. The motions of the iris also are more sluggish than natural. On applying a magnifying glass to the eye, two or three little fræna, or filaments of lymph, may be seen passing immediately from behind the pupillary edge of the iris to the anterior capsule of the lens. The extract of belladonna is now applied around the eye.*

The patient was discharged on the 5th of July, vision was then tolerably good, but the pupil continued irregular.

WESTMINSTER HOSPITAL.

There is at present an unusually large number of fractures in the hospital, fifteen patients have been admitted with fractures within a few weeks. These accidents have happened for the most part at the public buildings, now going on in St. James's Park, and at the wharf where the stones for the buildings are landed. A short time ago, a workman had both legs cut off by the fall of a stone weighing about two tons.

The patient for whom Mr. White secured the radial artery on the 5th, had a slight hæmorrhage from the wound, on Sunday last, but as it proceeded from a small vessel, it was soon secured by the tenaculum and ligature. He is doing well.

Tuesday, Aug. 8. A serious accident was brought in to day. A wagon laden with timber was driven over a man at Charing Cross, which fractured his right leg in a dreadful manner. The tibia and fibula of the right leg, were completely smashed, and the integuments very much bruised, so that immediate amputation was rendered necessary. The operation was performed by Mr. White. The patient, after the operation, gradually sunk, and on Sunday died. A Coroner's Jury was called, and a verdict of manslaughter was returned against the driver of the wagon.

ST. GEORGE'S HOSPITAL.

The only operation performed here last week, was the removal of a testicle, by Mr. Brodie.

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* Mr. Key does not employ the extract of belladonna during the active stage of iritis; he thinks that it increases the uneasy sensations in the eye at this period. This opinion is by no means novel. Mr. Hewson, in his work on purulent ophthalmia, has advanced the same doctrine. It is, however, entirely fallacious; a small, fixed, and irregular pupil is the consequence of adhesion to the capsule of the lens, if it occurs when the iris is in a contracted state. But if adhesion should take place when the iris is dilated by belladonna, the result is entirely different.

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES
OF THE EYE,

BY MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XXVII.

On Cataract.

Gentlemen,

CATARACT is a partial or general opacity of the crystalline lens, of the membranous capsule that includes it, or of the fluid that surrounds the lens within the capsule, with a corresponding diminution of sight. These parts may be separately affected; or, as more frequently happens, the change may affect them altogether. Beer includes, in his definition of cataract, all those impediments to vision, which are situated between the uvea and the front of the vitreous humour, whether arising from opacity of the lens, its capsule, or the liquor Morgagni; or from the effusion of lymph under the inflammatory condition of the iris, and its subsequent organization into an adventitious membrane, from the effusion of blood or pus, or from depositions of the colouring matter of the uvea upon the capsule; then he divides cataracts into *true* and *spurious*. Under the former head are comprised the opacities of the lens, capsule, and liquor Morgagni; while the latter comprehends all the others, which he has named *cataracta lymphatica*, *purulenta*, *grumosa*, and *dendritica*. Under the latter name, or those of cataracta *arborescens* or *choroidalis*, has been designated the deposition of the colouring substance from the uvea upon the front of the crystalline capsule.

Such are the species of what Beer calls false cataracts; but I shall not adopt this arrangement, and shall limit the term cataract to express the opaque condition of the lens, its capsule, and the Morgagnian fluid.

The most striking circumstances observable in cataract are, an opaque body placed behind, or even filling up the pupil, and the impaired state of vision, which is the result of that change. In both these respects it agrees, in its incipient stage, with glaucoma and some forms of amaurosis; but as the treatment is essentially different in these several affections, it is very necessary to discriminate them accurately. In incipient cataract, we can do little or nothing; we must wait until the opacity has become complete, before we perform an operation; but, in the early state of amaurosis, we must take means to arrest the affection; for, if we should leave the case to itself under the supposition of its being cataract, loss of sight would be inevitable and irremediable.

The diagnosis of cataract from other affections is therefore a very important subject; and in doubtful cases, we shall be much assisted by the influence which the belladonna has in dilating the pupil. In such cases, therefore, this ought not to be neglected, and we should examine the eye under the full influence of that vegetable, so that we may obtain as clear a view as possible of what lies behind the pupil.

Cataract is usually developed slowly, requiring some weeks, months, or years for its complete formation; it may, however, come on much more quickly. It seldom destroys sight completely, even in its most perfect state. In many forms of cataract considerable degree of vision remains; and generally, in the worst cases, the patients can distinguish light from dark, if the retina be sound.

The colour of the opacity in cataract may be described as grey, passing on one side into a bluish white, and on the other into a yellowish brown, or the colour of amber. The opacity of the pupil in glaucoma is green, a dull dirty green or yellowish green. Incipient cataract sometimes exhibits a very similar tint, so that the mere circumstance of colour is not sufficient to establish the diagnosis between the two affections; the situation of the opacity is a better ground of distinction; in cataract it is very near the pupil, and in many instances immediately behind that aperture; but in glaucoma and amaurosis, the discoloration of the pupil is much deeper seated, it looks as if it were at the back of the eye. Hence, when you view the eye laterally in glaucoma, you cannot perceive any opacity; it is only when you look directly into the pupil that you can see the discolouration, which also is equally diffused, the pupil appearing uniformly opaque, and occasionally the opacity appears concave.

In cataract the opacity begins generally in the centre of the pupil, and extends to the circumference; consequently, it is more dense in the centre and less so toward the sides. Hence some light passes through the circumference of the pupil, enabling the patient to see objects laterally when he cannot see them directly in front of the eye. Dilatation of the pupil, by exposing the margin of the lens, which is sometimes transparent when the centre is opaque, and at all events is much thinner, and therefore less densely opaque, improves vision considerably, especially in incipient lenticular cataract. Such patients see best in the dusk or twilight, or when the pupil has been artificially dilated by the belladonna. They see best when their back is turned toward the window. These circumstances particularly distinguish cases of cataract from those of glaucoma and amaurosis; for in the latter affections, the sensibility of the retina being impaired, the individual sees better in strong lights, his sight is not improved by belladonna, and he sees better when looking towards the window than when his back is turned to it. These differences are very characteristic, and often sufficient of themselves to establish the diagnosis.

The mode in which vision is impaired by opacity of the lens is this: objects appear as if surrounded by a mist or fog at the commencement; the patient fancies that there is something interposed between his eye and the object at which he is looking, whilst haziness or cloudiness increases gradually in proportion to the degree of opacity; the various modes in which sight suffers in amaurosis have been already particularized. A cataract patient sees a lighted candle as if it were involved in a cloud, which becomes thicker as the opacity proceeds, and ultimately shrouds the flame so completely, that its position only is discernible; to an amaurotic patient, the flame of a candle would appear as if scattered into rays like a star, or surrounded by a halo, or confused with prismatic colours. The sight is impaired in cataract in proportion to the degree of the opacity; but there is no such direct ratio in glaucoma and amaurosis; for, with only a slight greenish discolouration of the pupil, you may have a considerably impaired state of vision, such as the opacity would not account for; indeed sight may be entirely destroyed when there is only a slight discolouration of the pupil.

The iris and figure of the pupil are not affected by cataract in a general way, at any rate not in the early period of its formation: the iris continues to move as usual; the pupil retains its natural figure; in fact, the iris and pupil may be said to exhibit no particular alteration, especially in the commencement of cataract. In some cases there is increase in the bulk of the lens, which causes it to press upon and rather protrude the iris, and of course must impede its motions. The changes of the pupil and iris in amaurosis, which have been already described, form a very striking point of distinction. It must be observed, however, that the pupil presents a black margin in cases of cataract; and that I believe is to be explained by the circumstance of the white or greyish white ground, which the opaque body furnishes behind the pupil. The margin of the aperture is black, being formed by the uvea; but, as the pupil still is black in the natural state, we do not observe this black edge until some light-coloured substance is placed behind it.

There are numerous sorts of cataract; different species more or less distinguishable from each other. Cataracts vary in the seat, the colour, and consistence of the opacity; in complication with affections of the eye, or system, and in the age of the individual. The difference of seat forms a natural basis of arrangement, in conformity with which, we may distinguish them into the *lenticular*, the *capsular*, the *Morgagnian*, and the *capsulo-lenticular*. The most frequent species of lenticular cataract is that called *hard* or *firm; cataracta dura vel tenax.* In this state of the lens, the opacity has a greyish appearance, with more or less of the yellowish brown or amber tint toward the centre. In the firm and darker coloured portion, it resembles wax in consistence, slightly softened by heat; the circumference is lighter coloured, and softer, being about the consistence of soft jelly. The more you see of the amber colour, and the deeper the tint, the harder is the cataract; the greyer its appearance, the softer is the consistence. Now what is called a hard cataract, is not in general hard throughout; the healthy lens differs in consistence, the circumference being much softer than the centre, and so it is with the opaque crystalline; the central portion is more firm than the rest. A greyish matter occupies the external parts of the lens, while the centre, or nucleus, is of a yellowish colour, and much more firm. Sometimes this brownish tint occupies the whole of the pupil; and the colour of the lens has even been found of a rather dark brown, like the husk of the chestnut, or dark mahogany; and in these cases it is hard throughout; they are not, however, very common. An ordinary firm cataract when extracted, presents the consistency and hardness of wax. I have never had an opportunity of seeing a cataract of a darker colour than mahogany, but Wenzel and Beer speak of *black* cataracts; if they mean cataracts literally black, I have never seen any such. The lens may be converted into an osseous or cretaceous substance, but such a case is very uncommon, and can hardly be said to come within the general description of the complaint; such changes have hardly been found, except when the eye has been completely disorganized. It is at all events very rare to meet with osseous or cretaceous substance in the lens.

The common firm cataract, which I have now spoken of, presenting the amber tint in the middle, gradually shaded off into a grey, is the ordinary form of the complaint in elderly persons. The lens is generally smaller than natural, and the capsule being unaffected, the opaque body appears at a small distance behind the pupil. There is a marked interval between that aperture and the cataract; the iris has its full play, and the patient retains the power of distinguishing objects during the formation of the cataract, by the passage of light through the less opaque circumference of the lens.

There is sometimes a hard nucleus with a decidedly soft circumference, indeed so soft as almost to be fluid, and that form of cataract has been called *cataracta fluido-dura.*

Lenticular cataracts have sometimes a *radiated appearance*, the opacity appearing in streaks or radii, the intervals between them being transparent. Those radii generally begin in the circumference of the lens; a circumstance which forms a striking contrast to the former species, in which the opacity first appears in the centre. In the ordinary state of the pupil, you can hardly see the radiated opacity, because the centre remains transparent; it is not until you have dilated the pupil by belladonna, that you can detect the opaque streaks in the circumference of the lens. These cataracts are very slow in their progress, occupying two or more years in rendering the whole of the lens opaque. I have known instances in which very little change has taken place in the lens in three years. There are some radiated lenticular cataracts, in which the radii are most distinguished toward the centre of the lens.

Another species is the *soft cataract;* not soft in the circumference only, but the whole texture of the lens is changed, having various degrees of consistence. In point of firmness, the cataract may resemble cheese, (*cataracta caseosa,*) or jelly, (*cataracta gelatinosa,*) or milk (*cataracta lactea*). There are all degrees of consistence, from the hard to the fluid cataract. These soft cataracts are larger than the hard; they occupy a much greater space, so that they push against the iris, protrude it and make its anterior surface convex. The soft cataract is distinguished by a bluish kind of white; the opacity is not uniform, but has a clouded or smoky appearance, and is equally diffused throughout the lens, the whole pupil being of a bluish or milky white. In the commencement of this kind of cataract, there is a partial reflection of light from the central or posterior part of the lens, producing a partial yellowish and almost shining metallic appearance, varying in apparent position as the light and the eye change their relative places. As the cataract is large, the opacity extends uniformly, to the circumference of the crystalline; it intercepts the light more completely than the hard cataract does; and the patient at last retains merely the power of distinguishing light from darkness.

The *opacity* of the lens is sometimes *partial*, being in the form of a central white spot, like a pin's head; or it may occupy a larger portion of the centre, as one third or two thirds of the diameter, leaving the circumference transparent. This partial opacity is only known as a form of congenital cataract. In such cases the patient may see perfectly with the pupil dilated, so as to denude the transparent part of the lens; while he will be blind in a strong light, the pupil then being so contracted as to be completely obstructed by the central opacity.

Opacity of the small portion of fluid situated between the lens and its capsule, has been called *cataracta morgagniana;* but I doubt the separate existence of this as a distinct species of cataract. How could we determine that this fluid was opaque, and the lens transparent? Can you suppose that it could undergo this change, and the capsule and lens remain transparent? I think, therefore, that in a practical consideration of the subject, this kind of cataract might be safely omitted.

Capsular cataracts (*cataracta membranacea*). These have been divided into the *anterior* and *posterior*, in which the front or back of the capsule alone is affected, and in which the whole capsule is opaque. The capsule of the lens is very different in texture from the lens itself, and therefore you may suppose that an opacity of the capsule will present different appearances from that of the lens. The former does not begin in the centre, but in all parts of the membrane indifferently; it is not uniform, but in spots or streaks, with less opaque or transparent intervals. These opaque portions have a glistening white or bluish white appearance. the dense structure of the capsule giving quite a different character to the opacity from the jelly-like substance of the lens. The position of the capsule distinguishes it sufficiently from an opaque lens; the latter is situated at a little distance behind the pupil; there is a recognizable interval between them; but the anterior capsular cataract is on a level with the pupillary margin of the iris, and you may see that the opacity comes as far forward as the edge of the pupil itself, sometimes passing into the aperture. The capsule cannot become extensively opaque, without the lens also being affected, and when the anterior portion of the membrane is affected, we shall find the lens also opaque. We may have a single streak of opacity in the capsule after iritis; but that will not constitute a cataract: the capsule may be more extensively but yet partially covered by a new adventitious membrane, the rest remaining clear. We do not know any such case as a capsule generally opaque, containing a transparent lens.

The posterior part of the capsule may become opaque, the anterior portion and the lens remaining transparent; in this case you have an opacity situated at a marked distance behind the pupil; its situation corresponds to the known position of the capsule. You may even perceive that it presents a concave surface, and this deep-seated concave opacity is in partial streaks, the intervals of which are transparent. The posterior capsular cataract has not that glistening white colour which distinguishes the anterior, because it is seen through the lens, and thus acquires a yellowish and rather dull appearance. This change in the capsule is followed by opacity of the lens; it may exist, however, a considerable time before the lens begins to lose its transparency. We have two patients attending the Infirmary at the present time, in whom posterior capsular cataracts may be very clearly seen, and it is a rare affection: one of these patients can see to read the large print of a bible, and when the pupil is dilated with belladonna, you can see distinctly the spaces between the opaque radii through which the light gains admission to the eye; of course, as the lens becomes opaque, vision is more affected.

The existence of *perfect capsular cataract* cannot be easily ascertained, for if the anterior position of the membrane be opaque, it will prevent us from knowing whether the posterior be so or not. With a slight opacity of the anterior, it may be practicable to see also the opaque posterior part of the capsule. But the lens will participate in the affection, and the case may be considered as a capsulo-lenticular cataract.

The capsulo-lenticular cataract, or the combined opacity of the capsule and lens, is a very frequent form of the complaint, Generally speaking, the lens in these cases is soft, and the capsule itself, having been the seat of disease, is more or less thickened and indurated by deposition of lymph. Hence the cataract is generally large, often pushing forwards the iris, and making it bulge against the cornea, so as to destroy for the time the anterior chamber. In these cases you have a combination of circumstances, which cannot fail to point out the nature of the cataract. You have the streaky appearance of the anterior portion of the capsule on a level with the edge of the pupil; and you see the opaque lens of a different tint through the less opaque portions of the capsule. As the lens is large, and as both it and the capsule are opaque, vision is completely lost, except the mere distinction of light from darkness. The motions of the iris are often impeded by the bulk and mechanical pressure of the cataract.

The various changes which the capsule undergoes, give to the capsulo-lenticular cataract numerous different appearances; and these have been named as if they were so many distinct species of cataract; there is the *c. marmoracea*, where the distribution of the opacity gives a marbled appearance; the *c. fenestrata*, with bars somewhat resembling those of a window; the *c. stellata*, the *c. punctata*, with spots of the capsule, and so on. In severe purulent ophthalmia, especially in children, the inflammation sometimes extends to the capsule of the lens and produces a single central opaque spot. There is a *c. dimidiata*, in which one half of the capsule is rendered opaque; the *c. trabecutaris*, so named from the opacity stretching across the eye like a beam; the *c. pyramidalis*, in which a dense opaque mass of pyramidal figure projects into the pupil; and the *c. arida-siliquosa* of the German writers, which, being translated into English, would be the dry shelled cataract. It not uncommonly happens, that the lens begins to be lessened in bulk by a natural process of absorption; and in proportion as it shrinks, the capsule contracts upon it, and shrivels up. This shrunk capsule, which has a thickened and corrugated appearance, containing a diminished or small lens, is called the cataracta arida siliquosa, or the dry shelled cataract, although no cataract can be dry, in the proper sense of the term. In some instances, where the opaque state of the lens and capsule is combined with other affections of the eye, the latter not only shrinks up, but becomes detached from the ciliary body, so that a clear black margin surrounds it. In this state, it may oscillate backwards and forwards when the eye moves (*c. tremula*, or shaking cataract); it may even become quite loose, floating behind the iris, or passing into the anterior chamber (*c. natatilis*, or floating cataract). In the latter case there is generally a tremulous motion of the iris. Then there is a *cataracta gypsea* spoken of, or a change of the capsule into a kind of cretaceous substance; it forms a thin kind of shell, brittle, and of a yellowish hue. Such are the varieties of capsulo-lenticular cataracts. They arise from the partial and irregular distribution of the newly deposited substance which causes the opacity; from partial thickening of the membrane, or from adventitious external deposits on its surface during inflammation, becoming afterwards organized.

There are changes in the state of the lens, in which it loses its transparency, in consequence of internal disease, and presents appearances more or less similar to those I have already enumerated. The lens may be of a dull green, a yellowish green, or a brighter yellow colour; sometimes it is of a dirty white. All such cataracts are the consequences of internal disease of the organ, and in that respect are contra-distinguished from those changes in the lens and capsule which are not attended with other alterations of the eye.

In young persons, the cataract is almost invariably white or grey; generally of milky or bluish white tint. If you see a brownish or yellowish state of the lens in a young person, you may almost certainly ascribe it to internal disease of the eye; for example, to the commencement of the medullary fungus, although a similar colour in an old person would not indicate the existence of any such disease.

The varieties of cataract in point of consistence I have already hinted at, and you see that you may have every degree of firmness, from the stony, or cretaceous, to the milky.

Cataracts have been distinguished as *mature* and *immature*. The former term may be used when the change is fully developed, according to the nature of the case. This distinction, however, has been made chiefly in reference to the time for operating; and a common notion prevails, that the operation ought not to be done till the cataract is ripe. This opinion is not altogether unfounded; certain cataracts are the result, if not of inflammation, of congestion about the eye, and in these cases it is unfavourable to operate early. We should wait until the change has been completed, and until all symptoms of congestion are at an end.

When you consider that in some instances the cataract is so large as to push the iris forwards, it is not surprising that the pupil should occasionally become adherent, more particularly when we consider that inflammation and thickening of the capsule, and deposition of new matter upon it frequently take place. These adhesions probably never occur, except when the capsule is opaque. They may be partial or general.

You may have cataract combined with glaucoma; and this is a combination, of which you can hardly be aware, unless you have seen the case previously to the occurrence of the cataract. The vitreous humour is first affected, and the lens subsequently; but a careful examination of the history of the case will generally lead you to discover the previous existence of disease in the vitreous humour, and the retina. If the iris is altered in colour, if the pupil is dilated, and fixed in the dilated state, if the sight was lost with considerable head-ache, pain in the forehead, and if it was gone before the cataract formed, you may fairly infer that the eye is glaucomatous.

It is not uncommon to have cataract complicated with amaurosis: in these cases, the amaurosis will be indicated by the complete state of blindness, by the patient not being able to discern light from darkness. This, however, is only seen in complete amaurosis: an imperfect degree of vision may remain, the sensibility of the retina being impaired, but not wholly destroyed. You must attend to the symptoms, under which the loss of sight has occurred, as well as to the present state of the eye. Simple cataract comes on without pain, while in amaurosis there is often considerable pain in the head, or neighbourhood of the eye, and generally more or less uneasiness. In cataract the iris has its natural power of motion; while in amaurosis the changes in the pupil take place imperfectly, or are suspended, and the opening itself is often dilated. A motionless state of the iris, therefore, would excite your suspicion, and lead you to examine the case minutely, if it should be observed where the cataract is not large, and the pupil unadherent. A dilated state of the opening would be an additional evidence of amaurotic affection. We shall generally derive assistance, in estimating the state of the retina, from comparing the two eyes. It seldom happens that both are affected in the same degree; the earlier stage in one eye may throw light on the more advanced complaint of the other.

All ages are subject to cataracts; children are even born with them, and they may occur at any age from infancy to the remotest period of life; perhaps elderly persons are most subject to the complaint, especially from fifty, sixty, or upwards. Cataracts are never hard in young persons; you will never meet with a hard lens below the age of puberty; they are not always hard in old persons; you may have soft cataracts in such, and you may have hard cataracts during the middle period of life.

Causes.—The well known effect of inflammation, in producing opacity of parts naturally transparent, would lead us to expect that inflammation is a common cause of cataract. In some instances it is obviously the result of inflammation; internal inflammation of the globe will produce opacity of the lens and capsule; arthritic inflammation of the posterior tunics will produce an opaque state of the lens. Wounds of the lens and capsule produce opacities of these parts, and as these wounds generally give rise to severe inflammation of the eye, it might be inferred that traumatic cataract might be traced to the inflammation produced by the wound. The opacity consequent on a wound may, however, occur without any evidence of inflammation. Capsular and soft cataracts often form in consequence of congestion in the organ, if they cannot be decidedly traced to an inflammatory action; their formation is attended, in many instances, with all those signs, which indicate an unusual determination of blood to the head, and general fulness of the system. We cannot, however, generalise the observation, and say that inflammation is invariably the cause of cataract; we cannot suppose that inflammation has produced the cataract which we see in new-born children. We see that cataracts are common in old persons of the most healthy constitution, in persons who are not sensible of any uneasiness in the organ, in whom there is not the least appearance of any vascular excitement or pain whatever. We cannot refer the change in that case to inflammation, and we must acknowledge that the cause has not hitherto been satisfactorily elucidated in such instances. In fact, the nutrition of the lens, the mode of its connexion with the surrounding parts in the eye, and its manner of growth are not understood. We find that the lens undergoes some change in age; its convexity is lessened, and it loses that clear transparency which distinguishes it in the early and middle periods of life. In respect, therefore, to many cases of cataract, the direct cause of that particular change in the lens is unknown—Neither do we know that any peculiar state of constitution is favourable to its development.

Treatment.—General or local measures may occasionally alleviate particular symptoms, or remove concomitant affections, but they have no influence whatever on the cataract—absolutely none. It may be asserted, without any qualification, that no external application nor internal medicines, can alter the condition of the opaque lens and capsule.—When lymph has been effused upon the capsule, as in iritis, its absorption may be effected, while it is still recent, by proper means; but what I am now speaking of, is the confirmed opacity of the capsule and lens constituting cataract, and I believe that no treatment whatever is capable of changing it. We must then come to the operation, as the only means of restoring vision to persons affected with cataract. However, as the state of the eye, in other respects, is so various, and as these several complications of cataract so materially influence the chances of success from operation, we must, in the first instance, inquire most carefully into all the particulars of the case, to ascertain whether complete or only partial success may be expected, or whether there is no reasonable prospect of benefit.

Prognosis.—The prognosis, as far as the operation goes, is completely favourable when the affection is confined to the lens or capsule; when the sensibility of the retina is undiminished; when the motions of the iris are unimpaired; when the constitution of the patient is sound, and the health is good at the time of operating; and when the patient is of a spare rather than a full habit. Under these circumstances we may say that the prognosis is completely favourable; that is, supposing the operator to understand the subject well, to select the kind of operation most suited to the particular species of cataract, and to possess sufficient manual dexterity for performing it in the most advantageous way. The prognosis will be particularly favourable in cases of congenital cataract, in those of young persons, (in whom, however, it seldom arises except in consequence of injuries,) and in the firm lenticular cataract of elderly persons. It is bad when the cataract is complicated with glaucoma or amaurosis; with a fluid state of the vitreous humour; with a varicose condition of the blood-vessels; with dropsy of the eye, or with a very contracted or closed pupil. Indeed some of these circumstances would form decided objections to the operation. It is also bad when the cataract has been preceded or accompanied by severe pains in the head, or in the eye, by muscæ volitantes, sparks or flashes of fire before the eye, as all these circumstances indicate affection of the nervous structure. The prognosis is doubtful when cataract is the result of internal inflammation of the eye, or of that vascular disturbance which comes under the head of congestion. The existence of considerable adhesions of the pupillary margin is also unfavourable, since the laceration and removal of the adhesions may excite inflammation in the iris and internal tunics, particularly in the gouty and arthritic individuals, in whom such adhesions are most frequent, and who are the most likely to suffer from inflammation after the operation. The prognosis is doubtful in cases of cataract affecting one eye, when the other is amaurotic or glaucomatous. If amaurosis or glaucoma should have occurred in one, there is great probability that the other may be affected in the same way. Before advising an operation in such a case, we should satisfy ourselves fully that the retina is sensible; we should very carefully prepare the patient for the operation, and speak doubtfully of the result. If the evidence respecting the sensibility of the retina be not clear, it is better not to advise an operation, but to put the patient in possession of the state of the case, and let him determine between submitting to blindness and trying the doubtful experiment of operation.

The probable result of the operation is in some measure influenced by the age of the patient; the younger the subject, the less probability is there of serious subsequent inflammation; hence congenital cases are particularly favourable. The middle age is the least favourable; during the active periods of life, the risk of inflammation is greater.

The result of the operation is so important to the patient, the question being whether by it he shall regain sight or not, that it may seriously involve the reputation of the operation. It is, therefore, necessary, that the most minute inquiry should be made into all the circumstances of the case, before the operation is undertaken; the history of the affection, the present state of the eye and of the patient's health, should be well considered before advising or attempting any operation. There are some cases, in which it is better for the patient to be content with even very imperfect vision, than to submit to an operation which may end in total blindness. The restorative powers are feeble in very old persons; in them, and in cases where the propriety of operating may be doubtful for other reasons, it is best to employ the palliative aid of belladonna, as long as it will procure any degree of useful vision. Do not therefore operate in such cases until the patient is quite blind; until his sight is in that state, in which the failure of the operation can make him no worse. We cannot lay down an uniform rule respecting the time of operating. In general we should wait until the patient is blind, understanding by that expression the loss of all useful vision. At all events, in doubtful cases, this rule is absolute. One exception may be mentioned, viz., where the cataract is mature in one eye and immature in the other. The former may be operated on so as to give the patient the use of that eye while the cataract is forming in the other.

Another question is, whether we should operate when the cataract is confined to one eye; the general rule has been not to do so. The objection to performing an operation, when the cataract is confined to one eye is, that the patient is no better off after than he was before, and that he runs a risk for no good purpose. It generally happens that the other eye becomes ultimately affected, and it will be time enough to operate when the disease shows itself in the other eye. It has been said, that the removal of the cataract, when confined to one eye, will prevent its formation in the other. It would be difficult to prove the point; and there is certainly no proof of it hitherto before the public. Beer mentions, in an early work, that cataract will not come on in the second eye, if it be removed by operation when confined to one eye; but in his last great book, he adheres to the ordinary rule without even mentioning the other opinion. I consider that rule to be well founded, and act upon it generally. There may, however, be cases of exception; for instance, in young persons, especially females, where personal appearance may be materially affected by cataract in one eye. I have operated in some such cases, proceeding always with great caution both as to the kind of operation, and the circumstances under which I have done it.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XXXVIII.

On Phthisis Pulmonalis, (called also Pulmonary Consumption · and, vulgarly, Decline.)

THE subject to which I am next to direct your attention, Gentlemen, is of considerable importance, whether we regard its frequency or its fatality, especially in this climate. It is not only a primary affection, and, as such, of very frequent occurrence; but arises also during the course of many other diseases, so as to be the immediate cause of death.

There are two ways in which diseases may be treated of, and each has its advantages. One is, to describe the obvious characters or symptoms, and from these to deduce the intrinsic nature or *proximate cause*, as it is called: the other mode is the reverse of this, that is, first to point out the nature of the disease, or the corporeal change in which it consists; and then, by way of illustration, to describe the various symptoms in the natural order in which they present themselves; showing thus the manner of their production, and consequently their relation to each other, and to the *proximate cause*. No the latter mode of prosecuting the inquiry is in general to be preferred, as the more scientific, and, I think, the more useful also; as it serves to impress the facts more strongly on the memory, by the aid of natural association. But then it is, of course, requisite that we should be acquainted with the intrinsic nature of a disease, so far, at least, as to enable us to assign its seat and general nature. If we have not this knowledge, as may be the case with regard to some diseases, then, of necessity, we are compelled to follow the other course. Now with respect to the disease under consideration, *phthisis pulmonalis*, or pulmonary consumption, we know enough of its nature to warrant our proceeding in the latter way; and therefore I shall at once proceed to give you a definition or general announcement of the disease, from which we may start, as from a fixed point, in detailing the history of the symptoms altogether.

Definition of phthisis pulmonalis. "A disorganized state of the lungs, the result of chronic, or slow-acting inflammation." In every genuine case of *phthisis*, the structure is morbidly changed; and that this is the consequence of preceding inflammation, may be admitted, I think, upon general principles. Inflammation is the great agent of destruction to the texture of the body; and I know of no case of *phthisis*, however mild and insidious in its approach and course, in which marks of existing topical inflammation in the chest are not present; while, in a great number of cases, the presence of inflammation of the most active kind, is too obvious to be questioned.

It may be objected to the opinion I have now stated, that there are some cases of *catarrh*, that is, of inflammation of the mucous membrane lining the air-passages, in which all the symptoms of *phthisis* take place, and go on to a fatal termination, without any actual disease in the lungs themselves, as ascertained by subsequent dissection. Now if this were true, it would undoubtedly render useless the definition I have given. But it is not conceivable that precisely the same train of symptoms should attend a diseased state of the mucous membrane, and one where the lungs are either in great part destroyed by ulceration, or rendered impervious to air through a great part of their substance, as is the case here. To believe this, would be as absurd as to suppose that "men could gather grapes from thorns, or figs from thistles." If diseases, so different as *catarrh* and *phthisis*, have been confounded together, it only proves the want of sufficient discrimination in the observer. It is, perhaps, possible that catarrh may of itself prove fatal, and be attended with many of the symptoms of diseased lungs; such as cough, and *hectic fever*, followed by emaciation and general debility; and these may go on till the powers of life are worn out and exhausted; for such symptoms take place during the course of many protracted and incurable diseases, besides those mentioned. But there must doubtless be some effects produced by a disorganized state of lungs, which do not belong to a mere affection of the mucous membrane, and which a cautious and acute observer would be able to detect. I am inclined, therefore, to adhere to the definition I have given, and to consider *phthisis* as always depending upon a state of disorganization of the lungs themselves; and from this, all the essential symptoms may be rationally and easily deduced and understood.

When the lungs are examined after death in persons dying of *phthisis*, they are found variously disorganized. It is possible that one lung may be destroyed in great part by ulceration, so as to be rendered entirely useless, the other remaining unaffected; and persons have survived this, and recovered good general health, and lived for many years afterwards. But in almost all cases, both lungs are found diseased, though unequally so. In most cases, there is found ulceration more or less extensive, while in many parts not actually ulcerated, the structure is otherwise altered; there are found, for example, indurated knobs, termed *tubercles*, of various sizes, from that of a pea or pepper corn, to that of a walnut, or still larger. Several of these tubercles become conglomerated together, and suppurate; the matter formed, making its way, from time to time, into the bronchia, so as to be brought up by coughing. These partial suppurations take place in succession; and while they are forming, there is an increase of pain in the chest, and an aggravation of the febrile symptoms; the pain and fever again subsiding when the suppuration is complete. The temporary relief thus experienced, serves to keep alive hope in the patient's mind, and by which he is flattered to the last, although all the while his emaciation and general weakness are proceeding.

After what I have now said of the condition of the lungs in *phthisis*, you will not find it difficult, I think, to understand the symptoms and progress of the disease, and which I shall proceed to detail to you somewhat more minutely. The symptoms altogether are so numerous and various, as to require arrangement. They may be best divided into the *essential* and *accidental*. The *essential*, again, may be divided into the *local* and *general*. This is the order I now propose to follow:

Of the symptoms that are *essential* to *phthisis*, we may first speak of the *local* ones, those that arise immediately out of the affection of the lungs themselves. One of these is *pain in the chest*, and which is generally confined to one side. The pain in most cases is considerable, though liable to vary greatly from time to time; often it is very acute, though seldom for more than a few hours, or at most a day or two at a time. In some cases, however, there is no pain felt throughout the whole course of the disease; or it is so little, that the patient, from a propensity to conceal, even from himself, his real situation, will scarcely acknowledge it.

Difficulty of breathing is another of the *local* symptoms, very generally present. The breathing is commonly short and frequent, the lungs not being in a condition to admit the air in many parts, nor to allow of their being expanded. This is one of the signs the most to be relied upon; yet it takes place in very different degrees.

Coughing is a third symptom, which is very seldom wanting, though it differs greatly in point of severity at different times. Sometimes the cough is short and ineffective; at others, violent and long-continued, and attended with a hollow sound.

There is often no *expectoration* for a considerable part of the disease; but this symptom generally appears in the more advanced stages; and the fluid ejected is more or less puriform in appearance, and yellowish or greenish in colour, and often extremely fetid in smell, especially in a morning. The patient commonly suffers less pain, coughs less, and breathes more freely when lying on one side than on the other.

The *general disorder of system* is the consequence of the *pyrexia* or febrile action taking place, and which, as in other cases, is excited by the local disease, consisting, as it does, in inflammation. The febrile symptoms are somewhat different from those produced by recent and active inflammation, whether in the lungs or elsewhere; and in this case are termed *hectic fever*, which I must next describe to you.

Hectic fever is merely *symptomatic fever*, become *chronic*. The febrile symptoms, which at first, as in ordinary inflammation, are pretty constant, assume gradually a remittent form. There is chilliness, a kind of cold fit about noon;

and this, in an hour or two, is succeeded by a dry and hot skin, especially felt in the palms of the hands and soles of the feet, and the cheeks become flushed in circumscribed patches. The pulse is quick, small, and cord like to the feel. The patient is restless during the early part of the night; and when he falls asleep, profuse sweats break out, and continue till morning. The heat of the body now declines, the pulse becomes less frequent and softer, and the patient continues tolerably comfortable during the early part of the day; except that he is feeble and dejected. The symptoms are again renewed about the same period, and follow a similar course. Sometimes the febrile paroxysm is unusually severe on one day, and much slighter the next; and so on, on the alternate days, giving the disease a *tertian* form, like that of an *intermittent*, with which it is liable to be confounded. The tongue, in this disease, is often much furred, but sometimes not so; it is then of a preternatural redness. The urine is high-coloured, and deposits copiously a lateritious or branny sediment; and its surface is covered with an oily film. Under these symptoms the strength declines, and the body gradually wastes till the highest degree of emaciation takes place. The *tunica adnata* of the eye becomes white or pearl like, the nails are incurvated, and the hair falls off. *Diarrhœa* now takes place, during which the *night-sweats* abate, but increase again as the *diarrhœa* ceases. Among the last symptoms, may be mentioned swelling of the ancles towards night, and sometimes a more general state of anasarca. *Boils* also, are apt to appear on the skin, in the latter stage of the disease.

The organs that supply the body with nourishment, as well as many others, often perform their functions well; the appetite, digestion, &c. remaining good to the last. This contributes much to the prolongation of the disease.

The febrile symptoms differ also greatly in degree, in different cases. In old people, who are not unfrequently the subject of *phthisis pulmonalis*, the general system suffers comparatively little; and in them the disease is always long protracted; so that they may die of some other disease accidentally arising. In infants, on the other hand, the febrile symptoms run high, and the disease is rapid in its progress; so that its duration may be pretty accurately judged of by the degree of *hectic fever* that attends it. When it arises in persons of naturally a slow pulse, it is less rapid in its course; because the attending fever is less. Such persons are less subject to fall into the disease than others, though they are by no means altogether exempt.

These are the chief symptoms, both local and general, that attend this formidable malady. There are some also that occur only accidentally or occasionally. One of these is *spitting of blood.* This may take place in different degrees, and so even as to endanger life, either by the quantity of blood lost, or by inducing suffocation. Either of these, however, is very rare; and in general the discharge of blood appears to give relief. In some cases, no blood at all is expectorated from first to last.

In many instances the voice is lost, or greatly weakened; and more or less of hoarseness generally attends.

Vomiting takes place in many phthisical patients, and that after almost every meal. It is needless to observe that, in such cases, the disease must the sooner prove fatal.

The *duration* of *phthisis* is very various. It may run its course, and prove fatal, in six or eight weeks, as in infants; or it may be protracted for years, as when it occurs in old subjects, who are otherwise in tolerable health. It depends greatly also upon the power of taking and digesting food.

Phthisis is sometimes suspended by other diseases. Thus I have seen this take place in a remarkable degree, from the occurrence of the itch. *Pregnancy*, likewise, has this effect; so much so, that the patient often makes great strides towards recovery, and appears to be getting well. *Change of season* also, as the approach of summer, is often attended with a favourable change of symptoms; but in a very advanced stage of the disease, hot weather appears to hasten the fatal event. In all these cases, however, the relief experienced is seldom more than temporary. In females, at a certain period of the disease, the *menses* cease; but merely, as it would seem, from the worn out state of the system; and I only mention it to guard you against the solicitations of the patient or her friends, who are generally very anxious that you should employ medicines for the purpose of restoring the discharge; though it is evident they can have no such effect, but may do harm.

Much difference of opinion exists, as to the *contagiousness* of *phthisis*. This very difference of opinion shews that, at all events, it must be a rare occurrence. The exceptions indeed are so numerous, as to render it the most probable opinion that the disease is not contagious; and this, I confess, is mine.

Causes. This disease consisting in inflammation of the lungs, it may be brought on by all the causes of inflammation, though it often arises imperceptibly, or without being noticed. Exposure to cold, injuries of the lungs, irritating matters inhaled in breathing, are among the most frequent. It follows also various other diseases, which may be considered to act as *exciting causes*; such are, common inflammation in the lungs, not wholly subdued; neglected catarrh; ulceration, or other cause of irritation about the larynx; any other disease attended with continued *pyrexia* or febrile action, this state appearing to give a disposition to slow inflammation in the lungs, that at length ends in change of structure.

Much depends upon *predisposition*, which appears to be induced by a variety of circumstances. *Phthisis* is very frequent in cold and variable climates, while it is comparatively rare in hot ones. It is more frequent between the ages of 15 and 35, than either before or after. The *predisposition* is evidently hereditary in many families, and is affected by corporeal figure; the tall and thin, and narrow chested, and the deformed, being the most disposed. A great number of *phthisical* subjects exhibit marks of *scrofula* in their habit, or have done so at a former period. Hence *scrofula* is considered as a *predisposing cause:* though we do not know how this acts, unless by being attended with a general disposition to inflammation, and that of an indolent kind. This, in fact, is all we know of scrofula itself.

Prognosis. Common observation tells us, that this is, upon the whole, very unfavourable; yet the disease is not always or necessarily fatal. This it is right you should know, that you may not relax in your efforts to cure it. When it succeeds accidental injuries, or even when it follows abscess in the lungs, the consequence of acute inflammation, and where no predisposition, hereditary or otherwise, exists, the *prognosis* is more favourable. When the disease comes on slowly and insidiously, it generally proves fatal, however mild the symptoms may be.

However unsatisfactory the treatment of *phthisis* is, in a general way, it is still not to be neglected; for in a few instances, under favourable circumstances, and especially when in an early stage, the disease may be effectually removed; and where all hope of this is at an end, still much may be done in the way of palliation. As the disease consists in inflammation, we are to consider how we can best relieve this; and, to a greater or less extent, this may be generally done. The inflammation, however, exists under circumstances that are extremely unfavourable to its removal; it has been of long standing; is attended with more or less of disorganization in the parts affected; and the powers of the system are, in general, much reduced. These circumstances may exist to such a degree, as to preclude altogether the use of curative means; when we are of necessity confined to those that are merely palliative.

In the early stage of the disease, unless in habits otherwise much debilitated, it is right to attempt the cure by *bleeding*, that is, repeatedly, but to a small extent; taking, for example, from three to six ounces only at a time, according to the circumstances of the patient, and that at intervals of a few days; using at the same time the *digitalis*, in such quantities as will reduce the frequency of the pulse so as to bring it, if possible, rather below the healthy standard, where it should be kept. By these means, the pain in the chest is commonly relieved; the febrile symptoms, together with the night sweats, are diminished, and sometimes removed; the sleep becomes refreshing, and the appetite is restored; a general feeling of returning health and strength follows; and in a few instances, health is recovered. An event so favourable as this, is certainly rare; but I have seen it take place sufficiently often, to convince me of the utility of the practice. And even where it fails to cure, it almost invariably mitigates the patient's sufferings, and checks the progress of the disease, so as to contribute to the prolongation of life.

It is a peculiar advantage of this mode of treatment, that it allows of the patient taking food, even solid animal food, as his appetite demands; and that without quickening the pulse, heating him, or aggravating any of the symptoms; which is rarely the case under other treatment, the strictest abstinence being generally required, in order to restrain the *hectic* symptoms.

The rest of the treatment should be *antiphlogistic*. *Blistering*, or other means of *counter-irritation*, may be occasionally of service, to relieve pain; and the permanent use of them may even sometimes do good; but on many occasions they are hurtful, from the general irritation of system they occasion.

Now this simple plan of treatment, as far as medicine is concerned, is, I believe, all that is essential, or that can be useful, in the treatment of this disease. Many other remedies are, however, in use, and have been recommended from time to time; but experience always proves their insufficiency. Such is the case with the *uva ursi*, the tar-vapour, the *hydrocyanic acid*, as well as many others. With respect to the latter substance, of late so much vaunted, I have often found it productive of much disorder in the system; such as nausea and vomiting; head-ache, and disordered brain; without finding it even a palliative for the disease.

When we have abandoned all hopes of cure, it is still of importance to palliate particular symptoms. The *cough* at times is so severe, as to call for opium to relieve it; but in general, opium does harm, by checking expectoration, and aggravating the febrile symptoms; while it cannot effectually remove the cough. Even in an advanced stage of the disease, when the pain in the chest is unusually severe, *bleeding* to a small extent, either general or local, may be usefully resorted to. The night sweats are sometimes abated by the diluted sulphuric acid, though at the hazard of inducing *diarrhœa*. This last symptom, (*diarrhœa*), which is one of the most distressing, requires for its relief, first, a small quantity of rhubarb, then opium, chalk, or other astringents. The extreme restlessness experienced towards the close of the disease, makes the use of opium almost indispensable.

More is to be expected perhaps from change of climate towards curing the disease, than from the use of medicine. To give it a fair chance of success, however, the removal to a warm climate should take place early, and the residence be long-continued, perhaps for two or three years. To attempt it when the malady is far advanced, is only to consign the patient to incalculable suffering and privation. A *sea voyage*, of itself, appears to have been sometimes beneficial.

As a substitute for change of climate, a removal from bleak and exposed situations, to one that is sheltered, is often of considerable advantage. It is said that consumption occurs far less frequently in low and marshy places, than in elevated regions. This fact will of course influence us in the choice of situation; but there are nevertheless exceptions. Some cases do better in town than in the country, and some in hilly countries than in valleys. This can only be learned by trial.

FOREIGN DEPARTMENT.

PHYSIOLOGY.

Reproduction of Bone.

Whilst in England, Italy, and principally France, the re-production of bone was made the subject of investigation, little since the time of Köhler had been done in Germany to advance this interesting subject. In 1823, two young physiologists, Meding and Kortum, entered on this field of inquiry, and by a series of experiments placed beyond all doubt the process by which the re-production of bone takes place. We will give an account of their experiments in our next Number, but have thought it best to precede them by a brief statement of what others had before done in the same subject. Our information is taken from a work by Dr. Richter of Berlin, on necrosis, the substance of which work previously appeared in the 7th and 8th volumes of Gräfe's and Walther's Journal.

Towards the middle of the last century the experiments of Duhamel* on the formation and re-formation of bone, excited the greatest attention. The opinion of Galen,† which had reigned for many hundred years, namely, that the newly formed osseous substance was inorganic, and quite different from the original bony matter, was overturned. The favourite opinion with regard to the original formation of bone arising by lamellæ from the inner surface of the periosteum, was also entertained respecting its regeneration. Consequently Duhamel has the merit of bringing into notice this opinion, which till very lately almost universally prevailed. As Haller,‡ however, entertained views different in many respects from those of Duhamel, he instituted a new set of experiments along with Detlef, the results of which were in favour of the correctness of his previous notions, and against those of Duhamel. These experiments led the attention of these two physiologists to the process which nature employed in cases of fractures. No one, however, pursued this further; no one thought of observing whether the same phenomena were to be seen in necrosis artificially produced, until Troja* began to turn his attention to the subject. His new ideas completely destroyed the notion of Duhamel.

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* Memoires de l' Academie Royal des Sciences, 1747.

† De Meth. Medendi, Lib. v. cap. 7.

‡ Opera Minora Laus, 1761. Tom. ii. 460, 588.

Troja destroyed the marrow in eleven pigeons and dogs, and in this way proved the importance of this part for supporting the life of the bone. The centre of the canal died away as far distant as the destruction reached. As soon as the seventh day, these parts were frequently covered with new bone, to which the muscles and other soft parts had fixed themselves.† After this operation the shin bone began to swell, as well as the periosteum to thicken. On careful dissection, a jelly-like substance appeared to him to be poured out in the parenchyma of this covering, which had numerous vessels running through it, representing the form of the new bone.‡ On the third day the mass began to assume a bony consistence. From the fifth to the tenth in the pigeons, and from the eighth to the twelfth in dogs, the structure of the bone was apparent, and presented internally a thin fine vascular membrane. The epiphyses of the medullary canal of the dead tibia were entire, separated from the necrotic portion, and united with the newly-formed diaphysis. Besides numerous smaller holes for the passage of the principal nutritious vessels, Troja remarked others which he named "great;" and the development of which he could not explain.§ To learn what changes would result when the periosteum was injured, he destroyed this membrane completely round to the extent of four lines, and above this place detached the soft parts from the bones. In eighteen days he examined the tibia of the pigeons, and found that when the soft parts had been separated from the periosteum by an intervening substance, a new matter surrounded the bone, and that where the periosteum had been completely removed, the external surface of the bone was black and dry, and contained in it a new bone, probably from the medullary matter.

Troja from these experiments considered himself entitled to conclude that there was poured out between the two lamellæ of the periosteum a fluid resembling jelly. That this substance kept the two membranes separate, and that it became first cartilaginous, and afterwards osseous; and that the membrane which surrounded the inner surface of the new-formed part and the dead portion like a capsule, is the inner lamella of the periosteum, although in structure it is very different from the external lamella.

In a supplement* to his first treatise, he confirmed his former experiments by several new ones made on dogs.

This opinion of Troja on the production of bone by the swelling and ossification of the periosteum, prevailed for several years. Brun would not adopt this view, and declared it to be erroneous, on which account David felt himself called on by his experience on necrosis to support Troja, and refute Brun's opinion. According to David, the periosteum becomes inflamed, a puriform matter is thrown out between it and the bone, and separates them from each other. As the periosteum can no longer carry to the dead bone nutriment, it becomes overloaded with it, swells, thickens, and then gradually forms the body of new bone.† If the openings in the periosteum formed by the matter are too large, the new bone will be imperfectly formed, and the defect in the formation will be found to be in proportion to the extent of these openings. David, therefore, differed in so far from Troja, that he did not think the ossific matter deposited between the lamellæ of the periosteum, and that these were separated from one another, but that the periosteal covering itself becomes converted to bone. Chopart repeated also some of Troja's experiments, and coincided entirely with him, although the appearances were not uniformly the same. He thought, in addition, that when the bone was not destroyed in its whole circumference, but only in part, granulations sprung forth from the remaining living parts, which gradually ossified, and then repaired the loss. Richter‡ was also of Troja's opinion.

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* Troja de novorum ossium in integris aut maximis ob morbos deperditionibus, &c. Paris, 1775. Strasburg, 1780.

† Ibidem, Tab. 1. Fig. 1.

‡ L. c. pag. 9, 11, 34, 40.

§ L. c. p. 39.

* De la Regeneration des Os, in the Histoire de la Societé Royale de Medicine. Paris, 1776.

† Observation sur une Maladie des Os connue sous le nom de Necrose. Paris, 1782.

‡ Chirurg. Biblioth. Bd. VI. s. 504.

Blumenbach* repeated Troja's experiments, and found on the destruction of the medullary canal the same results. In doves, on which he left the medulla unhurt, he observed that the cortical substance did not die, and no new cylinder of bone in the old one, but the bone was swollen, and in some degree united with the periosteum. Any sign of pain on the destruction of the medulla was not observed. Köhler† repeated the same experiments, and came to similar results. Brun‡ laid before the Academy of Sciences at Paris in 1781, his opinions, which being contrary to those of Troja, were warmly attacked by David. In his paper he observed, that on the destruction of the medulla, a part only of the bony substance was destroyed, and not the whole cortical part; a line of demarcation establishes itself between the inflamed part, the dead portion separates itself from this, and by the exuded nutritious matter a swelling was produced, an exostosis at the same time formed, which probably represented the regenerated part. This theory, by which a regeneration of the bone was denied, has been in general ascribed to Weidemann, who, however, did not originate it, but only afterwards adopted it. The opinion of Brun respecting the swelling of the cortical substance, and at the same time the denial of the reproduction of new bone, have been defended by several others, and are even at the present day received by many.

The greatest advantage for science was obtained in the last century from the labours of Macdonald,§ who by a series of interesting experiments, refuted the prevailing opinions on the reproduction of bone, and shewed, by close observation of nature, what a great similarity the process of regeneration had with the original or primary formation of bone. He gave madder to birds, destroyed the medulla, filled the canals with lint, and examined at different times the extremities of the pigeons and hens subjected to the experiment. On the second day after the operation, he found the periosteum inflamed in several parts, swollen and separated from the bone. On the third day a gelatinous fluid was observed thrown out between the two, even as far as the epiphyses; this had a reddish appearance, which, however, disappeared on separating one part of this fluid from the bone. On the fourth day, the inflamtion of the soft part had increased; the periosteum presented a cartilaginous appearance, which was given to it by the gelatinous and transparent mass. On endeavouring to separate the periosteum from this substance, he observed white threads, which he took for vessels, as they exhibited red points on being torn. The gelatinous mass stuck very close to the bone, and was in no respect separated from it by any membrane. Macdonald could not detect in the neighbourhood of the epiphyses, the slightest trace of a separation of the lamellæ of the periosteum. He found on the 7th day after the removal of the skin, the soft integuments and the periosteum, the internal soft and flexible bone already considerably coloured by the madder; this surrounded, and was firmly connected with the periosteum. In the fifth animal which he submitted to the experiment, and killed on the 11th day, (madder never having been given,) the new bone was farther advanced in its formation, being cellular, and of a firmer structure. After the 12th day, there was no separation of the dead from the new bone, which possessed a cellular, cartilaginous, and reddish appearance.

On the 15th day the new bone was completely formed, but still uneven, being thicker in some places than in others. After the third week the periosteum was no longer so considerably swollen, the newly-formed bone was overloaded with blood, and presented a cellular appearance. After the fourth week, the dead bone had already become very moveable and could be drawn out; it had no epiphyses, was rough, and thinner than usual. Ten days after the removal of the bone he killed the pigeon, and saw the central canal of the new bone filled with marrow; the internal membrane was very thin, and provided with several vessels; the new bone was hard, and presented the appearances above mentioned.

In order to ascertain by what process bone was reproduced, when the periosteum, after being destroyed, could contribute nothing to the reproduction, Macdonald instituted another series of experiments, in which he removed the periosteum from several portions of bone, brought together the integuments, and fed the animals with madder. On the

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[*] Richter's Chirurg. Biblioth. Bd. VI. st. I. 107.

[†] Experimenta circa regenerationem ossium. Gett. 1786.

[‡] Histoire de la Société Royal de Medicine. Paris, 1781; Memoires de Toulouse, tom. i., pag. 65; and Dict. des Sciences Medicales, tom. xxxv., p. 356.

[§] Disput. Inauguralis de Necrosi ac Callo. Edin. 1799, p. 39.

fifth day after this operation he found, after the removal of the muscles, the bone, in every place where the periosteum had been taken away, covered by a new membrane; on removing this, a gelatinous unseemly mass, united with the newly-formed periosteum, was to be seen. In a later examination, a quantity of vessels, in the gelatinous fluid, could be observed, and afterwards some dark spots, which marked the first traces of ossification. From these observations, and the examination of some specimens afforded him by Monro, Macdonald refuted the opinions of Troja, David, Blumenbach, Köhler, and Russel, and believed that when the periosteum is preserved the formation of the bone proceeds from the gelatinous mass, as, according to Haller, the primitive formation of bone always takes place, and that this change of the shapeless mass proceeds from the vessels of this membrane. When, on the contrary, the periosteum has been injured, the divided vessels pour out blood, this coagulates, and after absorption of the red particles, the gelatinous mass is left, out of which the bone is afterwards formed. From various experiments he believes that the integrity of the periosteum is necessary to the reproduction of the periosteum, and that after its destruction the regeneration is more difficult and tedious. This opinion of Macdonald's, that the periosteum is throughout necessary to the production has since been denied by many. Cruveilhier,* who may be classed among the number, endeavoured to convince himself of the part the periosteum took in the regeneration of bone, and introduced foreign bodies between this membrane and the bone; these were always covered with a cartilaginous or osseous deposit: where there was no intervening body the separated periosteum adhered to the bone. Cruveilhier also destroyed the medulla, but did not experience the same results as Troja and others, for the bone swelled only to a certain extent, and did not become necrotic. After the space of some months the medulla was regenerated in rabbits; but if the medullary canal were filled with lint, a very considerable swelling followed, the bone died throughout its whole extent, and between it and the periosteum a gelatinous mass, which gradually underwent the same change as had been observed by Macdonald. In pigeons, he remarked that the deep layer of muscles, as well as the periosteum, was overloaded with this mass, which became converted first into cartilage and then into bone. Cruveilhier repeated the experiments also on dogs, and plugged up the medullary canal with lint; but all these animals died within the twelfth day, and on examination the periosteum was found separated, and a sanious matter between it and the bone, without the least trace of regeneration being observed.

Another opinion, differing in many respects from the preceding one, has been advanced by Troja, in his work entitled, *Osservazioni ed experimenti sulle ossa*, (*impressa nel* 1775 *e nel* 1779. *Napoli*, 1814, 8vo.)—The number of experiments of different kinds made by this physiologist on birds, rabbits, sheep, goats, and pigs, is very considerable. He has, however, recalled the erroneous opinion which he formed respecting the formation of the inner membrane in new bones, and acknowledged, in the second edition of his work,* that the existence of the periosteum was not absolutely necessary to the reparation of the dead by new bone. He says, sec. 132, "Nelle grande scoperture delle ossa, succeduta la squamazione, sorgono de' granellini carnei, capaci di coprire lo spazio scoperto." From numerous experiments, which he subsequently made, he became firmly convinced that, after the destruction of the marrow, the periosteum and the external lamella of the bone, which in the larger quadrupeds amount to about half a line in thickness, but in birds are scarcely perceptible, become inflamed, present an appearance of new vessels, and deposit on its inner surface a gelatinous mass, which goes over, first into the state of cartilage, then into that of bone. The thin, external, lamella of bone, which has remained entire, becomes softened by the inflammatory process, loses its phosphate of lime, and passes over into the state of membrane, in order to line the inner surface of the new bone. Troja also believed, that by the destruction of the periosteum, new bone forms itself in the medullary canal of the bone. As before in the destruction of the medulla the lamella of bone nearest to the periosteum is converted to the inner membrane of the new bone, so in this case the *inner* layer of bone, closest to the medullary lining, is converted into a membrane which afterwards becomes the periosteum of the new bone. The medulla, on the contrary, disappears, and from the vessels of its membrane a gelatinous fluid is thrown out, which forms the basis of the new bone, always preserves a firmer consistence, exhibits afterwards true bony substance, and is supplied with a medullary canal.

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* Essai sur l'Anatomie Pathologique. Paris, 1816.

Experiment. sur la rigeneraz. delle ossa. Napoli, 1779.

Charmeil,[*] from observing the reproduction of dead bone where the periosteum was destroyed, instituted some experiments for the purpose of ascertaining by what process the bone is reproduced when the medulla is destroyed, and the periosteum removed at the same time. He tried this experiment on eight pigeons, and found, in a few hours afterwards, a very considerable inflammation of the neighbouring soft part, and of the epiphyses of the bones; the bone, deprived of its marrow and periosteum, was surrounded by a deposit of lymph, which soon acquired a yellowish, then a reddish appearance, going over to the state of cartilage, and, lastly, to that of bone. As the progress of ossification advanced, the inflammation and swelling of the limb decreased; and the new bone, which included the old, was, on the 90th day, sufficiently strong to allow the function of the limb to be performed. Internally the new bone was hollow, smooth, and lined with a membrane; the external surface presented an uneven and granular appearance, and was intimately connected with the muscles and tendons in the vicinity. Charmeil tried also other experiments, by which he found, that not only the soft part, but the bone itself contributed to the reproduction of the new ossific substance.

PATHOLOGY.

Case of a Woman bitten by a Mad Dog—Vesicles observed under the Tongue.[†]

The following case by Dr. Oppert, of Berlin, is interesting, inasmuch as it adds to the testimony already advanced in favour of exciting suppuration in parts bitten by a rabid animal, and maintaining it for some weeks, at least, after the injury.

Madame N., 29 years of age, of a weakly constitution, was on the 16th December, 1825, bitten on the ring finger of the right hand by a dog. Immediately afterwards, the dog was carried to the veterinary school (Berlin,) and died on the 18th December, with *all the symptoms of hydrophobia.* As the animal had shown no signs of this disease previous to being taken to the school, the medical attendant was not sent for till the 18th.

On examining the wound, there was found on the posterior surface of the first phalanx of the ring finger of the right hand, a bluish spot of the size and form of a shilling. There was no excoriation. In the middle, however, of this contusion, if it may be so called, there was a small point, similar to what might have been expected from the impression left by a pointed tooth. It was considered proper to take all the steps necessary to prevent an attack of hydrophobia. The spot was first of all scarified with a lancet, well rubbed with caustic, and afterwards covered over with pulvis cantharadis, and unguentum cantharidum.

After this had been done, the tongue of the patient was examined, and there was found, to the astonishment of the medical attendant, close to the frænum and the openings of the ducts of the sublingual glands, *two small vesicles* about the size of a poppy or millet seed, filled with a kind of lymph, similar, in short, to what Marochetti has described. They were contained in the small duplicature of the membrane which covers the mouth of the duct, under the tongue. A knitting pin was now made ret hot, and both these tumours were completely destroyed by the ferrum candens, a work of no small difficulty, as the patient was very restless during the operation. The nerva and radix genista tinctoriæ, in the form of a decoction, were given internally. The latter both as a gargle and internally, to the extent of several cupfuls daily. On the 19th, the cauterized part on the finger was covered with a scab; the inflammation extended all over the first phalanx of the fourth finger, produced much pain, extending as far up as the axilla. Want of sleep, weariness, loss of appetite, came on. The patient had flatulence and indigestion, after taking the decoction of the genista, but still continued to use it till the end of the fourth week. On the fourth or fifth day, suppuration came on after the scab had fallen off. The wound being much inflamed, and very painful, only unguent. basil. was applied as a dressing, unless it showed a disposition to heal, when the ung. canthar. was again applied. In the 8th week the wound was closed, and in the 9th week, when this paper was written, no symptoms of hydrophobia had shown themselves.

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[*] Recherches sur les metastases suivies de nouvelles experiences sur la regeneration des Os. Metz. 1821.

[†] Hufeland's Journal der Practischen, Heilkunde, Mai, 1826.

Hydrophobia.

Huzart first made the observation, that horses, sheep, and cows, which had become mad from the bite of a rabid dog, did not possess the power of communicating the disease to other animals by bite, even if they laboured under hydrophobia in the highest degree.

Swelling of the Breasts.

The breasts of gipsies, whilst suckling, frequently swell to a size larger than the children themselves. They have this in common with the Egyptian and Ethiopians, particularly the women of Meroe, of whom Juvenal says,

> "In Meroe crassa majorem infante mamillam."

Small Pox.

The first who introduced inoculation into Europe, was Immanuel Timonis, a Greek physician at Constantinople, who voluntarily communicated the art to the universities of Oxford and Padua, of which he was member.

SURGERY.

Dislocation of the Spine, with Fracture, cured by M. Jules Cloquet*.

A mason, 45 years of age, of a strong constitution, fell from a house on a number of stones that had been huddled together, and was, in consequence, immediately deprived of his senses, and affected with complete paralysis of his lower extremities. Being removed to an hospital, and treated secundum artem, the sensibility of the limbs began speedily to reappear. His locomotive powers, however, remained suspended; the emission of his urine was made with difficulty, and he had obstinate constipation. These complaints were treated for a time by moxas, cupping glasses, cauteries, and other remedies employed in these cases, without any decided advantage. After several months, however, he became certainly somewhat benefited. He was able to turn himself without assistance, raise his limbs a little, although with some difficulty. In this state he remained for several years, enjoying rather a good state of health. But having no means on which he could subsist, and being attacked with rheumatism and indigestion, he resolved to enter the Hospital of St. Louis. There he remained for five months, when he died of marasmus.

On examining the body, the inferior extremities were found to be very much wasted away. There was a slight inequality in the lumbar region. In the interior of the spinal canal, the second lumbar vertebra was found to be carried a little backwards, and to the right side, sliding on the third and carrying along with it the upper part of the chord. This vertebra, which had suffered the principal displacement, was found in the following state. The superior surface of the body was turned a little upwards and forwards, and to the left side. It remained united with the upper part of the column, and had very nearly the same direction. Its inferior surface turned downwards and backwards a little to the right side, rested partly on the transverse process and body of the following vertebra. The anterior surface was turned a little down, and to the right, corresponding to the exostosis that had been formed in front of the vertebra. Its posterior surface was turned backwards, and a little to the left, and superiorly would have obliterated the canal, if it had not been broken, and thus cleft into two parts. The left extremity was directed towards the left side, a little downwards, and in front appeared as if it were crushed and fixed between the first and third lumbar vertebræ. Its right extremity was turned towards the right, and a little above and behind had nearly the same direction as the upper part of the column, while it passed over more than one half of the body of the inferior vertebra. The right lamina of this vertebra appeared to be broken, and united by an irregular callus, so as to be longer than in its natural state. The articulating processes of the left side had their usual relations, and appeared to be the fixed point on which the upper part of the spine had been moved from left to right. The articulating ones of the right side were destroyed, and separated as far as half an inch.

From this disposition of the osseous structure, it appears that the vertebral column had undergone certain very important changes. These parts were consolidated by a large exostosis that had been formed in front of the body of the displaced vertebra, which commenced on the left side, and advanced to the inferior vertebra, where it was attached. These were also united by certain hard, fibrous, and irregular parts of new formation, which surrounded them completely, and extended to the pillars of the diaphragm. The lower portion of the spinal marrow was compressed, and the nerves arising from it compressed at their root, and diminished in size.

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* Nouvelle Bibliotheque Medicale. Mai, 1826.

Mode of Operating for Cataract among the Indians.

A paper, by Mr. Breton, on the native operation for cataract, was read on Saturday, Feb. 5th, (of this year) before the Medical and Physical Society of Calcutta, of which the following is an abstract:—

The operation for cataract is very commonly practised by the Natives of Hindustan, both Mohammedans and Hindus, and with a degree of success that could scarcely be anticipated from the rudeness of the implements and the ignorance of the operators, who are utterly unacquainted with the anatomy of the eye. The Native mode of couching, differs in some respects from that which has been practised in Europe since the days of Pliny, and from that described after the Greek authorities by the Arabs. Mr. Breton, therefore, concurs with Dr. Scott, who has given some account of the operation in the Quarterly Journal of Science, in regarding it as of indigenous origin, and not borrowed from Grecian or Arabian Surgery. Instead of the couching needle in use with European practitioners, the native operator employs two instruments, a lancet and a needle; the first is used to perforate the coats of the eye, and to obviate the possibility of its penetrating too deeply, a guard of thread is bound round the blade at about 1-10th of an inch from the point. After the perforation is made, a kind of probe, or needle, is introduced to depress the lens; this instrument is about five inches long, of the size of a crow quill; the shaft is circular, diminishing in diameter to within about an inch of the point, when it becomes of a triangular shape, with blunt edges—the apex is also blunt; just above the triangular part thread is wound round it to prevent its passing too far. The needle is directed in the axis of the lens, and serves to depress it below the pupil: the eye-lids are then closed, the needle remaining in the eye, being supported by the sort of shoulder which it forms where expanding into a triangle, and resting on a dossil of lint placed on the cheek. After a short interval the eye is examined: if the lens has risen, it is again depressed; and this is repeated until the operator is satisfied that the depression has been effected: the needle is then withdrawn, and some slight precautions are taken against the inflammation that follows.

After being satisfied of the safety and efficacy of the operation, Mr. Breton intrusted its performance to several of his native pupils, who met with equal success. Above 100 cases were thus operated on by different hands, of which not above eight were considered as failures; a few instances occurred, in which the repetition was necessary, but in a less proportion than similar occurrences in Europe; neither does Mr. Breton think the subsequent inflammation more violent in general than it is where the cataract has been depressed by the most skilful of our own practitioners. On the whole he is disposed to conclude, that, although the native operation may not be equally successful with that of European surgery in the hands of eminent and practised operators, yet its simplicity, as well as efficacy, renders it worthy of adoption where the opportunities of practising with our own instruments have been comparatively rare, and less manual dexterity has been in consequence acquired.

We find that the second volume of the Society's proceedings was sent to the press in February last.

ERRATA in the last week's Foreign Department:—

Page 649, left hand side, line 7, the words "well," and "by means of the bladder," to be omitted.

Page 649, left hand side, lines 8 and 9, a *comma* should be placed after the words "accomplished" and "way."

Page 650, case 3, line 28, read *suppuration* for "separation."

Page 650, case 6, line 6, read *in* for "on."

THE LANCET.

London, Saturday, August 26, 1826.

In the Resolutions of the Committee of Surgeons which were forwarded to the Trustees of the Hunterian Collection, we find the following:—

> " That the Museum should be open for four hours every day (Sunday excepted) in the winter months, and six hours in the summer months; and during these hours, that free admission be allowed to the Members of the College; to the Fellows, Licentiates, and Members of all other Colleges and Universities; to the Medical Officers of the Army and Navy; to those legally authorized to act as Apothecaries, and to all scientific foreigners; also that Medical Students and other persons should be admitted on presenting a letter of introduction from a Member of the College, or from a Fellow or Licentiate of the College of Physicians."

Which, in our opinion, is comprehensive, liberal, and in every way worthy of the cause in which the Committee are engaged. This Resolution, as stated in our last Number, was recognized and acted on by the Trustees, who consisted on the occasion in question of LORD ST. HELENS, Dr. RAMADGE, Dr. AGAR, and Sir EVERARD HOME; thus, his Lordship being in the Chair, the acting Trustees were three Members of the Medical Profession, who, (unless his Lordship objected to take the sense of the Meeting on any Resolution,) had it in their power to carry any measure which was not in direct opposition to the regulations under which they act for the protection of the Museum.

The Resolution above quoted, recommends that Fellows, *Licentiates*, and Members of all other Colleges and Universities, shall have free access to the Museum; this is submitted to the *enlightened* consideration of a set of *Medical* Trustees (for from what we have already stated, Lord St. Helens is quite out of the question); and, gentle reader, pray mark their extreme professional liberality; see how kind-hearted, benevolent, and complimentary Messieurs Ramadge, Agar, and Home, can act towards their professional brethren! Mark this their reply to the above request on the part of the Committee:—

> " *Resolved*—That on the days and during the hours when the Collection shall be open for inspection, persons be admitted on presenting a written introduction from a Member of the Royal College of Surgeons in London, or a *Fellow* of the College of Physicians in London."

Thus, these benevolent Gentlemen admit the Members of the College of Surgeons, whom they could not exclude; they admit *Fellows* of the College of Physicians in London, and permit them to introduce friends, at neither of which do we object, but they make no mention of the Fellows and Licentiates of the Edinburgh College of Physicians, the *Members* of the Edinburgh College of Surgeons, the Members, Fellows, and Licentiates of the Dublin Colleges, and, disgusting to relate—they make no mention, or what is worse, they *exclude* the LICENTIATES of *their own College*. The spirit which could have prompted this distinction, would be a disgrace to the meanest herd of journeymen cobblers. If the LICENTIATES be not men of scientific attainments, if they be not gentlemen of scholastic possessions, why did these *Fellows* grant them their licences? Are Drs. CLUTTERBUCK, ARMSTRONG, and a multitude of other Licentiates, less entitled to consideration and respect than nine-tenths of the miserable drivellers who constitute the *Fellows* of the College? and who, through their aristocratic connexions and the sycophancy of their President, are thrust into our Hospitals and crammed into all our public offices? It is an assertion often advanced in the best circles, that the Members of the Medical Profession treat each other with greater illiberality than those of any other profession or even trade, and the conduct of Messieurs Home, Ramadge, and Agar towards their professional brethren on this occasion, furnishes a sad example of its truth. To *such* Trustees let the Committee of Surgeons make no more applications; let them bear in mind that the mismanagement of the Museum, when compared with the other mal-practices of the College Rulers, forms an almost imperceptible blot, it is nearly imperceivable from the glaring magnitude of their other crimes; for which let the Committee ever bear in mind there *is* and there *can* be, but one remedy, viz. a NEW CHARTER! and to obtain which there is but one method, viz. the interference of Parliament; wherefore we say, let them prepare with all possible dispatch their PETITION.

JOE BURNS, it is said, has a work in the press "*On the Efficacy of* MINT JULEP *in fractures of the Cranium;*" and the following article, extracted from his *preface*, has for some time past been circulated amongst his friends. It is evident that JOE has *ratted.*

"Nothing is more easy than to show that our Hospital system is fundamentally wrong, from the surgeon to the surgery man, and from the physician to the apothecary's apprentice. The manner in which the appointments is managed, is the most nefarious, and in utter violation of every principle of justice and common sense.

For example, an advertisement announces the resignation of a medical officer of some Hospital, (which, by the by, but too seldom happens,) and how do the rival candidates arm themselves for the contest? not by trying to outvie each other at a public disputation, nor even at an examination in a Committee-room; but by beating up the quarters of their brewers, their bakers, their tailors, and other tradesmen, and in proportion as the candidates or their friends have influence with this class of persons, or, in other words, have a good *city connexion*, so are they, according to the usual doctrine of chances, secure of the vacant post. Now, then, men who can know nothing of the real qualifications of the candidates, are the real electors of physicians and surgeons to public Hospitals; and what is the consequence? What we too often see—that ignorant pretenders exclude men of sound talent, to the great injury of science, and the great sacrifice of human life. But how is this to be prevented? Very easily. Let us follow good example wherever we find it, and be therefore content to learn from our neighbours. The medical officers of public institutions on the Continent, are chosen only after a strict examination, in which the merits of the rivals have been fairly investigated. A mode of procedure which effectually deters ignorant men from trusting to the numerical strength of their dependants, and excites well informed men to emulate each other in cultivating with increased ardour the great field of medical science. Some object must ever be kept in view; without it there will be no emulation, and without emulation little will be accomplished. What avails it to have examination for the junior ranks of the medical officers, if the selection of the higher be freed from all responsibility and legitimate competition. If the examination of the apothecaries be good; if the dressers can be shown, also, to be men fitted for their duties; what avails this, if the stupid relation of a cheesemonger be allowed to flourish his cane over their heads and dictate submission?

The Hospitals in this country, being for the most part the offspring of private benevolence, have an independent existence, and it would be impossible to bring them all under a general board of administration, like the civil Hospitals of Paris; but let *each* possess what ought to be possessed *in common*. Let every Hospital have such a board of administration as shall require from those desirous of filling any situation in the Institution, not titles and certificates, but such qualifications as shall in reality show them fitted for that to which they pretend. Let a Committee, composed of all the Medical Officers of a Hospital, be appointed to examine the candidates in the presence of all the Governors; let the questions and answers *be recorded*, and then let the election be made. No plan is more easy to adopt; no plan would be so productive of permanent good to the profession and to the public as this. If a precedent be wanted, take the Army Medical Board; for to the credit of the Army Medical Board be it spoken, the examinations there are more fair, independent, and effective, than any at the College of Physicians or Surgeons. In this way, then, ought the medical officers of our Hospital to be chosen.

There is a class of persons of considerable importance in a Hospital, although of very little out of it, viz. *dressers* and *house surgeons;* these are, for the time being, the assistant medical officers of the establishment, and as such, ought to be properly qualified; but that this unfortunately is seldom the case, our numerous reports from the Hospitals sufficiently prove. The preservation, or the destruction of life, often depends on the amount of intelligence possessed by a dresser or house surgeon; yet the most unlettered and uninitiated students are permitted to become both the one and the other. At all events such situations must be held by such men at the cost of a great amount of human suffering. Any young man, if he have temerity enough, can at any time pay the surgeon the fees, and so become dresser in a large Hospital; no matter whether he has completed an apprenticeship or not, the question is never asked, the money is pocketed, and the boy takes the box. How many a victim of this detestable cupidity have we seen? How many hours of needless agony has it not occasioned? Patients brought into the surgery with fractured limbs, have been rudely tumbled about by young men who had never before touched, and sometimes never before seen, a fracture. Often has that accident been mistaken for dislocation, and a powerful extension been made over and over again, until the dresser has exhausted his strength in tormenting the poor patient. Men wallowing on the floor of the surgery with the horrid pain of a distended bladder, have been kept in that state of suffering for hours by the fumbling of dressers, who never before took a catheter between their fingers; and we have seen others daily poking bougies into an irritable and inflamed urethra, for the sake of *practice*, or, as they were pleased to say, to cure a stricture! We have seen house surgeons put patients into hot baths, bleed, and nauseate to faintness, having mistaken enlarged glands in the groin for hernia; and we have seen hernia punctured for an enlarged gland! But it is unnecessary to detail all the horrid secrets of the charnel house, all the fatal deeds of such sanctioned ignorance. We could a tale unfold, whose lightest word would harrow up the soul and freeze the blood, but that the tale would lose its force by withholding that which an imperfect law compels us to withhold, namely, the names of the murderers; for these men deserve no better title, who, conscious of their ignorance, wantonly and premeditatedly sport with that frail thread which breaks too speedily. And shall this grievance go unredressed? Shall this system of life-selling continue? It shall not. If those who now have it in their power do not put a stop to it, we will. We will tell them *how*; but if they *neglect to do it*, we will put the broad stamp of infamy on the foreheads of the miscreants, or turn them out, tarred and feathered, to an infuriated public.

Such disgrace may and *must be* expunged from the face of humanity. Before the surgeons of our hospitals are allowed to sell that influence which they have so unjustly acquired, let them be obliged to *examine strictly* the persons who are to be their representatives; let every surgeon do this, or what is better, let all the surgeons belonging to a hospital examine every young man who wishes to become a dresser, before he says whose dresser he wishes to be. Let him send a notification to the steward of the hospital that he wishes to become a dresser, and then let the examination be made in a *proper manner*; and if public, the better. We know that some surgeons have felt ashamed of the gross ignorance of their dressers, but have never dared to expose them. Give to such an examination, and such a mortification will be saved for the future.

The examples of the hospitals in Paris are worthy of imitation on this point also; before any pupils are permitted to touch a patient they must give some adequate proof that they know what they have to do. The dressers are then divided into two classes, the *eleves externes* and the *eleves internes*; the latter are chosen out of the former after they have been a year in attendance on the patients. For the election of the first, the eleves externes, a forum is formed, consisting of two physicians and three surgeons belonging to the hospitals. No man whose relation is a candidate is allowed to be on the jury. The students at this examination receive certain questions drawn *by lot*, which they have *immediately to answer*. These questions are confined to anatomy, physiology, and surgery. After this has been done, each candidate receives by lot a theme, on which he must deliver, within a certain time, a written dissertation, and return it with the usual forms observed in the prize questions. Each year, eighty new eleves are in this way chosen, and a like number leave the Hospital. Their duty is to attend the physician and surgeon, to visit the patients regularly every evening, and as often during the day as may be necessary to afford the assistance required; they have to dress the patients, to bleed, cup, bandage, &c. After having done this duty for a year, each externe is eligible as *interne*. The examination for this office is more severe than the preceding, but conducted in the same way. Each *eleve interne* has the inspection of about fifty patients, superintends the duties of the *externes*, keeps the necessary registers, collects the history of the cases, reports the state of the patient on the preceding evening to the physician or surgeon at the morning visit, is allowed to prescribe in urgent cases, and make the post-mortem examinations. Two of the internes remain day and night in the Hospital, in the *chambre de garde*, to receive accidents, and to attend to the casualties of the house, if the absence of any of their colleagues in the interior of the house should render it necessary. To render the attendance of these students regular, they are required to be *present* at every morning visit, and to answer to their names, which are regularly called over by the physician or surgeon of the ward.

This discipline we want in our Hospitals; and this method of securing sufficient qualifications from the principal and assistant medical officers would very soon prevent the recurrence of the disgraceful practices, which it is our painful duty so often to expose." Well said, Joe!

An Essay on Cupping, &c. &c. By CHARLES KENNEDY, Surgeon. Small 8vo. pp. 63. Jackson, Borough, 1826.

WE know not what can come in competition with Mr. Kennedy's essay and "patent cupping apparatus," which are put forward with such evident symptoms of innocent satisfaction, and which have merited the encomiums of so many of our contemporaries. Ede quid illum esse putes, gentle reader, who writes a book on the venerable art of cupping, and patents a cucurbitula? Both has Mr. Kennedy achieved, and we recommend him to follow them up by something on bed-pans and urinals, which are equally susceptible of improvement and equally worthy his attention with cupping glasses. No one but a bungling blockhead ever found the least difficulty in using the old glasses—the demurely meek, insipidly serene, and beautifully printed essay of Mr. Kennedy is, therefore, nothing short of a bonus to ignorance. His addition to the apparatus is a complete bagatelle, and perfectly unnecessary, and the whole a hot-bed production, auguring a very great anxiety to appear before the public in any thing but a professional garb. But we are not wont to censure people behind their backs, and so—hic adest Kennedy.

> "During my acquaintance with the profession," says he, "I have too frequently had to regret the *inadequacy* of the instruments used in cupping, *to the advantages* that ought to have resulted from the remedy. I have often seen patients shrink from the operation, which was most desirable in their cases, and even when submitted to, found *myself*, with every precaution, at times *unable to perform it* without causing unnecessary pain and considerable apprehension"

Oh, ye gods! not perform a simple operation without causing "UNNECESSARY pain and considerable *apprehension!*" A very strange admission, truly! "*Unnecessary* pain," too! Only think of that, Mr. Josephus Burns, and tell us what quantum of pain the patient ought necessarily to suffer, in order to insure all the benefits to arise from being cupped? We always thought pain a misfortune, and never dreamed that Hygeia showed her kindness by vexing our repose. But so it seems; and now for *morceau* the second, which we should not have quoted, had not one of our contemporaries, (Copland, we believe,) called the author a "*scientific surgeon;*" and a scientific writer he is, most assuredly.

> "In order to rarefy the air in the glass (p. 13,) so as to allow its drawing blood freely to the parts to be scarified, it was (and is even now) practised by throwing into it a piece of lighted tow or paper, or by introducing a torch for a few seconds," &c.

The tow or paper of the former method is "thrown upon the skin of the patient, and scorches him," and, according to Mr. Kennedy, the torch is equally objectionable, but of this we are by no means persuaded; on the contrary, we are convinced, as we stated above, that he must be the veriest of bunglers who would dispense with that method to employ our author's, which is as much a confession of want of tact, as to the operation in question, as the use of a ready reckoner is of ignorance of arithmetic; a sort of reading-easy, forsooth, or rather meant to be, and an effectual obstacle to the attainment of excellence. The rarefied air, or the glass "*drawing* blood," in the paragraph quoted above, is certainly a most exquisite proof of the author's sagacity—a figurative explanation of what he has seen, but does not understand, and not much calculated to give us any very exalted ideas of his philosophical acumen, for he has invested the cupping-glass, or the rarefied air, (it hardly appears which,) with a positive power. Ex nihilo nihil fit, is an old axiom; and empty space, or a vacuum, as it is termed, can neither "*draw* blood," nor have any quality, or produce any effect whatever;—"rarefied air," as far as the operation of cupping is concerned, is equally powerless. An atmosphere, in proportion to its weight, brings the particles of fluids more nearly together—a "rarefied" atmosphere is balanced by the antagonizing repulsive force which exists between these particles, and which, in the event of a vacuum, becomes completely lord of the ascendant—under no control. The *rationale* of the process may be learned from a siphon or a pump; but it is by no means desirable, if it be possible, to have the glass perfectly void, (more especially if the part chosen be over bone and thinly covered, as the temples, &c.) since its rim or edge is apt to arrest or retard the retransmission of blood in the vessels upon which it presses, more firmly, of course, as the vacuum is the more complete. This circumstance often puzzles beginners. The glass is sometimes faulty, in having too narrow edges. The following is the description given by Mr. Kennedy of his glasses:—

> "The principal difference in the patent cupping glass, is the screw attached to the top of the glass, and made air-tight by means of a piece of leather. To this screw is attached another, a little more than an inch long, at the end of which is a piece of sponge; this having been dipped in spirits of wine and the whole screwed into its proper place, is charged for the operation; and unless blood should be thrown into contact with the sponge (very likely to happen) there will be no further occasion during the operation to take off the screw."

He has also invented a graduated metallic receiver, ("the shape of the mouth is a semi-circle formed to receive that of the glass,") and as this may prevent the soiling of the linen, which occasionally happens, it may be deemed of service. We have only to observe, in conclusion, that Mr. Clark of Castle-street, has also suggested an "improvement" in the cupping glass. An elastic piece of silver, having a small wire to suspend the sponge proceeding from its centre, is placed in the glass, but as the principle is the same with our author's we may at once dismiss the subject. It seems that both inventions came out about the same time, and it were no wonder if the parties contend for the priority with greater warmth, than the adherents of Leibnitz and Newton did for the method of fluxions. Mr. Kennedy has favoured us with an opinion that certain diseases, such as apoplexy, and inflammations of various organs and tissues, "require the application of cupping glasses." He thus occupies about half the work, and concludes by an appendix on bleeding. If there be men in the profession, so ill-informed and bungling as he pretends, the book is admirably suited to them, and to such as are inclined to learn "a genteel business," as the newspapers have it, at a trifling expense, well worth the three and sixpence that it costs.

It appears that the West End Hospitals are getting into great repute in the north of Scotland, as well as in every other quarter.—A young gentleman who has received his *purely surgical education* at St. George's Hospital, addressed a letter to an uncle of his residing in the above neighbourhood, in which he stated he had been *studying* at St. George's Hospital, and that he had at length obtained his diploma from the College; the uncle replied, he was happy to learn that his nephew was well, but that he could not congratulate him on his professional honours: "your *diploma* from *that* College, is not worth a bawbee, and if you wish to succeed in this part of the country, *let me beseech you not to mention St. George's Hospital.* Oh! my dear boy, if you have obtained your surgery THERE, le me advise you to say nothing about it *here.*"

To the Editor of THE LANCET.

SIR,—With the view and probability of throwing some light upon the case reported in THE LANCET of last week, which you have denominated dysphagia, in the absence of symptoms more illustrative of the real nature of the disease, I beg to relate the following case, which recently occurred:

A shoemaker, named Singers, æt. 52, about nine months previous to his decease was attacked with dysphagia while at dinner; at that time he considered himself in state of tolerable health, although occasionally troubled with a slight cough and expectoration; from that period he was obliged to confine himself to what is called spoon victuals, the difficulty in deglutition remained stationary for nearly six months, when it became much worse, and obliged him to discontinue his avocation. I then saw him, and found that he could not swallow a small quantity of fluid without the greatest distress ensuing until he had rejected it. I passed a probang down the œsophagus, and was surprised at not discovering a stricture, but the instrument was constantly being embraced, as if from excessive irritability of this organ; it was therefore treated as spasmodic, 15 drops of laudanum and of liq. potassæ were prescribed to be taken every second hour, in cinnamon water, which was received into the stomach more readily than other fluids; blisters and leeches were repeatedly applied to the neck and to the chest. These means afforded relief during two months, being every now and then enabled to retain a teaspoonful of liquid which had been swallowed, but the quantity was not sufficient to prevent progressive emaciation; the pulse became quick and easily compressible, the skin cold and moist, there was considerable wheezing, cough and expectoration slight but constant; he had also had a pain in the sternum. When he rejected, the quantity was mostly three or four times as much as he had taken, showing it to be an action of the stomach and not of the œsophagus. It often occurred that a fluid was splashed up into the mouth when he was not drinking; he never vomited, for the muscles of the pharynx were in a highly irritable state, continually making involuntary efforts, either to suppress the liquid rising, or to swallow, on account of some morbid sensation. The muscles of the larynx were in a similar condition, frequently impeding respiration.

These symptoms induced me to conjecture that it was a disease of the par vagum. However, a fortnight before the patient died, a sudden change took place; the pulse became quick and wiry, the skin hot and dry, the tongue dry and brown, the head acutely painful, and pressure upon the gastric region for the first time produced violent pain, even the most gentle tap with the finger occasioned the whole frame to become convulsed. Neither leeches afforded any relief to his head, nor laudanum to his stomach; he rolled from side to side in agony, each day was expected to be his last, he was a complete skeleton, and evidently sinking; during the last stage of his complaint he ceased to return what he drank, although in swallowing he was convulsed, and dreaded the attempt; flatus was now expelled with the same influence upon the pharynx.

The post-mortem examination proved that he had scirrhosity of the cardiac orifice of the stomach, but without much contraction of this extremity of the œsophagus; that there was an abscess between the stomach and spleen, the walls of which being formed principally by a portion of the former, were thick and indurated, precisely like a vomica. The spleen itself was very soft, and apparently rotten; on the posterior side of the stomach, near the cardiac orifice, was a cancerous ulceration about the size of a shilling, through which the contents of this organ had passed into the cavity of the abdomen; they were like coffee grounds, but of a darker colour; the edges of the ulcer were much thickened, the pylorus did not participate in the disease; the lungs presented no indication of having been affected, they were unusually light and delicate. The lining of the trachea was morbidly vascular, without ulceration. There can be little doubt that the wound through the stomach preceded the pyrexia in the relation of cause and effect, and explains why the fluids swallowed were not after this period returned; in fact, all the other symptoms are legitimately referrible to the same cause.

HENRY SEARLE.

To the Editor of THE LANCET.

SIR,—Will you do me the favour to publish in your widely-circulated Journal, the history of a case of ovarian dropsy, successfully treated lately under my care. Perhaps you will deem it more worthy of insertion, as in Dr. Johnson s Quarterly Journal for April, the critic, who reviews Dr. Ayre's excellent practical work on Dropsy, hesitated to admit the practicability of removing ovarian dropsy by the plan laid down by Dr. A.

I remain,
Your obedient humble servant,
M. Jones Morgan,
Surgeon.

Corsham, Wilts, Aug. 11, 1826.

Sarah Cole, ætat. 22, (laundry maid in a gentleman's family in this neighbourhood,) of a sanguineous temperament, tall, and of a slender form, called to consult me on the 8th December, 1825.

I found her abdomen large, as at the ninth month of pregnancy. She informed me, that about the month of May, 1824, she felt a small swelling, nearly the size of a cocoa nut, in the right side of her belly, a little above the groin. It gradually increased in size, and at the expiration of twelve months the tumour was considerable, but still confined to the lower belly, and she was not yet larger round the waist. For the last seven or eight months, she has increased in size more rapidly, and now measures 40 inches in circumference. The integuments of the abdomen are extremely tense, and the fluctuation is as distinct as ever I felt it in ascites. Her general health is good, and the only inconvenience she feels is the large bulk of the abdomen. She has not hitherto consulted any medical man, nor taken medicine of any kind. I wish also to add, she is a very steady girl, and enjoys the good opinion of the very respectable family she lives with, and I have myself noticed her size for the greater part of the time she has been ailing, though I did not speak to her on the subject. The catamenia left her for the three first months of her attack, since which she has been perfectly regular. I bled her in the arm, and prescribed

℞ *Hydrarg. submuriatis*, gr. v.;
Cambogiæ pulveris, gr. iij.;
Scillæ rad. gr. ii. *Confect.* q. s.
ft. pil. ij. *hord somni sumendæ.*

℞ *Potassæ supertartratis*, ʒij.;
Pulv. Jalapæ, gr. x.;
Pulv. zingib. gr. v. *M. ft. pulv. mane sumendus;*

after which she took the following daily until the 21st December:

℞ *Hydrarg. submur.* ℈ ss.;
Cambogiæ pulv. ℈ j.;
Pulv. scillæ, gr. xv.;
Pulv. digitalis, gr. viij. *M. ft. pil.* x.
sumat. j. *nocte maneque.*

℞ *Potassæ supertart.* ʒij.;
Pulv. zingib. gr. vj. *ft. pulv. meridie sumendus.*

The medicines acted freely on the bowels, but without any decided diminution of the swelling.

Jan. 10, 1826. Directed her to take

℞ *Hydrarg. oxymuriatis*, gr. vi.;
Solve in spir. æther. nitric. ℥j.; add.
Træ digitalis;
scillæ, a a. ʒss. *Misce capt. cochl.* j. *min. in cyatho infusi genistæ bis quotidie.*

℞ *Potassæ supertart.* ʒij.;
Cambogiæ pulv. gr. iij.;
Pulv. scillæ, gr. iss.;
Pulv. jalapæ, gr. xv. *ft. pulv.* 4 *tis. auroris sumendus;*

and to rub over the abdomen a camphorated mercurial liniment every night and morning.

She continued these medicines long enough to give them a fair trial, and also to occasion a slight salivation, but still without any perceptible amendment.

On Wednesday, March 22. I consulted an eminent physician (Dr. Sainsbury) of this place, who directed her to be immediately bled in the arm to ℥xvj., and to give her

℞ *Hydrarg. submuriatis*, gr. iv.;
Cambogiæ pulveris, gr. iij.;
Scillæ rad. pulv. gr. ii.;
Jalapæ rad. pulv. gr. xv.;
Ol. juniperi, gtt. ij. *Syrup.* q. s. *ft. pil.* vj. *capt.* iij. *hora somni et* iij. *mane sequenti.*

The pills made her very sick, and acted copiously on the bowels.

On Saturday, 25th, she was directed to be bled again to ℥xvj., to take four of the cathartic pills every third morning.

℞ *Træ scillæ;*
Træ digitalis, a a ʒiij.;
Spir. æther. nitrici, ʒvj. *Misce capt. cochl.* j. *minim. bis quotidie.*

On the following Tuesday morning (28th), she began to pass immense quantities of water, which continued until Thursday evening (30th), when she became as thin as ever, and has enjoyed excellent health and natural size to this day, 11th Aug. 1826.

To the Editor of The Lancet.

Sir,—You and your readers have of late been favoured with several communications on the subject of sloughing phagedena, and on the best application for arresting its progress. Amongst the different remedies that have been suggested, and illustrated by their effects, I think no allusion has been made to arsenic as an application in these formidable cases.

Since I left the London Hospitals, five years ago, I have seen but one serious instance of this complaint, which made gradual and most extensive progress under the diversified routine of all ordinary treatment, till a trial of Fowler's solution of arsenic was suggested, which, in the course of a very short time, arrested its progress most effectually. Pieces of lint, soaked in the arsenical solution, were laid upon the diseased part, which extended over the whole of the penis, encroaching on the pubes and scrotum, and allowed to remain for two hours; they were then removed, and the part covered with a common bread poultice; the dressings were changed twice in the twenty-four hours. In two days from the adoption of this plan the sloughs were thrown off, good pus was secreted, and healthy granulations formed; these cicatrized very kindly, and in the course of a short space of time this very formidable case terminated to the complete satisfaction of the surgeon, and with as much satisfaction to the patient as a man is capable of feeling who is deprived of *very nearly* the whole of the penis.

If you have a spare corner in one of your invaluable numbers, and think these few lines worthy to fill it, they are at your service.

I am, Sir,
Your most obedient servant,
W. J.

Huddersfield, Aug. 9, 1826.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

EXTENSIVE DISEASE OF THE BONES OF THE CRANIUM.

F. N., ætat. 30, a married woman of unhealthy appearance, was admitted into the Hospital on Wednesday, June 7th, under the care of Mr. Key, on account of disease of the cranium. She stated, that in June 1825, she was a patient in this Hospital, under the care of Mr. Morgan, labouring at that time under pains in the limbs, with swellings on both shins, and also on the bones of each arm. She left the Hospital somewhat relieved, but with her constitution in a dreadfully shattered state, and the swellings, with the pains, soon after returned. A tumour formed on the upper part of the forehead, which gradually enlarged until it attained considerable size; in its progress very great pain was experienced; in the course of a few months it ulcerated and discharged a thin fluid.

On examining the head, there was found to be an ulcer over the upper part of the frontal bone of the size of the palm, and a portion of bone, to the same extent, dead, and apparently undergoing the process of separation. There was a distinct line of demarcation observable between the dead and living bone, and the portion of bone to some extent around this was softer than the remaining parts. The discharge was highly offensive. The poor woman was very much debilitated; the pulse quick, and exceedingly feeble. She was again and again questioned as to her having had syphilitic disease, but she obstinately denied having had any form of primary venereal disease, or that she had ever taken mercury so as to affect the mouth. Of course but little credit was given to this avowal; we endeavoured to ascertain what plan of treatment had been adopted whilst the patient was under the care of Mr. Morgan, but we could not find the name in the present ward book.

Mr. Key ordered linseed meal poultices to be applied over the head; the nitric acid julep to be taken as common drink, and *two grains of capsicum twice a day.*

This plan of treatment was pursued for upwards of a month; but little change at this period had taken place in the appearance of the local disease; nature appeared to be effecting an exfoliation of the diseased bone, but the process was exceedingly slow. The patient's health too at this time was suffering much.—(Such was the condition of this poor woman as copied from our report made on the 5th of July.)

July 15. A grain of opium ordered to be taken every night.

29. Two scruples of the extract of sarsaparilla in a wine glassful of the decoction to be taken three times a day; a grain of opium to be taken three times a day; the ulcer to be dressed with mercurial ointment and opium spread on lint.

Aug. 9. This poor woman became much worse on Monday evening, Aug. 7, complaining of excruciating pain in the head, and screaming out loudly in an incoherent manner. We learn from the nurse that for several days previously her intellects appeared to be affected. She expired at noon on the following day, (Tuesday) having had two convulsive fits a few hours before death.

Post-mortem Examination.

A very large portion of the os frontis, and a small part of the left parietal bone, were found to be completely carious; there were numerous small openings through the diseased bone, so that it was somewhat singular that matter did not drop down on the dura mater; *on* the dura mater and over the longitudinal veins was a dark slough, of the size of a shilling; we say *on* the dura mater, because it appeared rather as an adventitious body than as a slough of that membrane itself. The internal parts of the brain presented no morbid appearances. There was slight recent inflammation of the pleura and a considerable effusion of serum into the abdomen.

Mr. Key admitted the following cases into the Hospital on Wednesday, July 19:

Males.—Inflammation of the testicle; stricture (2); abscess of the thigh; disease of the knee joint (2); abscess in the perineum; ulcer of the leg

Females.—Glandular tumour; cachectic ulceration; irritable bladder; injury to the neck; disease of the kneejoint (2); strumous ophthalmia; fistula in ano.

DISLOCATION OF THE SHOULDER JOINT.

During Mr. Key's admission week a poor man presented himself at the Hospital, who had dislocation of the humerus forwards, under the pectoral muscle; the bone had remained unreduced upwards of eleven weeks. The patient being of scrofulous diathesis and weak constitution, and as it would have been necessary to use much violence in reducing the bone, Mr. Key declined making any serious attempts at reducdtion; the poor man, therefore, went away unrelieved.

FRACTURE OF THE THIGH BONE.—PLAN OF TREATMENT RECOMMENDED BY SIR A. COOPER.

In going round the Hospital a few days since, Sir Astley Cooper was led to make some observations on the treatment of fractures of the thigh, and to recommend a plan which we consider as altogether novel. The reasons adduced by Sir Astley in its favour are certainly ingenious. In all cases of fracture of the os femoris, except when broken immediately above its condyles, Sir Astley Cooper observed that he considered the best plan of treatment was to place BOTH limbs on a double inclined plane. By thus keeping up extension from each limb, the pelvis is not brought lower on one side than another, which effect invariably takes place if the extension be made with *one* thigh only on the double inclined plane.

ST. THOMAS'S HOSPITAL.

CASE OF POPLITEAL ANEURISM—OPERATION OF TYING THE FEMORAL ARTERY, BY MR. TRAVERS.

S. H., a muscular man, of light complexion, and about 28 years of age, was admitted into the Hospital on Saturday, August 5, under the care of Mr. Travers, on account of a tumour in the right ham.

He stated that he had been a sailor for several years past, and that his habits of life were usually temperate. He acknowledged, however, that during the last twelve months he had indulged somewhat freely in the use of spirituous liquors; this arose from the circumstance of the ship in which he was engaged having been trading to Holland during that period, and consequently enabling the men to procure spirits at a cheap rate.

The first appearance of disease in the leg occurred in the latter part of the month of June, when the patient was at Hamburgh. The right leg then began to swell, more especially at the ancle, but without any accompanying pain. He shortly after returned to England, and although the leg continued tumid, it did not incapacitate him from pursuing his ordinary employment, and it was not until the 1st of August that he began to experience great pain in the ham, extending to the knee. At the same time also, he discovered a tumour in the popliteal space. Two days after he applied for relief as an out-patient at this Hospital, when some wiseacre (we cannot discover who) prescribed the application of leeches to the joint. Finding no relief, the poor man came to the Hospital again on Saturday, and being seen by Mr. Travers, was immediately admitted. On examination, there was found to be a tumour occupying the popliteal space, but apparently deeply situated, so as to require more than ordinary pressure to trace its boundaries; it was, however, well defined. Pulsation was very distinct over the whole extent of the tumour, and it was synchronous with the heart's beat; pressure on the femoral artery in the middle of the thigh, stayed the pulsatory motion of the tumour, and reduced its size about two-thirds, but the pulsation and size of the swelling speedily returned on removing the pressure. There was considerable tenderness of the part evinced by the patient when it was handled, and he complained of severe pain in the ham extending to the knee. It is worthy of remark, that when the circulation through the tumour was restrained by compressing the femoral artery, the pain immediately ceased, and as quickly returned when the blood was allowed to flow. The leg was swollen, and somewhat œdematous.

Mr. Travers having explained to the patient the nature of the disease, and the necessity of an operation for its cure, the poor man readily assented. In the mean time, as the pulse was strong and bounding, Mr. Travers thought it advisable to abstract blood, and he therefore directed sixteen ounces to be taken from the arm. Linen rags made wet with a spirituous lotion, to be constantly applied to the limb. The patient had been bled from the arm a few days before his admission into the Hospital, in consequence of his complaining of pain in the side.

Operation.—The operation was performed on Friday, August 11th, in Mr. Travers's usual manner; it was a sorry, haggling piece of business. The incision which was made through the integuments of the thigh was too low down, and instead of being carried in an oblique line from without inwards, was made nearly straight, and almost on the OUTER edge of the sartorius!! Although a *very free* incision was made through the skin (the *operator holding his scalpel perpendicularly*,) yet the cellular membrane beneath and fascia, were only divided to a small extent. The embarrassment, which was manifested in the remaining steps of the operation, almost baffles description. After a pretty considerable share of *grubbing*, first on the outer side of the sartorius, and then between the gracilis and triceps muscles, mistaking the adipose matter here for the sheath of the artery! PIONEER Travers, somewhat within the space of half an hour, succeeded in laying bare the vessel, and applying a ligature around it. When the PIONEER was in the act of grubbing on the triceps, he divided a large muscular branch of an artery; at this period Joseph Henry Green kindly interposed, and gave some directions which we could not precisely collect; we fancied, however, that we heard the words "operation" and "exploration."

FATAL CASE OF HÆMORRHAGE FROM THE BOWELS DURING THE PROGRESS OF FEVER—PROPOSAL TO PERFORM THE OPERATION OF TRANSFUSION.

Esther Gibbons, ætat. 20, was admitted on the 20th of July, under the care of Dr. Scott. She had been ill eight days, with fever of a typhoid character. Dr. Elliotson, who saw the patient in the absence of his colleague, directed that the whole surface of the body should be washed with tepid water, and that fifteen grains of quicksilver, with chalk, should be given three times a day; strong beef tea and milk allowed as diet.

On the 23d, an astringent mixture was prescribed, and the application of eight leeches to the epigastrium.

25. The attention of Dr. Elliotson was called to the patient in consequence of two profuse hæmorrhages from the bowels, which occurred at an early hour this morning. It was considered that she had lost about four pints of blood. The time at which Dr. E. visited the patient, and learned this circumstance, was about half past twelve; he found her with a very feeble pulse, and ordered two table spoonfuls of wine to be given occasionally, and a grain of sulphate of copper, with a similar quantity of opium, to be taken every four hours. A large blister to be applied to the abdomen.

During the time Dr. Elliotson was going round the hospital, the symptoms became so alarming, that he was again requested to visit the poor girl; that was about an hour from the time of the first visit. The patient now appeared moribund, the extremities were cold, and she was covered with an universal clammy sweat; the heart very faintly performed its office, the pulse at the wrist was rapid and scarcely perceptible. There was also that extreme restlessness which is the immediate precursor of death.

Dr. Elliotson prescribed, *sixty drops of laudanum*, and *two drachms of the spirit of nitric æther*, to be exhibited in camphor julep, immediately. Bottles filled with hot water to be applied to the feet, and wine to be freely administered. These measures were complied with, under the immediate superintendence of the Doctor; finding, however, that the patient did not rally, and considering that her death would be fairly attributable to the loss of blood, Dr. Elliotson determined on performing the operation of transfusion, as a dernier resource. And the worthy Doctor volunteered his own blood on the occasion.

Some time, however, elapsed before the dresser of the week, whose duty it was to operate, could be found, and there was a further loss of time in procuring the apparatus. (We understand that Dr. Blundell was sent for, and requested to superintend the operation, but he was from home.) The patient at this time (half past two o'clock,) began to manifest symptoms of recovery, she was tranquil, and disposed to sleep, being apparently under the influence of the opium; the extremities had now become somewhat warm, and the heart's action was less feeble. It must be observed, that the treatment prescribed above, had been very actively followed up, she was constantly plied with stimulants, and the external warmth frequently renewed.

Dr. Elliotson remained with the patient upwards of half an hour, and at the expiration of this period, she had very materially rallied. The cheeks and lips which were before bloodless, now began to assume their natural colour; she was sensible, and able to answer questions rationally.

Under these circumstances, Dr. Elliotson deemed the operation of transfusion to be unnecessary; he therefore left the patient, directing the wine to be repeated as often as necessary, and the æther and laudanum in the space of three hours, if required. Strong beef-tea to be freely administered.

26. The patient is exceedingly languid, but upon the whole, better than yesterday afternoon; the pulse 120, and small, countenance anxious, and features collapsed. She has passed one bloody stool during the night; the laudanum and æther were given last evening. Upwards of a pint of wine has been taken, also beaf-tea and milk; Dr. Elliotson directed these to be continued, and one grain of sulphate of copper, with a grain of opium, to be given every six hours.

We regret to state, however, that on the following day, there was great prostation of strength, and the poor girl died in the evening.

The particulars of this case are entered at full length in Dr. Scott's book, by Dr. Elliotson, for the information of the pupils. We trust this will shame the former gentleman from his accustomed indolent method of noting cases, which consists in making a few short hand characters, unintelligible to every one but himself. We have before had occasion to allude to this infamous circumstance, and also to *Dormouse* Williams' manner of noting cases; we selected the following a few days since from one of his books :—*Dolor abdominis—tussis,* dījectiones iij. *per diem—dolor lat, dex.—dolor stom.—Ægrotat. menses* iij.; *has eaten nothing for many weeks!!* These are notes of cases made by a hospital physician, and, forsooth, a lecturer on the practice of physic. We shall, ere long, take an opportunity of *showing up* this gentleman's mode of practice: a little *phlebotomising* may perhaps relieve that state of stupor under which this individual always appears to labour.

FUNGOID DISEASE OF THE BREAST.—EXTIRPATION OF THE MAMMA.

The subject of this disease, a stout woman, 63 years of age, of florid complexion, was admitted into the Hospital as a patient of Mr. Tyrrell, on Thursday, July 27th.

She stated that the disease under which she laboured had existed for two years, that it first made its appearance on the outer side of the right mamma, in the form of a small moveable tumour. This went on gradually increasing for about eighteen months; but during the space of six months prior to her admission, the swelling rapidly increased in size.

Although, as stated above, the patient was of florid complexion and healthy in appearance, yet her general health, she said, was by no means good, and she had been subject to repeated attacks of severe indisposition since the period at which she ceased to menstruate; this was at about the age of fifty.

The disease of the breast presented the following characters :—The mamma very much enlarged, and of an oblong form, its greatest diameter being from side to side. About four-fifths of the swelling, when pressed upon by the finger, were found to be very firm; a moderate degree of pressure occasioned an indentation, which, however, was speedily obliterated by the elasticity of the tumour when the pressure was removed. The swelling had an irregular uneven feel; handling it even roughly occasioned little or no pain, and the patient stated that she never had experienced much pain from the disease. The integuments on the right side of the breast were discoloured, and on examining the parts the minute cutaneous veins were found to be loaded; in addition to this, there were large sub-cutaneous veins meandering over the surface of the tumour. A considerable portion of the mammary gland, situated nearest to the sternum, had a natural and healthy feel; the nipple was not retracted, nor was there any glandular enlargement in the axilla.

Mr. Tyrrell having proposed to the poor woman an operation for the removal of the disease, to which she readily consented, it was performed on Friday, August 11th.

The whole of the mammary gland was removed, by making a transverse elliptical incision through the integuments above, and another beneath. These two incisions meeting at their extremities, included the diseased mass, which was then dissected out. Several bleeding vessels were secured, and the integuments were then brought together in the usual manner.

A section was made of the tumour, and it was shewn to the pupils. It presented the ordinary characteristics of fungoid disease, but at the lower portion of the mass there were several hydatids.

In addition to the operation related above, as performed by Mr. Tyrrell, and one for popliteal aneurism by Mr. Travers on Friday, the latter removed a tumour on the same day from the leg of a female patient. It was a pendulous swelling of considerable size, attached to the inside of the calf of the leg, of twelve years standing, and had been for some time past in a state of ulceration. It was a common vascular sarcomatous tumour. Mr. Travers, with his choice phraseology, termed it *a skin tumour.*

The operation consisted simply in dissecting the tumour from its attachments at its base.

CASE OF PURULENT OPHTHALMIA, WITH SLOUGHING OF THE CORNEA.

Mary Ann Evans, ætat. 19, apparently in distressed circumstances, was admitted into the Hospital on Thursday, June 22d, on account of disease of the eyes.

She stated, that the left eye had been affected one month, and the right eye about a fortnight. The disease commenced with uneasy sensations in the parts, as heat and itching, which occasioned her to rub the eyes much; they soon after became greatly inflamed and painful to a most distressing degree. There was also intolerance of light, and a free discharge of purulent fluid from between the eye lids.

Notwithstanding the violent nature of the symptoms and the extreme state of suffering under which this young woman must necessarily have laboured, the disease was allowed to pursue its course without her seeking medical assistance.

The condition of the parts on the day after admission was as follows:—*Right eye:* The eye-lids (but more especially the upper) much swollen, and looking red externally; excessive vascularity of the tunica conjunctiva with chemosis; the cornea at its lower three fourths clear; but opaque, and of a whitish colour at its upper and outer part. The pupil of moderate size, having apparently some irregularity at its upper part, where faintly seen through the opaque portion of cornea.—*Left eye*: The conjunctiva highly injected, and thus rendered tumid, where covering the fore part of the eye, and also where lining the lids, with consequent swelling of these parts. The cornea of a dull clouded appearance throughout its whole extent; but towards the inner canthus of the eye, a considerable portion of the cornea was ash-coloured, and protruding through an opening in the centre of this deadened portion of cornea, was a small black tumour, supposed to be a part of the iris. The vision of each eye was greatly obscured, and there was a copious discharge of purulent fluid from between the lids. The patient complained of great pain and uneasiness in the parts, and there was considerable febrile excitement, with want of rest, loss of appetite, and the bowels constipated.

24. The patient was seen by Mr. Travers to-day, and the following plan of treatment was directed: *A blister to be applied to the nape of the neck, and two leeches to each temple.*

Sulphat of quinine, 2 *grains*;
Infusion of roses, 1½ *ounce;*

to be taken three times a-day. One grain of opium to be taken at bed-time, a dose of house physic immediately, and the following collyrium to be used:

Alum, 1½ *grain;*
Water, 1 *ounce*. Mix.

The patient was very minutely questioned by Mr. Travers, as to whether she had gonorrhœa, or any other vaginal discharge, but she declared she was perfectly free from disease of this nature. It appeared on further inquiry that she had been affected with itch some weeks before admission, but was cured before the attack of disease of the eyes.

(It may be proper to remark here, that the acute symptoms had in some measure subsided when the patient was admitted, and as Mr. Travers observed, the disease had already passed on to that stage which is termed *atonic*, and in which we have to contend with the consequences of acute inflammation.)

26. The eye-lids are swollen, there is now a prolapsus of the iris through the upper part of the cornea of the right eye and the prolapsus in the left eye has increased. The leeches, through the negligence of the nurse, have not been applied.

28. The prolapsus iridis in the right eye has increased since the last report; there is a small white line distinctly to be observed on the cornea, where surrounding the base of the protruded iris, and to this line red vessels may be seen passing. The lower portion of the right cornea is clear, and the pupillary margin of the iris seen through this part is regular.

In the left eye the prolapsus iridis has not increased, and the small tumour is of a reddish colour. The upper part of the cornea appears to be in a sloughy state, and it is depressed as if a lamina of the cornea had been already removed. The left cornea is more clouded at its lower part since the patient's admission. Two leeches to be applied to each tarsus.

Nitrate of silver, 1 *grain*,
Water, 6 *drachms;*

to be dropped in each eye cautiously, omitting it if much pain be produced.

July 1. The prolapsus iridis of the right eye still greater, and the cornea apparently flattened or collapsed; the marginal line which was seen on the cornea where surrounding the protruded portion of iris, has now disappeared; the vascularity and tumid state of the conjunctiva is much the same.

In the left eye, the prolapsus of the iris continues of the same size, and it appears as if covered with a thin membrane, which is tinted with red. On using the microscope, small red vessels may be seen passing over the cornea to the tumour. The nitrate of silver was directed to be applied to the prolapsed iris of the right eye.

5. The cornea of the right eye has become more loaded since the application of the caustic, and the patient says that the power of vision in this eye is much diminished; the surface of the prolapsus in the right eye is covered with a white film. The left eye continues much the same, the conjunctival vessels are still loaded, and the whole of the cornea is so dull, that the pupil is scarcely perceptible. The lids of both eyes continue much swollen; the patient has less pain than before the application of the caustic.

8. The right eye much improved, the cornea is not so dull and loaded, and the vascularity of the conjunctiva is also lessened. The power of vision now in this eye is such, as to enable her to distinguish objects at a considerable distance; the lower portion of the pupil continues regular. The prolapsus of the iris in the left eye is diminished; the cornea, however, still continues very dull, and the power of vision in this eye is very small. Mr. Travers directed the tumour of the right eye to be again slightly pencilled with the lunar caustic.

12. Very considerable improvement; the eye-lids have now resumed their natural appearance externally, and the vascularity of the conjunctiva is fast diminishing. The vision of the right eye is tolerably good, and notwithstanding the protrusion of a considerable portion of iris at its upper part, through the cornea, the figure of the pupil below is not altered, and about three-fourths remain perfectly regular. The application of the caustic has certainly been beneficial to the right eye, the tumour being much less prominent.

22. Not much change has taken place in this case since our last report. In the left eye, the upper half of the cornea is of a white colour, and it appears at this part to have undergone so much change as to be completely spoiled; the lower half of the cornea, although differing from the upper, in not having that deadened appearance, is, however, so opaque, that the pupil can scarcely be seen through it. There is a small tubercle of iris projecting through the cornea towards the inner canthus of the left eye. With respect to the right eye, the cornea continues clear, and the power of vision is sufficient to enable the patient to read; in the left eye, vision is of course much obscured by the state of the cornea.

The belladona is now applied around each eye.

August 5. The patient still remains in the Hospital; the appearance of the parts is much the same. The prolapsus of the iris in the right eye is less; that in the left eye is very small. There is now very little increased vascularity in either eye; the application of the belladona is continued.

Mr. Green's admissions on Thursday, June 30th, consisted of cases which did not present any thing worthy of particular remark.

Mr. Tyrrell admitted the following cases into the Hospital on Thursday, July 6th.

Males.—Disease of the tibia; fistula in ano; ulcer of the leg; ditto of the finger (two); enlargement of the condyles of the femur; disease of the knee-joint; incipient amaurosis; superficial ulceration following erysipelas.

Females.—Vaginal discharge; abscess of the mamma; lateral curvature of the spine; disease of the toe.

There has been no operation performed at this Hospital of late.

THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XXVIII.

Cataract—continued.

Gentlemen,

The success of surgical operations depends, in many cases, on preventing the subsequent occurrence of inflammation, and in no case is this more important than in cataract. Hence it is very necessary, not only to discriminate the several kinds of cataract, and know the operation best fitted for each, but also to inquire into the patient's health, and bring it into the state most favourable for operation.

The question is, what kind of preparation is necessary? One rule is very obvious; that is, not to operate on a patient with a foul tongue. A clean tongue shows that the alimentary canal is in a healthy state, and consequently leads us to a favourable conclusion as to the general health. No fermented liquors, and generally no animal food, should be taken for a week or fortnight previously; and the bowels should be evacuated by some mild aperient every other day during this time: they should also be well cleared on the morning of the operation. These remarks will apply to all cases; and, generally speaking, this is the only preparation necessary. Some cases, however, require further preparatory measures; in plethoric subjects, and such as manifest great determination of blood to the head, direct depletion is necessary. In robust persons, in those about the middle period of life, it will be necessary to resort to venesection; and if the pulse were full, and the patient young and strong, it might be advisable to take blood freely and repeatedly before operating. In general it is sufficient to take some blood from the arm, on the morning of the operation. In persons of a decided plethoric habit, with symptoms of determination to the head, you must practise active depletion; and this is occasionally necessary even in old persons. I remember, at the Infirmary, the case or a woman, seventy years of age, who had amaurosis of one eye and cataract in the other; she was corpulent, with a full, bloated, and reddish countenance. She complained particularly of what she called weakness and nervousness, which she had endeavoured to counteract by the free use of animal food, porter, and other stimulants. She had considerable head-ache, with trembling hands and infirm legs; she was bled from the arm, the blood being strongly buffed and cupped. The head-ache and the nervousness were diminished by the bleeding, and she felt stronger. We kept her here fourteen days before she was in a fit state to undergo the operation; and during that time she was bled four times, the three first portions of blood being buffed and cupped, and the last free from these appearances. In addition to this direct depletion she was well purged, and kept on broth and gruel, with bread. After about a fortnight's discipline of that kind I operated on the eye, and extracted the cataract, from which she recovered without one untoward symptom, and regained excellent sight. Another patient, who came into the Infirmary to be operated on, and who exhibited the highest degree of general plethora and particular determination to the head, was obliged to lose nearly 120 ounces of blood before he was in a fit state for the operation. He had not an uneasy feeling afterwards, and his recovery was rapid and perfect. These are examples of the preparatory measures, which you may find it necessary to adopt in particular instances. The great risk of failure is from the occurrence of inflammation; and, in a matter of so much consequence, it is better to err on the side of caution. In some cases I have regretted that I had not attended sufficiently to these preparatory measures; but I have never seen reason to consider them superfluous or injurious.

The next point for consideration is the choice of the operation. From the time of Celsus, in whose work we find the earliest account of any operation for cataract, until the last century, there was only one operation practised, and that consisted in introducing a small needle into the eye behind the iris, and pushing the lens downwards and backwards out of the axis of vision. That operation, inasmuch as it displaces the lens downwards, has been called *depression*. It is accurately described by Celsus, and his manner of performing it is nearly the same as that now practised. About the middle of the last century it happened, in consequence of an opaque lens having escaped through the pupil into the anterior chamber, that Daviel, a French surgeon, thought of making a cut through the cornea to let it out, which he did. Hence he was led to propose and practise generally this method of removing an opaque lens from the eye, which has since been called *extraction*, and much improved. This operation consists in making an incision through the cornea, lacerating the crystalline capsule, and forcing the lens out through the pupil and the opening made in the cornea. When this operation was introduced, a controversy arose as to the merits of the two operations, of extraction and depression, each of which had its warm advocates. The writers on this part of surgery have frequently drawn up, in parallel columns, the advantages and disadvantages of the two methods, and have generally endeavoured to demonstrate the superiority either of extraction or depression, as if it were necessary to choose one or the other, and practise it exclusively. More recently a third mode of operating has been introduced and extensively employed, in which the lens is neither extracted nor depressed, but is disturbed or broken, and left in its place, to be removed by absorption. It is called the operation by *solution* or *absorption*. In this latter mode of proceeding, the needle may be either carried through the cornea and pupil, or be introduced behind the iris, as it is in the operation of depression. These two methods are distinguished by the names of the *anterior* and *posterior* operations. The anterior operation was proposed by a German surgeon, and has been called keratonyxis, a term derived from the Greek, and signifying puncture of the cornea. No person who understands the subject would advise either of these operations to be exclusively employed. Each method has its advantages, and is eligible under certain circumstances; our object then should be, not to select one operation with the view of practising it in all cases, but to consider the circumstances which give a preference to one or the other, and to select in each instance that which is best suited to the particular form of the complaint.

Extraction of the Cataract.

I shall first describe the operation of extraction. I think it best to operate on one eye only at a time. If you restore sight in one, it is sufficient for all useful purposes, and the patient will generally be satisfied: the other may be operated on afterwards, or be retained as a reserve in case the restored sight should fail, or be lost by disease or accident. When both are operated on together, they are not both necessarily involved in any unfavourable subsequent occurrences; ye they are likely to suffer together from common causes, and under such circumstances the patient loses all chance of regaining sight. On the other hand, if things go on unfavourably, it is a great consolation both to the patient and surgeon to know that one eye only is risked

Extraction may be performed with the patient either sitting or lying: it has been more common to perform it in the former posture. In the operation of extraction it is necessary that the patient should be seated opposite a window which affords a good steady light; a northern aspect is preferable, or at all events, a window should be chosen which does not admit sunshine. If it afford a good light, it is better to have only one window open. The patient should not be seated exactly opposite the window; because the light will be reflected from the centre of the cornea, so as to prevent a clear view of the point of the knife, in its passage across the anterior chamber; to prevent this inconvenience, he should be placed a little obliquely, with the eye to be operated on rather nearer to the window. He should be seated on a chair or stool, rather lower than that occupied by the operator, that the latter may have the free and easy use of his hands and arms, without being obliged to elevate them unpleasantly. The patient may sit on a chair either with a back or without one, but at this

Infirmary, we find the chair with the sliding back the most convenient; you can adjust it very easily to the height of the patient, and rest his head firmly upon it. I think it is a preferable mode to that of fixing the head of the patient against the breast of an assistant; it can be more depended on for steadiness. You may easily adjust your own height by sitting on a music stool, or placing one or more books on the seat of a common chair. The duty of the assistant is to fix the head, to keep it perfectly steady, to elevate the upper lid, and to keep it elevated without pressing on the globe while the section of the cornea is made. If you have a chair with a sliding back, all the assistant has to do is to elevate the lid; but, if you have not a chair so formed, the assistant must fix the patient's head against his own breast by one hand placed under the chin, while he elevates the lid with the other. The assistant should be aware of one point, which should be decided upon between him and the operator before the operation is commenced; namely, to let the lid go before the section of the cornea is completed; and the operator should just give a sign or motion to the assistant as soon as he has nearly finished the section. In elevating the upper lid, one finger is generally sufficient; let the asssitant fix the lid against the upper margin of the orbit, the end of the finger being placed on the ciliary margin of the lid: he should firmly hold it against the orbit, until the operator tells him to let it go. It is not material whether the assistant employs his right or left hand; but it will be less in the way if he employ the hand opposite to that which the operator is using. It has been the general practice to bind up the opposite eye, and that was recommended even by Celsus; I believe it is a matter of little consequence. It has been said that if you keep the opposite eye quiet, that which is operated on will remain still also; but I do not find that to be the case. I have found that the best way is to leave the opposite eye open, and direct the patient to look towards the window.

You will meet with descriptions of various instruments for keeping the eye steady, specula of different shapes; they are now entirely abandoned, as not only inefficient but absolutely injurious. Some of these instruments have been made with little hooks intended to be stuck into the sclerotic coat. Figures of such are to be found in Richter's elements of surgery, and in other works. I can conceive nothing more calculated to alarm the patient, to increase spasmodic action of the muscles of the globe, and thus to render the eye unsteady. Hence all contrivances of this sort are now laid aside, and the operator trusts to his own fingers for giving to the globe the necessary degree of steadiness. In accomplishing this point he must act merely on the anterior part of the organ, taking care that no general pressure is made on the globe either by himself or his assistant. Such pressure is most injurious, both by pushing the iris forwards against the cornea, and prematurely forcing out the aqueous humour, and also by endangering the premature and forcible expulsion of the lens, with the vitreous humour.

The operation of extraction consists of *three parts*, the division of the cornea; the laceration of the capsule; and the removal of the lens through the openings made in the capsule and cornea.

The division of the cornea must be ample enough that the lens may escape readily through it; you divide, therefore, a certain portion of the circumference, carrying the section along the edge of the cornea, as near as you can to the sclerotic coat. There are various reasons for making the section at the margin of the cornea, and the principal of these is, that the subsequent cicatrix will not interfere with vision. The section of the cornea must embrace an extent corresponding to the transverse diameter of the lens, and that is nearly equal to the diameter of the cornea itself, so that the section of one half of the cornea is required to allow the lens to escape. You have to divide the inferior half of the cornea; you must puncture it on the temporal side of the eye, carry the knife across the anterior chamber, bring it out at the nasal side opposite to its entrance, and then continue the incision downwards, so that the knife may cut itself out. The chief difficulty in the section of the cornea arises from the iris getting in the way of the knife. When you penetrate the anterior chamber, the aqueous humour readily escapes, and then the iris comes immediately against the knife, so that you cannot carry it on without wounding that part. In order to permit the escape of the aqueous humour, the cornea knives are so shaped as to fill up the wound; that is, they increase in thickness very gradually from the point to the handle.

A great variety of knives has been employed: the operation is undoubtedly difficult, and a hope has been entertained of removing or lessening the difficulty by some peculiarity in the instruments. We need not expect to overcome the difficulties so inseparable from the operation by mechanical contrivance. One knife may be better calculated for the purpose than another, but a beginner will not find the operation easy with any instrument, and dexterity can only be acquired by repeated practice. The particular form of the instrument is perhaps of no great importance. The method of Daviel is not employed now; he, with a sharp pointed knife, made a division in the lower part of the cornea, and then introduced a small scissars so as to enlarge the opening; this is never practised now, except in cases of necessity.

Lancet shaped knives have been most commonly employed; these are the sort of knives (showing several) which were used by Richter, Wenzel and Ware. This is a knife, (showing one,) first used by Barth, the founder of the Vienna School of Ophthalmic Surgery, and now more commonly called Beer's knife; it is straight on the back, with an oblique or slanting cutting edge, and gradually increasing in breadth as well as thickness, from the point to the handle. In my opinion it is the knife best adopted for the extraction of the cataract. It is ground lancet shaped at the point, by which means it enters the cornea more readily; but it is blunt in the rest of the back.

In making this incision of the cornea, four points are to be attended to, viz. puncturing the cornea, carrying the knife across the anterior chamber, the puncture of the cornea at the opposite side, and lastly the completion of the section downward. On entering the instrument at the temporal side of the eye, one thing to be attended to is, to carry the point of the knife directly through the cornea, not obliquely. You may pass the knife between the corneal lamellæ without entering the anterior chamber, or you may cut them so obliquely, that the inner line of the section will be much smaller than the outer, and consequently there will be not sufficient room for the cataract to pass easily. I should have before observed that the knife is to be held between the finger and thumb, just like any other knife. You rest the hand on the cheek or against the temple, and you perform the section of the cornea, by carrying the knife on with an extension of the fingers, not by moving the whole hand. To divide the corneal laminæ perpendicularly, you should carry the point of the knife, when you make the first puncture, in the direction of the iris, as if you were about to carry it directly against the iris, until you get completely through the cornea; then turn the point of the knife and carry it on with its flat surfaces parallel to the iris, across the anterior chamber. The more quickly this is done, the less chance is there of the escape of the aqueous humour. One great difficulty in performing the section of the cornea is this; when the point of the knife reaches the opposite side of the eye, the ball is involuntarily turned inward toward the nose; to counteract that, you must employ a little pressure with the fore finger; depressing the lower lid a little, and steadying the globe at the same time to prevent the eye from rolling inwards while you are carrying the knife through the anterior chamber, and opposite side of the cornea. Unquestionably the unsteadiness of the eye, the motions which a person involuntarily makes, are great impediments to the performance of this operation. You must not be afraid of touching the globe, but fix it firmly between the fore and middle finger, just while you are entering the knife, and carrying it across: when the point is brought out there is no further difficulty in completing the section. Puncture the cornea, and traverse the anterior chamber quickly and steadily, keeping your eye on the point of the knife. It may be well to touch the cornea slightly once or twice with the flat surface of the knife, just before beginning the section, to give the patient warning, and to induce him to keep the organ as steady as possible. Having entered the knife and carried it across the anterior chamber, and having brought it out at the nasal side of the eye, you must then push it gently onwards, without any remission, towards the nose, and the breadth of the knife should be such that it may cut its way out; but we generally find that a small portion of the cornea must be divided by a downward motion of the knife, unless we push it onwards, so as to wound the nose or the internal canthus; it must be done by a gentle sawing motion of the knife, immediately upon which the lid should be allowed to drop: it is safer, however, for the upper lid to fall before this last part of the section is completed, and to wait a few seconds before attempting the cut, that every spasm of the muscles may subside.

The object you have in view, is to make a clean cut of the cornea by one single incision, employing only one instrument; you thus accomplish the purpose in a manner the most favourable to subsequent speedy union. I have already observed to you, that the presence of the iris affords the principal obstacle to the easy and exact execution of this important step in the operation. The preparatory measures of fixing the lids and exposing the globe, and the act of cutting this very sensible part, brings on a spasmodic action of the muscles, both of the globe and lids, by which the aqueous humour is quickly expelled, and the loose floating iris pushed against the knife, or even propelled, so as to bulge under its edge. If this should happen when the point of the knife has traversed only half, or even the whole anterior chamber, and the point should be completely enveloped by the iris, it will be best to withdraw the instrument, close the eye, to allow the section to heal, and repeat the operation afterwards. But, if you should have carried the knife not only across the anterior chamber, but through the nasal side of the cornea, the iris should then be forced under its edge; you may complete the section without withdrawing the instrument, although you must not immediately press it forwards, as you would then shave off a piece of the iris. Rest for a few seconds, that the spasm may subside; gently press the iris back with the fore finger, and, keeping up the pressure, slowly complete the section. As the knife advances, its broader portion enters the anterior chambor; thus the chance of protrusion is diminished, by lessening the space in which it can occur.

When the section of the cornea is finished, it may not be large enough to allow the easy escape of the lens. A common cause of failure is in bringing the point through the cornea, before it has reached the inner edge; and this arises from the rolling of the globe inwards. You may see cicatrices, in which you find that the knife has come out only a little beyond the centre of the cornea. It is most desirable to make the opening of full size at first; that is, to divide one half of the cornea close to its circumference. When, however, this is not accomplished, what course should be taken to remedy the failure? Scissars curved on the edge, and with one blade blunt at the end, have been employed. They were regularly used in the method originally proposed by Daviel, who merely punctured the cornea with the knife, and did the rest with the curved scissars. The contused wound thus made is less favourable for union by adhesion. The mode now most commonly employed, is to use two small narrow curved knives, with rounded blunt ends, one of which cuts on the convex, and the other on the concave side. With one of these, the section of the cornea may be enlarged when necessary. This method is sometimes used as the regular way of operating; a partial section of the cornea is made with a broad knife, carried across the anterior chamber, but not brought out on the other side; it is then enlarged in any eligible direction, with one of these curved knives. When the section of the cornea is finished, the great difficulty of the operation is passed; the rest is quite easy. All you have to do is to rupture the capsule of the lens. You might force out the lens without previously opening the capsule; but you would probably expel the vitreous humour with it.

The capsule is generally lacerated by an instrument called a curette, which is curved, and has a pointed extremity. You introduce this under the flap of the cornea, the convexity turned upwards, till the point is opposite the pupil; you then turn the point inwards, sink it through the capsule, and draw it from side to side, so as freely to divide that membrane, and withdraw it with the convexity of the instrument downwards.

The third part of the operation is the removal of the lens; you accomplish this by directing the patient to open the eye, and then making a little steady and gentle pressure upon the upper lid, with the small silver spoon at the other end of the curette, while you press gently against the lower lid with the fore finger, until you make the lens rise up out of its socket. You must continue the pressure gently until you see the edge of the lens rising in the pupil and distending the iris. This part of the process cannot be too gently and cautiously performed. The iris is stretched to the utmost, and appears as if it must inevitably be torn through; but it yields gradually, and allows the largest lens to escape through the pupil. Bring the upper lid over the eye, and close it immediately on the exit of the cataract, otherwise the vitreous humour may follow the lens. Sometimes the violent contraction of the muscles forces out the lens on the completion of the corneal section, and sometimes it escapes spontaneously, when the capsule has been opened. The operation is now finished; let the eye remain shut for a short time, and then gently open it to see that the pupil is round and clear, and the corneal flap in right place. The edge of the iris is often engaged in the wound; gently press on this part of the eye through the upper lid, then open both eyes to the light, and the pupil will recover; or you may replace the prolapsed iris with the silver spoon. The after treatment of the case will be subsequently considered.

If the section of the cornea have been made in the way I have described, the lens will pass through it with great facility; but it often happens that a portion of the soft circumference of the lens remains behind, so that the pupil is not of its natural clear black colour. You are generally directed to remove carefully from the pupil or anterior chamber all such portions of the lens, and Daviel had a little silver spoon made for the purpose of fishing them out; it is generally affixed to the same handle with the curette. I consider this a very bad practice; it is essential to the success of the operation, that the lens should be removed with as little injury to the surrounding parts as possible; the repeated introduction of instruments is obviously at variance with that object, and nothing is more likely to cause inflammation, especially of the iris, than the contact of those foreign bodies with that delicate texture. It is, moreover, unnecessary, because the soft portion of lens left behind will be removed by absorption. Then, again, little forceps and little hooks have been provided for seizing and removing portions of opaque capsule. If you were to try, you could not accomplish this, or at least not without the certainty of letting out the vitreous humour; and besides, it must be seen on a little reflection, that the opening in the capsule, which is sufficient to allow the escape of the lens, must also be large enough to admit of good vision. If there were in the pupil or anterior chamber a considerable mass of lenticular substance, and it could be removed easily, let it be done; but otherwise, make no attempt of the kind.

Sometimes the vitreous humour rises up into the pupil under the edge of the cataract; and if you were to continue pressing on the globe, that humour would be forced out instead of the lens. This happened lately to myself; much of the vitreous humour came out; the globe appeared quite flaccid, and the lens did not rise: I introduced the curette, and hooked out the cataract. The case did perfectly well, although the coats of the eye fell in as if they had been completely emptied. We may hence conclude, that the escape of that humour is not to be regarded in itself as a very serious circumstance. The space which it before occupied is filled up by aqueous secretion. There is no doubt that one-fourth or one-third, and perhaps even one half of the vitreous humour may be lost in this way, without interfering with the result of the operation. In many instances it seems rather to contribute to success: it lessens the bulk of the globe, and takes off that tension which occasionally succeeds to the operation. Sometimes there is a spasmodic action of the muscles, propelling the vitreous humour against the cornea, and preventing the apposition of the flap. I have in such cases introduced the curette through the pupil, and let out some of the vitreous humour purposely.

It is desirable not to wound the iris; but a clean cut of this part is not in itself of any consequence. I have seen a portion of it shaved off in making the section of the cornea, a few times, without any injurious result; the case has proceeded much more favourably than it would have done if the knife had been withdrawn, and the section completed with other instruments. The pupil is afterwards larger, and of irregular figure.

After treatment.—We will consider, then, that the operation is finished. What should be next done in the way of bandaging or confining the eye? The treatment should be simple; our object is to keep the organ perfectly quiet, so that the corneal flap may remain in apposition, and become united by adhesion. A quiet state of the eye, and of the patient in all other respects, and the exclusion of light, are necessary for the first three or four days. The coverings of the eye should be light; a soft rag doubled and wetted in water, may be gently bound on the eye by a single narrow linen band, and the other may be covered in the same way. Recollect that the eye is naturally open to the air, and that you would create heat and great uneasiness if you were to bandage up a sound eye.

We must not, therefore, regard it as a rule, that the patient is to be bandaged. The light covering I have recommended, which we always use at this Infirmary, is rather employed to keep the eye quiet, and guard it from any slight accident, than as a measure absolutely necessary: on the latter account it is proper to have the eye covered during the night, but it might be left open, or at least with thin wet rags only on it while the patient is awake. The bandage should be immediately removed, if there is any feeling of heat or pain. It will be comfortable to the patient to have a soft sponge and cold water ready that he may moisten the rag occasionally. After the operation the patient should go to bed, and keep the head and shoulders rather high; the room should be darkened for the first few days; and the food should be soft, not requiring mastication, so that the muscles of the face may be kept quiet. The bowels should be briskly opened on the morning of the operation, so that the patient may be quiet for the next twenty-four hours, and then a mild aperient of some kind should be given, just to keep them moving, not to purge or produce much exertion. If this plan of proceeding be adopted, and the patient goes on comfortably, we may expect to find at the end of four or five days that the cornea has united, and that the operation will have succeeded; and we generally find it to be so. The edge of the upper lid may then be carefully raised, and it will be a great satisfaction to the patient and to the surgeon to know that the eye is going on well; that there is no unnatural redness, no prolapsus of the iris, and that the pupil is regular. If we find none of these circumstances present, and if the cornea have united, we may consider that the operation has succeeded; all covering of the eye may be laid aside, or at least it will be sufficient to pin a light rag to the nightcap, allowing it to hang over the eye, or to wear a common green shade.

We then allow the patient to get up and to sit in a dark room, walking about occasionally, for about ten days or a fortnight more, still adhering to a low diet and attending to the bowels. If things go on favourably he may open the eye in a weak light, and use it more freely as it becomes stronger. After some time, generally in about a month, it is expedient that the patient should be suited with spectacles; the loss of the lens diminishes the refractive power of the organ, so that it becomes necessary to supply its place by convex glasses. The patient must select those glasses, with which he can see best. He will require two pairs of spectacles, one for ordinary vision, the other for reading, writing, and the other purposes for which accurate near sight is required; the latter must be more convex than the former. Some weeks should elapse before the patient begins to use his glasses, and he should at first proceed cautiously. Indeed he will act prudently in employing the spectacles at all times sparingly; in many cases the cataract is not the sole imperfection in the eye, and vision may decline and be lost at some length of time after the operation, without any obvious reason.

Great attention should be paid for some time to the state of bowels, the diet, and the general health; the eye should not be much used, nor exposed to strong light, nor should the patient run any risk of getting cold; the organ remains weak and irritable after the operation, and therefore liable to inflammation from slight causes.

The wound of the cornea is considerable; there is a large surface to be united and cicatrized, and numerous red vessels will be seen upon the conjunctiva and sclerotic opposite to the section; these enlarged vessels are employed in repairing the breach made in the corneal structure, just as is observed in the healing of an ulcer of the cornea.

We have supposed that every thing is going on favourably after the operation; however, we unfortunately find, as we might expect, that so large and penetrating a wound of the globe often produces serious inflammation. If the patient should not have lost blood previously by venesection, if the state of the health should not have been sufficiently attended to, or even if these circumstances have received that attention which they deserve, I make it a rule myself to have the patient bled to fourteen or sixteen ounces on the evening of the operation, unless there be a reason to the contrary; if, however, there should be pain of the eye, or head, a large venesection is absolutely necessary. This is a very safe kind of precaution; I have never seen it injurious; but in some cases I have had occasion to regret that it was neglected.

Bleeding should on no account be neglected; and it is necessary either that the operator should do it himself, or that he should intrust it to some one in whom he can place great confidence. If the bleeding should not remove the pain, or if it should recur, you should have recourse to the same means again, and the further use of cupping or leeches may be necessary. The greatest attention should be paid to the patient for the first forty-eight hours after the operation, the object being to prevent the occurrence of inflammation. It will not do to wait till inflammation arises, and then adopt measures for reducing it. If this process be allowed to take place, either the success of the operation is frustrated, or it is rendered less perfect.

When you consider the violent distention of the iris in the escape of the lens, its exposure by the large section of the cornea, and the mechanical irritation which it sometimes undergoes from the contact of instruments used in the operation, you will not wonder that iritis should occasionally follow the operation. It generally commences about the fourth day, with severe pain in the head; this pain is aggravated during the night, remitting in the day. The iris changes its colour, lymph is effused into the pupil, there is great sensibility to light, and increased lachrymal discharge. Closure of the pupil, or obstruction of it by an adventitious membrane, are its consequences if it is not arrested. Free venesection in the beginning, when the pain is first felt, cupping and leeches, and afterwards the active use of mercury, are the best means of combating this affection. Bu the latter remedy is not so efficacious here, as in iritis from internal causes.

I have described extraction as it is performed on the left eye, with the operator's right hand, the inferior half of the cornea being divided. The operation on the right eye is the same, except that the operator must use his left hand. This has been considered very difficult; but you will find, in practising on the dead eye, that it is just as easy as the use of the right hand; and you will meet with no greater difficulty on the living subject.

The upper half of the cornea may be divided instead of the lower, and some prefer this plan. It is most conveniently executed with the patient lying, and a common couch serves the purpose very well, the end being about the proper height for the patient's head. The operator is seated behind the patient, and employs the right hand in operating on the right eye: he elevates and fixes the upper lid for himself, and as this almost sufficiently exposes the globe, he hardly wants an assistant. The advantages of this operation are, that the operator has a more complete control over the globe; he can fix it very perfectly; that the aqueous humour does not escape so readily, and consequently, that the section of the cornea is more easily accomplished; that there is less chance of prolapsus iridis; and that the upper lid keeps the flap of the cornea in exact apposition.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC,

By DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate street.

Lecture XXXIX.

Of Hamoptysis, or Spitting of Blood.

Gentlemen,

Hæmoptysis, or hæmorrhage from the lungs, is deserving of your attention, more on account of the alarm which it occasions, than from the real danger of the disease; for, in itself, it seldom proves fatal. The danger arises rather from the disorganized state of the lungs, upon which, in most cases, the hæmorrhage depends, than upon the mere loss of blood, which is seldom so great as to endanger life. This hæmorrhage is liable to be confounded with *hæmatemesis*, or vomiting of blood, where the blood comes from the stomach: but the distinction is, in general, sufficiently easy.

In *hæmoptysis*, the blood discharged is generally fluid, and of a florid hue; it is often frothy, likewise, from the intermixture of particles of air. In *hæmatemesis*, the blood is generally coagulated, and grumous or dark coloured. The attendant symptoms are also different in the two cases. In *hæmoptysis*, the blood is brought up by coughing, and there are generally other signs of disease in the chest; such as pain and difficulty of breathing; but in *hæmatemesis*, there is commonly pain and other signs of disorder in the stomach and neighbouring parts.

Theory of Hæmoptysis. There are many varieties of this affection, depending chiefly upon the part from which the blood flows. It may take place from the mucous membrane, as in cases of catarrh, from the rupture of a small vessel during the violence of coughing; or possibly in the way of secretion from the membrane. In this case, the quantity of blood lost will be small. Or it may take place from the lungs themselves, when the quantity of blood lost will be larger, though in very different degrees; and it may occur under different circumstances. Thus, it may take place from mere fulness of habit; or from violent exercise, which acts by increasing, inordinately, the circulation through the lungs; or, it may be vicarious with some other habitual discharge that has been accidentally suppressed, as in deficient menstruation. In these cases, it is difficult to say whence the blood proceeds; whether from the *bronchial*, or the *pulmonary* artery. Judging from the very florid appearance of the blood, it would seem to come from the extreme branches of the latter, or, possibly, the pulmonary veins; the blood appearing as if it had recently undergone its destined changes. Hæmorrhage from the lungs also is frequently a mere symptom or effect of ulceration in those organs; and hence, frequently takes place from time to time, in pulmonary consumption. *Hæmoptysis*, lastly, may arise from the bursting of an aneurism into the bronchia; this is likely to be followed by instant suffocation, and will be preceded by the usual signs of aneurism, in the chest.

The *prognosis* in *hæmoptysis*, is very different, according to the circumstances inducing it, as I have just pointed out. If it takes place without any actual disease of the lungs themselves, as when it occurs from mere plethora, or from violent exercise, or is vicarious with some other discharge, it is attended with but little danger; but, in the greater number of cases, it is preceded and accompanied by a diseased state of lungs, which is the real source of danger, and not the mere hæmorrhage. This, on the contrary, generally gives relief, by diminishing the tendency to inflammation. If there have been cough previously, or pain in the chest, or difficulty of breathing, with emaciation, the worst results may be expected, however trifling the loss of blood.

The *treatment* of *hæmoptysis* is varied by the circumstances already mentioned, and from which it proceeds. It is varied also by the habit, and other circumstances of the patient. Thus, if it is merely the consequence of plethora, the treatment is simple and obvious; consisting chiefly in *abstinence*, and in extreme cases, *blood-letting*. If it arise from the suppression of habitual discharges, these, if possible, should be restored. When it is a symptom merely of diseased lungs, this is the object of practice, the mere hæmorrhage being in general, a matter of no importance.

The ordinary treatment of *hæmoptysis*, is not sufficiently discriminate. It is usual to bleed in all cases, and that very largely; repeating the evacuation as long as the hæmorrhage continues: while, at the same time, the patient is kept shivering with cold, and almost every thing but cold water is denied him. This practice is seldom proper; at least, when carried to the extent that is commonly done, and in many cases the reverse treatment is required.

When the habit is robust, and febrile action exists: where the pulse is hard, as well as strong, and the tongue furred; there is no question of the propriety of *blood-letting* to a moderate extent. In different circumstances, this remedy is not required, but is rather injurious, by inducing that laxity of the solids, which is favourable to a continuance of the hæmorrhage. In cases where the patient is weak, the pulse soft, (however full,) and the solids altogether flaccid to the feel, instead of *blood-letting*, *astringents*, or *tonics*, as they are called, and even active *stimulants*, are indicated. I have frequently employed, in such cases, the *ammonia*, spices, and even the *oil of turpentine*, with the best possible effect.

The application of *cold*, in the extreme degree that is usually practised, is injurious, by constricting the external vessels, and throwing the blood back upon the heart and lungs. The extreme abstinence practised on these occasions, has always appeared to me both unnecessary and injurious; by lessening, as blood-letting does, the contractility of the extreme vessels. Solid substantial food is far better adapted to the laxity of solids which I have described.

Astringent medicines may be used, such as the *infusion of roses*; small doses of alum; or any others, may be used, though they are much less effective than is commonly imagined. The *acetate of lead* is perhaps more powerful, and sufficiently safe, if the dose be limited to two or three grains, three or four times in twenty four hours, and continued only for a few days. But even this is equivocal, as hæmorrahage, in so many instances, after a time ceases spontaneously. *Blistering* the chest, is a means of counter-irritation, that may possibly be of some advantage.

Of the Diseases of the Respiratory Muscles.

You will recollect that I arranged the *organs of respiration* under three general heads: 1st, The air-passages; 2d, The lungs themselves; and, 3d, The muscles employed in this office, the chief of which are the *diaphragm* and *intercostal muscles* (the muscles of *inspiration*): for *expiration* can take place in a great measure, independent of muscular power, by the mere elasticity of the lungs, and that of the cartilages and ligaments of the ribs. The diseases belonging to the two former heads, have been already discussed. We are now, therefore, to attend to those of the third head, the *respiratory muscles*, the nature and actions of which you must first understand.

It is by the action, that is, the contraction, of the diaphragm and intercostal muscles, that the chest is expanded, and *inspiration* performed. The action of these muscles is partly involuntary, and partly voluntary. In ordinary respiration, they act involuntarily, and even without our knowledge. But we can suspend their action for a time, by the operation of the *will*; or we can increase it to a great extent, when desirous of so doing.

Now it is necessary to be acquainted with the *causes* which are capable of putting the respiratory muscles into action and which we shall find to be various.

1st. These muscles contract, and by so doing expand the chest, as a *law of the system*, or, in other words, because it is necessary to inspiration that they should do so. This is, in reality, all that we know on the subject; and is, probably, all that Mr. Hunter meant, when he used the expression "stimulus of necessity."

2d. The muscles of respiration are incited to act by the *will*. Hence we can suspend their action altogether for a time; or we can increase or diminish it, and that in regard either to the muscles of *inspiration* or of *expiration*. It would be more correct, however, to say, that it is the result only that is determined by the *will*, and not the means by which that result is obtained. We have no direct power of determining by the *will* the action of any muscle.

3d. *Mental emotion* powerfully influences the action of these muscles. In some emotions of mind, as fear and terror, respiration is hurried; in other states of mind, as in sadness, and when the mind is engaged in intense thinking, respiration becomes slower, and is sometimes almost suspended for a time; while, in sudden and great grief, the diaphragm is convulsively affected; as in *sobbing*. In *laughing*, it appears to be the muscles of *expiration* chiefly (the abdominal muscles,) that are, as it were, convulsively affected.

These facts shew, that the muscles of respiration are under the influence of the brain; which is further proved by the effect both of injury and disease. Some violent injuries of the brain destroy life quickly, by interrupting altogether the action of the respiratory muscles. Slighter injuries may, of course, derange or disturb the function in different degrees. So, in some diseases, where the brain is in a state of oppression, either from arterial distention, or the extravasation of blood or serum, respiration becomes slow and laborious. This we frequently observe towards the end of inflammatory states of brain, of all kinds, whether in the form of phrenitis or hydrocephalus; while, in the earlier stages of the same affections, the muscles of respiration are preternaturally excited, and respiration is quickened.

Nor are the respiratory muscles exempt from the influence of the *spinal chord*. Injuries, and, of course, diseases of the *medulla spinalis*, that are situated as high or above where the nerves are given off that supply the muscles of inspiration, interfere with the performance of this function, and that in a degree corresponding with the injury sustained, or the nature and extent of the disease.

It follows, as a necessary consequence of what I have now stated, that injuries or diseases of any of the nerves that convey the influence of the brain, or spinal chord, to the muscles of respiration, may also impede or disturb this function.

Again, irritation of any part of the mucous membrane lining the air-passages, is capable of exciting irregular action in the muscles of respiration. Thus, when the nostrils are irritated, the act of *sneezing* takes place; which consists, first, in a full inspiration of air into the lungs, and then by a violent and involuntary effort on the part of the expiratory muscles, (the abdominal muscles), the air is suddenly and forcibly expelled again through the nostrils, by which the irritating cause is likely to be removed; and where the irritating cause is applied to any part of the trachea or its ramifications, *coughing* is excited, and which is effected by the rapid and nearly involuntary expulsion of the air through the glottis.

But sometimes irritation of the mucous membrane appears to produce permanent contraction, or *spasm* of the diaphragm; during which, respiration becomes extremely constrained and difficult; as natural respiration requires a constant alternation of contraction and relaxation of this muscle.

It is the diseased states to which the muscles of *inspiration* more particularly are liable, that we are now to consider. The abdominal muscles, which are the muscles of *expiration*, have various other functions to perform of more importance; for *expiration* can take place in a considerable degree without their aid, as I before stated to you.

The diaphragm and intercostal muscles (the muscles of inspiration), are liable, like all other structures, to inflammation; and, like muscles in general, to disordered action without inflammation.

Inflammation of the diaphragm is properly named *diaphragmitis*. It was formerly called *paraphrenitis*, and is so designated in most of the older writers; upon the supposition of its being generally attended with active delirium. One sees, however, no particular reason for this inflammation, more than others, giving rise to delirium; nor does it accord with modern observation. The term *paraphrenitis*, therefore, is now generally laid aside. The diaphragm, or midriff, consists of a double membrane, the upper being an extension from the pleura; the lower, a continuation of the peritoneum. Between these, is interposed the muscular structure. Now any one of these parts may be attacked by inflammation, distinct from the rest; though, in practice, the distinction may be difficult. When the pleura generally is inflamed, the inflammation may, and no doubt often does, extend to the covering of the diaphragm; which would probably in addition to the ordinary signs of pleurisy, give rise to pain in the direction of the diaphragm, increased upon deep inspiration. If the peritoneal covering were the part inflamed, we might expect to find disorder in the abdominal cavity. In either case, the muscular part of the structure might be affected so as to disturb its action, and that either *spasmodically* or *convulsively*. That the muscle itself of the diaphragm is liable singly to inflammation, can hardly be doubted, from analogy; but it is not likely that we should be able to distinguish such a case in actual practice. Such minute distinctions, however, if they could be made, would be of no practical utility; the treatment being in all cases the same; namely the common antiphlogistic treatment, modified as in other inflammations, by the different circumstances I have so repeatedly pointed out to you.

The diseases of the diaphragm that take place independent of inflammation, are *spasm*, and *convulsion* or *hiccough*, as it is termed.

Spasm in this muscle occurs as a symptom of tetanus; and probably in many other cases of disease, as a secondary affection. It is characterized by pain, extending across the body at the margin of the chest; and by straitened respiration. Such cases in practice require only attention to the primary disease.

A *spasmodic* affection of the diapnragm, combined, perhaps, with a similar affection of the intercostal muscles, sometimes takes place periodically, and constitutes one variety of *asthma*; as I shall soon have occasion to notice.

A *convulsive* action of the diaphragm is termed *hiccough*, and is sometimes a sign of inflammation in this organ; when, of course, it will be accompanied with the usual characters. It frequently occurs, likewise, as a symptom of other diseases; particularly, inflammation in the abdomen; also, in brain-affections, as in fevers, in which it every now and then appears. It is produced likewise by repletion simply, or a disordered state of stomach; and it may be occasioned by irritation or distention of the lower part of the œsophagus. When hiccuping takes place as a symptom of inflammation, either in the brain or elsewhere, it is usually considered an unfavourable sign; but it is by no means a necessarily fatal one.

In the treatment of *hiccough*, regard must be always had to the cause, and particularly when it arises from inflammation, as the means that are calculated to put an immediate stop to the convulsive action, such as *anti-spasmodics* and *opiates*, may not be the best adapted, or even admissible, with respect to the inflammation out of which it arises.

The diseases to which the *intercostal muscles* are liable, are either inflammation or spasm. Inflammation here may be of the rheumatic kind, and will then probably be accompanied with rheumatism in other parts. A state of *spasm* in these muscles, gives rise to those intolerable *stitches* in the side, as they are called, which are often induced by violent muscular exertion. It takes place also in many cases of pleurisy, and is the cause of those temporary aggravations of pain that occur in this disease. While endeavouring to relieve the spasmodic affection in these cases, you are to be careful not to employ means that will aggravate the inflammation itself. It is necessary I should observe to you, that most of the slight pains in the side that are frequently attributed to *spasm*, are in reality cases of inflammation, and should be treated as such.

In my next lecture, I propose to treat of *asthma*, properly so called.

FOREIGN DEPARTMENT.

BIOGRAPHY.

ROYER COLLARD.

Antony Athanasius Royer Collard was born in the year 1768, and after receiving his elementary education was nominated to the Chair of Humanity, at the Oratoire of Lyons. About the commencement of the Revolution he published a political journal, under the title of the *Surveillant*, which he was obliged, however, to abandon; he then betook himself to the army.

It was not till he had reached his 27th year that he commenced the study of medicine, at Chamberry, and not till he was 35 that he took his degree. At this time he published his Thesis on Amenorrhea.

Shortly after this period he busied himself in endeavouring to unite the Academie de Medicine, Societé Academique, and Institute de Medicine, which was finally effected under the title of the Athenée About this period he contributed a good many articles to the Bibliotheque Medicale.

In the year 1806, he was nominated first physician to the Asylum at Charenton; in 1808, inspector general of the University; and in 1812, to the Commission appointed to examine the papers that were presented to the Concours on the Croup.

In 1816, he was unanimously called to the Chair of Legal Medicine by the Faculty of Paris, on which subject he continued to lecture till 1819, when it was resolved, that a new Chair should be founded for the treatment of mental alienation. This chair was given to him.

At the period that the school was suspended, he was obliged to give up the title of Inspector General of the University; the lectures on the pathology of mental diseases were suppressed, and the office of physician to the institution of Alfort was taken from him.

When the school was re-organized, Mons. Royer Collard was again nominated to the situation of Professor of Legal Medicine. He died in consequence of a disease contracted from studying in a damp room. The following character of him is given by his biographer, Monsieur Jolly:—

"He was a model of talents and philosophy, virtue and probity, preferring always the treasures of a good conscience to the treasures of fortune; and when about to descend to the tomb, he was able to contemplate both his public and private life without accusing himself of a single action that could spot his character."

M. Adeton has been nominated his successor.

His works are those we have already mentioned, and the following that are unpublished:—

An Essay on Psychology, as an Introduction to the Course on Mental Pathology.

Course of Legal Medicine.

Several Memoirs on Mental Alienation, that are about to be published.

A Monograph on Croup.

PHYSIOLOGY.

Meding's and Kortum's Experiments on the Reproduction of Bone.

In our last Number we gave an account of the experiments which had been made on the regeneration of bone, to the time when Meding and Kortum took up this interesting subject. Meding* observed with great care not only the process which nature followed in fractures of bones and wounds, but removed large pieces from the substance of the bone, and, like Charmeil, effected artificial necrosis. After the removal of a piece from the parietes or whole substance of the tibia of a dog, Meding saw, after the lapse of twenty-four hours, a deviation of the vessels in the medullary canal from their straight course, and an inclination of them to the holes in the bone, where they became connected with those arising from the circumference. The excavations in the bone were now filled up with a gelatinous substance, which afterwards assumed the character of cartilage. The soft integuments round the excavations of the bone began to swell, and on the inner as well as outer surface of the bone, new ossific matter was deposited. The exuded gelatinous substance gradually underwent all the changes which were found in the healing of fractures; it became thicker, similar to cartilage, and contained vessels which could be injected. On the tenth day the nucleus of bone developed itself, which was streaked with numerous arterial vessels, and on the fortieth day the ossifications of the intermediate substance was completed.

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* De Regeneratione Ossium per Experimenta illustrata cum tabulis æneis Lips. die XXIII. M. Sept. 1823.

Experiments on the reproduction of necrotic bones he instituted on hens and cats. In the last, the same appearances were observed as in the former, with this exception, that suppuration sometimes came on, which was not the case with birds. In horses the experiments failed, since the reaction in these was so considerable that they died in the first eight days, from profuse suppuration. After amputation of the lower end of the tibia, and the destruction of the medullary structure; and after filling up the canal with foreign bodies, he found in the space of twenty-four hours, the wounded limb very much swollen, the cellular membrane thickened, and filled with an albuminous lymph; the periosteum was inflamed, intersected with a number of vessels, easily separated from the bone. On its inner surface there could be observed lymph of a reddish brown colour, easily drawn into threads, and which by the fifth day had assumed the character of jelly. On removing the superior layer of this mass, some delicate fibres of ossific matter came to view, connected together. and to the cortical part of the bone, by a delicate cellular membrane; these every day became more apparent, so that on the tenth or fifteenth day, the growth of the new bone was finished. In reference to the circumference, it exceeded three or four times that of the old bone; the surface was irregular where the muscles and tendons were in contact with it, and in some places thicker than in others. The periosteum in some places adhered very closely to the bone, and if this membrane were removed with force, a great number of small points could be observed, shewing the places at which the vessels entered into the newly formed substance. On dividing the new bone surrounding the old, the inner surface of the first was found cellular and reticular, but the external was of a much firmer consistence. The surface of the old bone was rough and indentated.

After the periosteum had been destroyed and the soft parts united with the bone, Meding found within twenty-four hours the rudiments of the periosteum intimately connected with the cellular membrane of the muscles, the bone covered with a reddish lymph, which gradually underwent the above-mentioned changes, and became converted to bone. After Charmeil's example, he deprived the bone both of the medullary and the periosteum, and found the same results; the bone died in its whole extent, and became surrounded with a new ossific texture, which was intimately connected with the neighbouring muscles. Contrary to Boyer's opinion, Meding considers the re-production of the bones of the cranium quite possible, and his opinion was confirmed by two cases in which regeneration of part of the bones of the head, that had been previously destroyed by necrosis, took place.

From these observations Meding concludes, that in an *external necrosis*, where the periosteum and the soft part are *uninjured*, the decayed bone will be covered by a new bone, formed entirely from the periosteum. If, however, the periosteal covering and the soft parts are destroyed, and the bone laid bare, granulations spring up from the substance of the bone itself, which only produce an imperfect reparation, so that a deepening or hollow remains behind. In the *internal necrosis*, the formation of the new substance commences from the periosteum, and becomes united with the cortical part of the bone, so as to form one solid mass, without it (the old bone) either swelling or expanding to assist in the re-production. Lastly, if a portion of bone dies in its whole extent, the new will be formed round the old bone, from the periosteum; in all the cases in which the dead bone remains covered by the periosteum, it never retains its smooth surface, but becomes diminished in size and rough on its exterior.

At the same time Meding was occupied with his researches on the regeneration of bone, Kortum* was performing experiments on animals to ascertain the same point. As Kortum was ignorant at the time when he performed his experiments of Meding's results, his labours are particularly valuable, inasmuch as they coincide with those of Meding in every main point. Kortum relates in his excellent inaugural dissertation several experiments performed on geese, hens, and rabbits, and two cases—the one was a patient in the Charité at Berlin, who laboured under necrosis of the tibia to a considerable extent, and was quite healed;

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* Dissert. inaug. physiol. proponens experimenta et observationes circa regenerationem ossium. 1824. Berolini. cum tabulis æneis, 4to.

the second was an account of a horse, in which the *scapula* had been reproduced; the newly-formed scapula was inclosed in a sheath formed by the old bone. This preparation is contained in the museum belonging to the Veterinary College at Berlin, and only one similar specimen exists, which is deposited in the Museum at the Veterinary College of Alfort.

PATHOLOGY.

Curious case of Phlebitis. By Professor Cruveilhier.*

The pathological appearances in this case were discovered by Professor Cruveilhier in a very singular way. In attempting to find the femoral artery in the middle third of the thigh, considerable difficulty was experienced in separating the sartorious from the adductor magnus. As he attempted to destroy the adhesions, he penetrated into a cavity, from whence there escaped a quantity of pus, of a reddish colour, and somewhat viscid consistence.

This was supposed at first, to be one of those deep-seated muscular abscesses so frequently arising after rheumatic affections of the thigh. Before proceeding to the dissection of the parts, attempts were made to ascertain, a priori, the presence of this secretion, but no fluctuation could be felt.

After the skin had been raised, the vena saphena interna was found to have its calibre double the usual size, without diminution of its thickness. The femoral vein immediately under Poupart's ligament, being exposed, it was found perforated all over, and very much lacerated. The vessel contained a quantity of pus, of a reddish and viscid nature, completely analogous to what had been found on its exterior surface. The disease did not extend farther than to the parts where the vessels pierce the adductor. The cellular tissue which united the vein and artery, was dense and brittle.

The femoral vein examined from the crural arch was found to be three times the calibre of the artery; a concretion in the form of a red and dense membrane, lined the sides of the vessel, and in some parts the vessel was filled with pus. The popliteal vein was very voluminous. Its sides had acquired double their usual thickness. They were incapable of extension, and were lined by a reddish clotted membrane, within which there was puriform matter.

The cohesion and fragility were not circumscribed to the cellular tissue, which surrounded the vein and artery, but were observed in the whole of the adipose tissue in the ham.

Numerous cases attest that the veins enter sometimes spontaneously into suppuration, but this instance that has been detailed appears new in one point, namely, that the veins can produce solution of the continuity of their sides and deposition of pus into the surrounding substance. But did the phlebitis in this case precede the inflammation of the muscles? Taking all the circumstances of the case together, the affirmative, we think, may be asserted.

In reading the numerous cases of phlebitis that have occurred lately, only two examples can be found where the pus of the vein communicated with a cavity having a similar secretion. The one is given by Mr. Travers, who found the suppuration surrounding the jugular vein; the other is by Dr. Raikem, who saw the common iliac vein of the right side changed into a sort of narrow, ligamentous canal, communicating with a purulent cavity on the right side of the bladder. The femoral vein was completely destroyed as far as the ham, and its place occupied by pus.

As inflammation of the vein is generally followed by greater disorganization, it becomes a question whether redness is not more the consequence of dilatation and repletion of the venous than that of the arterial capillaries. *Has phlegmonous inflammation in general its seat in the minute termination of the veins, and is not pus poured out by the minute and lacerated termination of the veins?*

SURGERY.

Antiquity of Contagious Ophthalmia.*

In a new edition of the works of Plato, which has lately appeared, it would seem that contagious ophthalmia existed even in the time of this great philosopher; that is to say, 400 years before the birth of

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* Nouvelle Bibliotheque Medicale, Mai, 1826.

* Hecker's Annalen, December, 1825.

Christ. In speaking of a man who had been attacked with a peculiar kind of sensation,[*] he is represented to be like "an individual who had received a disease of the eye from another," (*διον 'απ' αλλον ὀφθαλμιας απολελακως.*) It must be confessed, that this sentence does not exactly indicate the nature of the complaint here meant, which must be a matter of doubt, more particularly as the ancients attached no such distinct idea to the word ophthalmia as we do at the present day; yet from the disease being communicated from one man to another, we may conclude that this must have either been produced by some miasmatic or contagious medium. That it was not owing to a traumatic or chemical cause, may be gathered from the context.

Professor Hecker, the editor of the journal from which we have extracted this fact, and one of the most learned medical antiquarians of the day, has given us an extract from Aetius of a fragment of a Theodotius Severus, an ophthalmologist, probably of the third or fourth century, but who is otherwise altogether unknown. This extract would seem to prove, that the ancients were much better acquainted with the puriform discharges of the eye than we have hitherto been inclined to allow. "*Τραχωματα* or *δασυματα*, arise from a mild chronic purulent discharge from the eyelids, after the long continued abuse of collyria (*εκ ρευματος πολυκρονιου αδηκτοτερου τυγχανοντος*,) or without any apparent cause. The consequence is, that small tumours arise on the inner part of the eyelids, and the disease is very intractable. *Δοσυτης* and *τραχυτης* are different, according to the stage of the complaint. The latter of these two is more painful, and the excrescences are larger; both are attended with discharge. *Συκωσις* is this disease in its highest degree. *Τυλωσις* is the chronic *τραχυτης*, passed into a state of callosity."

This clearly points out the forms and grades of this disease, and that Severus had seen it, not at any one particular period, but during its whole course. He disapproved of meddling with the eyelids with instruments and fig leaves, and employed several very excellent remedies.

"Whence is it that an ophthalmologist (*οφθαλμιων*) communicates this disease easily to the eye of a sound person?"—From this question, which Alexander Trallianus[*] makes in the 6th century, it would appear, that the ophthalmo-blennorrhea was believed capable of being communicated to the sound eye, and that formerly this disease was well known under the general name of *οφθαλμια* and lippitudo. In another part of Trallianus's works the infection of ophthalmia is compared to the infection of phthisis and itch.[†]

THERAPEUTICS.

Acupuncturation.[‡]

M. Roux has lately employed this remedy for paralysis of the lower extremities, produced by curvature of the spine. He thrust a needle *through the spinal chord*, (the part is not mentioned,) and brought it into contact with the wires of a voltaic pile. The consequence was, the girl recovered the use of her limbs, of which she had been deprived for several months.

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[*] Phaedrus Steph. 256.

[*] Aristotelis Alexandri et Cassii Problemata et Francofurti, 1585. 4to. L. 1. No. 35. p. 258.

[†] I. II. p. 312. B.

[‡] Nouvelle Bibliotheque Medicale, Mai, 1826.

FEVER IN IRELAND.

Dublin, Aug. 26, 1826.

Dublin might at present, without any exaggeration of language, be called the "City of the Plague." Within the last few days I made a tour of the various Fever Hospitals and temporary encampments, and the scenes which they present are awful beyond description. It is difficult, indeed, to convey an idea of the extent to which disease has spread, without exciting unnecessary pain in the minds even of those removed to a distance from the theatre of this dreadful visitation. The numbers afflicted far exceed the notations in the history of any of our former epidemics. To behold from three to four hundred human beings in one institution, reduced to utter helplessness, and with the ghastly attributes of death impressed on their visages, is an appalling spectacle under the most favourable circumstances: but when it is recollected that the majority of these patients are supposed to have been brought to this condition from want; that they form but a small proportion of, and that their state is comparatively better than, those persons affected throughout the city; and that should they escape disease, they have neither the means nor the prospect of fostering the almost extinguished spark of life through the tedious hours of convalescence, consequent to a recovery from fever—the reflection is overwhelming. The only deduction to be made from this frightful scene of misery is, that the malady which produced it is of an unusually mild character, the average mortality in Cork-street Hospital not exceeding one, I believe, in fifty cases, while in other years it was as much as one in twelve. The symptoms, seldom violent if noticed in time, require but rest, gentle aperients, acidulated drinks, and proper regimen, for their removal. During the last week, however, dysentery has appeared, and promises to be still more troublesome, and perhaps fatal, than fever, with which it is in some instances combined.

In the commencement of these complaints, they were principally confined to the lower, but of late I perceive that they have broken out in the higher orders of society, some medical men having already become their victims. Various causes have been assigned for the existence of these maladies; but I must acknowledge myself not one of those in the secret of their causation. At least no solution of the question which I have as yet seen, is reconcileable to my notions of cause and effect. There is a something in the problem which it is not easy to understand. We certainly have had as warm weather, and nearly as much starvation at other periods in Ireland, without being followed by such a quantity of disease. Some find a satisfactory explanation of these evils in the temperature of the air, others have recourse to the public distress to account for these phenomena, and they may no doubt depend on the united influence of the atmosphere and of inanition But if the epidemic had occurred, as it did on other occasions, in a cold season of plenty, we should then have the atmospherical philosophers flourishing both ends of their "Farenheits," like true born Hibernians, contending with either extremity of their sticks. For my own part, I have little faith in the thermometer, having seen but too much disease prevail in the country at every degree marked on that instrument, from the freezing point to seventy-six. That hunger has had something to do, if not in the production of the fever, at least in its extension, I am inclined to believe, from the simple fact of a dietetic plan of treatment being more efficacious than one of a purely medicinal nature This opinion is further corroborated by the reluctance of the patients to quit the Hospitals after recovery, having little hopes of preventing relapses by a supply of provisions on their return to their homes.

The local government have taken much the same view of the subject, and are now about appending soup-shops for the distribution of such articles of diet as those dismissed from the Hospitals are supposed to require. They are also fitting up other establishments for those who cannot find beds in the other institutions, but they seem to be as long about preparing them as Noah was in building the Ark. It is well if the deluge be not over by the time that the bark is ready for sea, though it did not require the assistance of inspiration to know that many of the poor, from their wretched condition for the last three months, must have perished, if some adequate aid had not been afforded in time. There are barracks I believe about Dublin for six or seven thousand men, and I have seen in the newspapers not long since "Barracks to let," in other parts of the country. The application of one of these vast piles of building to medical purposes, might have superseded the necessity of repairing old houses for the reception of the poor, and prevented the rain, which is falling here in torrents as I am writing, from turning Lord Wellington's generosity into ridicule, in ordering the tents in the military stores for the protection of persons whose condition renders them more susceptible of changes of weather, than the red-coated idler lounging in comfortable dwellings.

I should conclude here for the present, but that I perceive Doctor Maclean has misunderstood some announcements on this subject, in the Irish newspapers. Addressing himself to the Editor of the "Globe," (the only English journal that treats Irish affairs as the people wish them to be discussed,) he says, "In the extract from the Dublin Evening Post of Tuesday, inserted in your journal of Friday last, we find the truth of this remark (the evil tendency of a belief in contagion,) strongly illustrated." "For some weeks past," says a medical statement quoted, "the fever hospitals in Dublin have been unable to receive the patients claiming admission; they are all crowded to excess, and from the multitude of sick poor thereby detained in wretched habitations, we cannot but fear that the contagion must spread with rapid strides, and eventually reach (as it formerly did,) every other class of society." "Now what is the tendency," exclaims Dr. Maclean, "of this doctrine, but to alarm with an ideal danger those classes of society who are in a condition to exempt them from the consequences of poverty and distress, and to prevent them from granting assistance or administering relief in person, to their less fortunate and diseased neighbours? Of this fact we find proof in the very next sentence." "Frequently do we see ten or eleven wretched beings crowded in a cabin not fourteen feet square, with but one, or at most two miserable beds of straw to receive them. Frequently are the father, mother, and several children, stretched on the same bed, all afflicted with fever, *abandoned to their fate, and without a being to hand them a drop of water*." "Here you have a true picture of the pernicious effects of the insensate dogmata of the schools pervading the minds of the people. They not only desert, but they expel their sick friends and neighbours from society, when they stand most in need of consolation and support.* * * It is not only in private society, but in the hospitals, that the destructive effects of this extraordinary faith are to be met with, for even their doors are closed against the admission of these patients, according to this statement." I am obliged to abridge the quotation, and to be brief in my remarks on it from want of space, but enough remains to show with what caution the deductions of Doctor Maclean ought to be received by the public, to whom it should be observed, he always addresses himself on questions of which they must be necessarily ignorant.

To begin then with his construction of the first paragraph from the D. E. Post, no man, I believe, but Dr. Maclean would assert that "exciting an ideal alarm" in the minds of the rich, would prevent them from assisting the poor. On the contrary, to "excite an alarm of danger," whether ideal or otherwise, of their own safety, would *be* the best possible means of extracting pound notes from their pockets. In the next place, their "condition" does not exempt them from disease, as I have before stated, and I believe it is not usual with them to attend "in person," on their poor neighbours, more particularly as they can readily find substitutes to do that business for hire. It is pretty evident, therefore that the Doctor himself, is "ideally alarmed" on the tendency of a belief in contagion. With respect to his comments on the second sentence from the D. E. Post, he would be correct in calling the effects which he ascribes to the doctrine of contagion, "pernicious," if such effects were not resolvable into very different causes; the necessary avocations of the poor, satisfactorily accounting for the "abandonment of the sick," put forward in the Newspaper. In supposing that the people believe in contagion, on the authority of the Schools, he is equally distant from the truth, for every one who ever read a page of history, is aware that the people believed in contagion before such a thing as a School of Medicine existed. It is, therefore, more likely that the Schools have imbibed these "insate dogmas," originally from popular opinion, than that the people took them in trust from the Schools. With this erroneous conclusion, he takes leave of his text in the D. E. Post altogether, and rises, regardless of all consequences, into the regions of fiction, when he asserts that the people not only "desert, but expel their sick friends and neighbours from society." Until informed of the circumstance by Dr. Maclean, I was not aware that the paupers of Dublin were invested with power of expelling their neighbours, *ad libitum*, and I am sure that these poor deople never dreamt of usurping the Sheriff's wand, whatever drove the idea into Dr. Maclean's head. He may rest assured, however, that no such illegal practice prevails amongst us; and that sunk as we are in barbarism, and destitute of feeling as he would represent us, that not a being in Dublin has died of popular apathy, and that the great principle of British law, "every man's house is his castle," is inviolably observed in Ireland. Improving as he proceeds, the charge of "expulsion" is transferred from the people to the physicians, and on the strength of an ambiguous phrase in a newspaper, states that the doors of the hospitals are closed against the sick. The physicians of Dublin have quite enough of absurdities to answer for, without being made accountable for those of Dr. Maclean's manufacture. I must, therefore, relieve them from the awkward situation in which this gentleman has placed them, by supposing them capable of such folly as closing the doors of a hospital, to shut out contagion, when every bed in their respective establishments was supplied with a generator of this imaginary agent.

In these observations I do not wish to be understood as pronouncing any opinion on the question of the contagious or non-contagious character of the fever at present raging in Dublin, my only object being to correct statements which might betray the public into false conclusions on the subject.

ERINENSIS.

To the Editor of THE LANCET.

SIR,—I am induced by the justice of your remarks on the conduct of the *Medical* Trustees of the Hunterian Museum, in excluding the *Licentiates* from the right of visiting this national collection, to call your attention to the truly degraded situation of this class of practitioners, in consequence of the illiberal policy of the College of Physicians, which seeks to exclude them from any share in the honours or emoluments of the profession. The injurious tendency of exclusive privileges need not now be discussed, but when possessed by a party who exercise them for the most selfish purposes, to the obvious detriment of their profession, and when it is sought by these means to deprive the Licentiates of that share of public confidence to which they are by their merit entitled, it is time that the constitution of the College of Physicians should be inquired into, and that the Licentiates should unite in making an appeal to the Legislature, that the obnoxious powers of the College may be abolished.

The distinction which exists between *Fellows* and *Licentiates*, arises from the circumstance of the former receiving their diploma at Oxford or Cambridge, while an individual endowed with the highest attainments in his profession, and possessed of the diploma of the most celebrated University in Europe, is only *tolerated* as a Licentiate, after an examination. The peculiar virtues of a diploma from the English Universities are admitted on all hands, but should there exist an unfortunate sceptic on this point, I have no doubt that it can be proved by your friend Dr. HEWETT, Professor of Physic of Cambridge, and Physician to St. George's Hospital, or the *Reverend* Dr. CLARKE, Professor of Anatomy at the same place, that no knowledge is sound except what is obtained from their lectures. That there is a charm, however, is beyond a doubt, from the anxiety evinced even by men of advanced years to be admitted into the College, notwithstanding the immense sacrifice of time and money which the attainment of this object requires. The *Fellows*, though not half so numerous as the Licentiates, are in possession of the patronage of the majority of the Hospitals in this Metropolis; they associate with the higher classes of society in consequence of their wealth and assumed superiority in classical learning; introduction into practice is mainly dependent upon them; in short, their influence is such that without it, success in London is hopeless, without the qualifications desired by them; nay, the throne is not exempt from their intrigues, as it is asserted that the King has promised to Sir HENRY HALFORD that the care of his body should henceforth be exclusively confided to the *Fellows* only!!

Were these distinctions founded on superiority of intellect or medical knowledge, an incitement to study would be the natural consequence, an admission into the College would be the reward of merit; but the reverse is the fact, for it is notorious that there is not a medical body equally numerous in Europe where less improvement in physic has been made; or who is there among the Fellows whose name is known beyond the pale of his practice? Should a foreigner, unacquainted with the talents required to be a member of this corporation, ask who are the celebrated physicians in London, in great practices? Will you favour me with the contributions of Sir HENRY HALFORD, Drs. WARREN, MATON, Sir LUCAS PEPEYS, or Drs. RAMADGE or AGAR, to the stock of medical knowledge which entitles them to cool obloquy; or such men as Sir GILBERT BLANE, Drs. BABINGTON, CLUTTERBUCK, HOOPER, BERKBECK, ROGET, GOOCH, HOLLAND, ARMSTRONG, WILSON PHILIP, BLUNDELL, and many others, men who confer honour upon any body to which they belong, and strikingly illustrate the wickedness and folly of those who have recourse to the abused privileges of a *Charter*, to depress the merits of their rivals. But the College have, during an arduous struggle in the Court of King's Bench, admitted, that Licentiates may be received into their body, on attaining their 36th year, and being proposed by a Fellow on a certain day in the year, should he pass the ordeal of sundry *ballots*, and obtain the concurrence of the Censors. In consequence of this regulation, Drs. Cooke, Southey, and Sir James M'Gregor, have accepted the *fellowship*, in other words, are entitled to their share of the patronage of this immaculate College.

It is painful to inquire into the motives which actuate individuals in their conduct, but when strong suspicion exists that they owe their elevation to the sacrifice of public interests, and that the College has selected them to answer their own ends, the truth of such allegations may at least be inquired into. In the celebrated controversy of the Licentiates against the Fellows, Dr. Cooke took a prominent part in conjunction with Drs. Wills and Stanger, in exposing the injustice inflicted upon the Licentiates by the *Charter and bye-laws;* in order to stop the proceedings, an offer of admission into the College was made, but was disdainfully rejected by the two latter; but Dr. Cooke has accepted it!!! Dr. Southey was appointed Physician to the King, he being at the time a Licentiate, but to hide his disgrace, sought and obtained refuge in this corporation. Sir James M'Gregor deserves well of the public; his department in the army yields to none in scientific or medical acquirements, the zeal he has shown is honourable to him; but when he *strongly* recommends candidates for physician to the forces, to become *Licentiates* of the *London* College of Physicians, he must have forgot the interests of those over whom he presides; but a *fellowship* is his reward. There is, however, an *impure* class of practitioners who have no hope of salvation or purification; wo betide that mortal whose hands have been defiled by the contact of the pestle and mortar, or shall in the moment of necessity have assisted a suffering female in giving birth to her child, or to that inferior being called a *Surgeon;* for them, there is no hope; even the walks of an English University cannot free them, for no Bull was ever issued by the Pope more peremptory than that they shall never contaminate the Fellows by being received into the College of Physicians.

The College of Physicians are in possession of great wealth; they have a noble edifice for their meetings, a Museum, and a highly valuable library. It shall be the object of a future letter, to inquire into employment of the advantages they possess, and the means by which they have obtained their extensive patronage; and also the injurious tendency of their Charter on medical practice generally.

In the meantime, let not the *Licentiates* forget the debt of gratitude due to Messrs. Ramadge and Agar, who, actuated by the *exclusive system* of their corporation, have brought this question before the public, and given THE LANCET an opportunity of inquiring, with his independent spirit, into the truth of the above allegations.

AN ACCOUCHEUR,
Licentiate of the R. C. of Physicians.

To the Editor of THE LANCET.

SIR,—Should the following cases be deemed worthy of a place in your columns, the insertion will oblige,

Sir,
Your obedient servant,
R. VINES.

Veterinary College,
August 5, 1826.

CASE I.—A horse was ordered to be destroyed, which was done at 11 o'clock, a. m. At the usual hour, namely, six in the morning, he was fed.

Examination after Death.—On opening the abdomen, and examining the lacteals, I found them full of a white fluid. I then opened the thorax, and exposed to view the thoracic duct; on dividing which there issued from it a white fluid. Of this I caught about half an ounce in a glass vessel, and set it aside. The following morning I found the greater part of it had coagulated firmly; the quantity of serum it gave out being very small. To this I applied heat, and found it to coagulate likewise.

All the different organs contained in the chest and abdomen were in a healthy state, with the exception of the lungs, which were slightly diseased.

Chronic glanders existed in the frontal and nasal cavities of the head.

CASE II.—A horse died of inflammation of the lungs. On examination after death, he was found to have also a chronic disease of the liver. On the peritoneal covering of which, I perceived all the lymphatics arising from thence contained red blood and were greatly enlarged. The liver itself was considerably increased in size, weighing upwards of

80lbs. The thoracic duct was full of red blood, which had coagulated in several places.

The lymphatics in all the other parts of the body were of the usual appearances.

Case III.—A glandered horse was destroyed. On examination, the lungs were found in many parts to contain tubercles. The lymphatics arising from those parts were enlarged, and contained red blood. Those which arose from healthy parts possessed their usual appearance. I found also the left lobe of the liver diseased slightly, and the lymphatics arising from it, containing red blood; the right lobe was healthy, and its lymphatics contained a transparent colourless fluid.

The fluid in the thoracic duct was nearly as red as venous blood.

Case IV.—A horse was destroyed in consequence of having broken knees; both joints were laid open. Previous to this he was very fat. On examining the abdomen I found a great quantity of adipose matter in the mesentery. The lacteals near the intestines were of the usual appearance, but as they passed through the lymphatic glands, they became very large, and contained red blood. The glands themselves appeared full of blood. The arteries which supply the glands, and which arise from the mesenteric arteries, were much larger than usual, as well as their veins.

The thoracic duct contained red blood. All the organs within the cavities of the chest and abdomen were in health. The intestines contained a small portion of food.

Having made secure as near the spine as possible, the mesenteric arteries and veins, above the glands; below them I took up the arteries and veins, passing a ligature around each. Opening one of the arteries, I introduced some quicksilver, which very soon appeared in the lymphatic glands, and from them passed into the mesenteric veins and lacteals, which contained red blood. From this I infer that there is a free communication between the mesenteric arteries and veins and lacteals, by means of the arteries which supply the glands.

Remarks.—From the *first* case it appears that chyle possesses all the properties of blood, except the red or colouring matter. From the *second*, *third*, and *fourth*, that the lacteals and lymphatic vessels, are seriferous veins. That under disease they become enlarged, and carry red blood like the large veins.

THE LANCET.

London, Saturday, Sept 2, 1826.

As the commencement of another medical session fast approaches, it may not be amiss to direct pupils entering on their studies, how to employ their time and their monies to the greatest advantage. A well educated and diligent pupil can never make a bad practitioner; but he must be *well educated*, or his future success in life will be, at the best, fortuitous, and, generally, deplorable. To perfect a surgical education, there are essentially necessary, 1st. To the teacher, a complete knowledge of the subject he professes—kind, conciliating, candid manners—a desire, as well as the power, of giving instruction, and an energy that never flags; 2dly. To the Hospitals—CONSTANT ACCESS.; and, lastly, to the pupil, determined and unwearied attention, and, more than all, OPPORTUNITY. It is this that makes the surgeon; and we shall endeavour to show where it is most liberally afforded, by making a few extracts from the first Number of our 9th volume, beginning with Bartholomew's Hospital, which contains 500 beds.

At this Institution, or in its immediate vicinity, the student may attend lectures on every branch of the healing art, and *visit the patients at all* hours of the day, unaccompanied by surgeon or physician. The surgeons perform their duties on different days, so that the practice of each may be attentively considered. *Post-mortem* examinations are now publicly announced; BUT there are few clinical lectures—no histories of cases—no lists of accidents, and the prescriptions for the patients are studiously concealed from the pupils!

Teachers—Lawrence, Clutterbuck, Abernethy.

GUY'S—400 patients.

Lectures on all medical subjects. Freedom of ingress to the pupils at all hours; surgeons attend on different days, but not very punctually. Surgeons' books kept in the wards for the inspection of the pupils. *Post-mortem* examinations open to pupils. List of accidents posted. Clinical lectures very uncommon. KEY, COOPER, BLUNDELL, GRAINGER, CHOLMLEY. Pupils entering at this Hospital may attend the practice of St. Thomas's, and *vice versâ*.

ST. THOMAS'S—500 beds.

Lectures on most branches of the profession. Physicians' books kept in the apothecary's shop; the surgeons' in the wards. All the surgeons visit their patients on the same day, by which the pupil can only attend the practice of one of them. Clinical lectures by Dr. ELLIOTSON and Mr. TYRRELL; in other respects the school is similar to Guy's. J H. GREEN, ARMSTRONG, ELLIOTSON, GRAINGER.

LONDON—280 beds.

Pupils admitted into the wards at all times. Surgeons' books kept in the Dispensary. Lists of in and out-patients. The *bilious Knight* gives clinical lectures, as do also two of the physicians. HEADINGTON and others, the usual lectures.

WESTMINSTER—88 beds.

Pupils may attend the Hospital daily from 10 to 12, *but are not allowed* to enter the wards, unless with a physician or surgeon, and may not remain after the medical officers have left. Surgeons attend twice a week. No clinical or other lectures. BROOKES, TUTHILL, and others, at their respective dwellings.

ST. GEORGE'S—200 beds.

Students *may* attend the Hospital *from ten to two o'clock*. No books in the wards, nor lists of accidents. *Post-mortem* examinations badly conducted, and not publicly announced. Clinical lectures *in the summer*, of which our readers have lately seen a specimen, by Mr. BRODIE. No other Lectures. BROOKES, BELL, MAYO, within an hour's walk of this Hospital.

MIDDLESEX—180 beds.

Pupils are admitted to the wards THREE TIMES A WEEK, *but only for a short time*, to wit, for the space of half an hour or so—just as long as the surgeons are performing their rounds, which they do simultaneously! Surgeons' books kept in the wards, *where the student may not intrude;* and the physicians' in the apothecary's shop, *which, by edict of the Governors, is equally inaccessible.* Few *knowing ones* frequent the surgeons' wards of this Institution. SOUTHEY (medicine); LEY (midwifery); WOOD (chemistry); JOE BURNS (operative surgery, *practically*); BROOKES, Blenheim-street; BELL, Great Windmill-street.

Presuming that the relative capacities of the various lecturers are well appreciated by pupils in general, we do not deem it necessary to give an opinion on the subject; he must be dull indeed, who, after reading the above catalogue, does not know where he may learn his profession and where he may not.

Anatomy may be had in any dissecting room, but surgery must be learned IN THE WARDS OF HOSPITALS; and where the pupil is excluded from these, he is *deliberately robbed*, not merely of his money, but of what are far more valuable, his fair standing in the profession, and his future peace of mind.

During our excursions among the partridges, we have deputed Mr. JOSEPHUS BURNS to act in our stead. He will commence his labours with the next Number.

An Anatomical Drawing and Diagram of the Human Eye. By W. P. Cocks. Highley, 1826.

The diagram of the eye made by Mr. Cocks, contains nothing to entitle it to praise; as an engraving, it is rudely executed, and as an anatomical performance, very imperfect. The drawing is still worse; the colouring is coarse, and the power of light and shade, to represent distance, utterly disregarded: indeed, it would be impossible to say to which class of the animal kingdom the structure depicted belonged. To the letter press description accompanying the performance, we also object. Mr. Cocks has mentioned the tendinous expansion of the muscles of the globe, as a distinct coat; all good anatomists have agreed that it deserves no such appellation. Then there is the *Tunica Ruyschiana*, which is named as a sixth tunic. The evidence of Haller, Zinn, and Soemmerring, is opposed to the existence of any such structure. Soemmering, who has given the finest views of all the textures of the eye, has shown the choroid magnified twenty five times, and no such tunic as Ruysch supposed can be seen. As to the *ligamentum ciliare*, which Mr. C. says, "according to Soemmerring is composed chiefly of the ciliary nerves and blood-vessels," we have only to observe, that he never said any such thing; on the contrary, it is composed of a quantity of condensed shining cellular substance, which forms a white ring, connecting the fore part of the choroid and the outer margin of the iris to the sclerotic coat. Mr. Cocks had better have followed the example of Demours and Parr, by copying the elegant diagram of Soemmerring, which is as perfect as possible, and which we are quite sure every student would have purchased. We advise him still to do so, as it not only represents the perpendicular section of the globe, but of all the other parts which assist in forming the coverings of the eye and orbit.

A short time since we noticed the insolent conduct of the Beadles attached to St. Bartholomew's Hospital, and we are sorry to state, that the Governors have not interested themselves in the matter. These Beadles are, as we before stated, UNDERTAKERS. As BEADLES, they are employed to intimate the death of patients to their relatives; as UNDERTAKERS, they recommend themselves to the relatives as good and honest tradesmen, and doubtless often induce those persons to believe that they have been instrumental in preventing the dissection of their departed friends. These facts fully explain the impertinent interference of these insolent servants in their attempts to prevent *post-mortem* examinations. This is a subject to which the Medical Officers of the Institution should direct the attention of the Governors.

Mr. Rose has lately tied the femoral artery, in a case of femoral aneurism. The operation occupied at least half an hour; the delay partly arose from the shortness of the external incision, but chiefly from the incision being made on the *outer side*, a la Ben Travers, of the sartorious muscle. During the operation, the external incision was *frequently* enlarged, and *from the haggled manner in which* the dissection was made, *many were the attempts to pass the ligature under the artery before the sheath was laid open.* The patient appeared to suffer great agony during the process of *pioneering*, and exclaimed to Mr. Rose, (who to him seemed more like *a thorn*,) "I think both you and I, sir, have had a hard piece of work of it!" Extensive inflammation and suppuration occurred in the sac, and throughout the limb, and the patient made a speedy exit from this world, leaving his shattered limb as another *specimen* of splendid explorative *surgery* at St. George's.

It is with deep regret that we announce the death of the once celebrated Laennec. It is an event which has been long dreaded by his friends in Paris, although it would appear from his own observations not at all anticipated by himself. In an early Number, we will present our readers with a biographical sketch of this illustrious physician.

> "A tale told of an idiot, full of sound and fury, signifying nothing."

We have, for the amusement of our readers, extracted from the Warwickshire Chronicle the following account of a trial, in the case of a supposed idiot; and we sincerely hope that they will be much improved by the important information communicated by the learned medical witness, Dr. **Palmer**. The evidence is certainly truly characteristic of an ex-editor of that highly original publication, the Mausoleum, in which we suppose there will soon appear a full statement of the doctor's novel opinions on this interesting subject:—

"Doe on dem. William Sabin *v.* Richard Walton, and others. Dr. Palmer, a physician, residing at Tamworth, in Staffordshire, said, when a child was born without hair, and had no hair at any future period, it indicated that its intellect would be exceedingly feeble, if not an idiot. He had seen many instances of the kind, and never been deceived. He had never known a single instance in his life of an idiot having been born with hair."

In a long cross-examination by Mr. Serjeant Vaughan, he said, he knew an idiot at Wiggington, in Staffordshire, and he had no hair; he was at that time 28 years old. It is a deficiency of the brain that causes idiocy. *A person having a very bushy head has generally strong intellects,* and a bald person, or one who has weak hair, was generally weak in intellect.* The Learned Serjeant asked him, if he ever saw his learned friend Reader without his wig, and if he thought him of weak intellect. This observation, and the fact of many gentlemen of the jury being nearly bald, produced convulsions of laughter from the auditors.

Those who have been in the habit of occasionally dosing away an hour over the pages of the Mausoleum, must have observed how anxious the editors are to direct the attention of the profession to that important branch of study—medical jurisprudence, which they seem to consider as a wide field, the cultivation of which would amply repay those that devote their attention to it. Some of its first fruits are now before the public, and we feel confident that the whole profession will come forward to congratulate the labourer on his success, and to adorn his brow, and cover his *thick shaggy locks*, with the *pyramidal crown* he so richly deserves But the learned Doctor's renown is not likely to be confined to the medical profession, for we understand that the proprietors of the far-famed Macassar Oil are about to present him with a piece of plate, as an acknowledgment of their obligation for a discovery which cannot fail to be of such essential service to themselves; and we see, in the last puffs of their inimitable composition, that they have absolutely given an extract from the Doctor's evidence, which being an attempt to prove that all bald persons are idiots, will of course make every one extremely anxious to avert this most grievous of all misfortunes.

The Scriptures inform us, that Sampson lost *his corporeal* strength when deprived of his hair; but it was reserved for the genius of ex-editor Palmer to discover that the loss of hair had a like influence over the powers of the mind. It may be some satisfaction to Dr. Palmer to know, that Sir Billy Blizard has little or no hair ! !

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* We understand that the doctor's head is extremely *well covered*; our readers will be able to judge how it is *lined.*

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

The subsequent cases of ophthalmia are selected from a considerable number, which have presented themselves at this Institution, in order to point out the more striking symptoms of some of the different species of inflammation of the eye, and of the different systems of treatment which were employed for their cure.

SYPHILITIC OPHTHALMIA.

This species of ophthalmia, which only appears as a secondary symptom of syphilis, Mr. Wardrop considers to be curable, like other secondary symptoms, by three very different, and what may appear to some, very opposite modes of treatment. It may be cured by *no* mercury, by a *large* quantity of mercury, or by a *small* quantity of mercury. The latter is the plan of treatment generally employed by Mr. Wardrop, for the cure both of the primary and secondary symptoms of lues, and its good effects in the following case were most decided.

John C. ætat. 40. There is a pink coloured redness of the albuginea, more particularly around the circumference of the cornea: the vessels are seen in distinct branches coming from the periphery of the globe, and terminating abruptly at the edge of the cornea. The cornea is of its natural transparency, the pupil is contracted and irregular; the eye is not irritable when exposed to a moderate degree of light, and his vision is very slightly impaired. Complains of great pain in the eye, and corresponding half of the head and face; and also in the bones of his legs. When warm in bed, the pain is increased, and is always exasperated towards evening. There are a few copper-coloured blotches on his face and trunk. Six months ago he had a sore on the penis, and swelling in his groin, for which he used mercury, and in two months they both disappeared. In three months afterwards, a number of copper-coloured blotches made their appearance principally on the face, breast, and shoulders, Took some medicine, which nearly cured the blotches, but in a few weeks they re-appeared with nocturnal pains in the bones of his legs and arms. Soon after this his eye became suddenly affected with pain and redness, and it has since remained much in the same state. Pulse small and quick; tongue foul.

℞ *Pil. colocynth*, 10 *grains, to be taken at night*;
Ol ricini, ʒss. *in the morning.*

Second day. Bowels freely opened

℞ *Liq. oxymur. hydrarg.* ℥ij;
Tinct. opii, ʒij. M.

a tea spoonful to be taken morning and evening in a little gruel.

Fifth day. Has taken the oxymuriate morning and evening since last report, and feels the pain of his head and limbs relieved. The redness of the eye has also much subsided, and his vision clearer. Pulse natural; tongue white bowels open. Continue.

Seventh day. To take the liq. hyd oxymur. only once a-day.

Twentieth day. The eye is now of its natural appearance, his vision quite restored, and he has no febrile symptoms; tongue clean, and bowels regular, blotches greatly diminished. Still complains of pain in his ancle and shoulder joints. To leave the Hospital, with directions to go to the country, and to continue the liquor. hydrarg. oxymuriat. once a day for two or three weeks.

RHEUMATIC OPHTHALMIA.

In the two following cases the inflammation was relieved in a remakable manner, by first administering an emetic, and then the cinchona, now sold in small doses as pointed out by Mr Wardrop in a paper on the subject, in the Medical and Chirurgical transactions.

John F. æt. 36, a labourer. There is a great degree of redness of the white of the left eye-ball, the vessels run in distinct lines from the periphery of the globe, without anastamosing with each other, and terminate abruptly at the junction of the cornea with the sclerotica; the colour of the vessels differs from that in the preceding case, and in place of being pink is more of a yellow tint. The eye lids remain quite open, the patient not experiencing the least inconvenience from the light. Complains of great pain in the eye-brow and head. Tongue loaded and white; bowels costive.

About five months ago he had an attack of ophthalmia in both eyes, which lasted nearly a month; a few days after this, the left eye assumed its present appearance, since which the pain has been getting worse. He has all his life been a martyr to rheumatism.

℞ *Vin ipecacuan.* ℥j.,
Vin antimon. ʒij. M.

The emetic to be taken immediately, and a calomel pill at bed time. Felt very much relieved next day, and said that he had not been so easy for several months; the appearance of the eye considerably improved; tongue clean. He was now ordered *Pulv. cinchon.*, *carb. sodæ aa*, ga. iv.; to be taken every three hours. The redness daily diminished, and he continued the bark for six days, when the inflammation was perfectly subdued.

RHEUMATIC OPHTHALMIA.

An Irish shoemaker, contrary to the usual habits of his countrymen, got drunk, and slept during the night opposite to an open window. In the morning he complained of severe pain in the right eye, and corresponding side of his face and forehead, with great redness of the eyeball. When he came to the Hospital, which was about a week after he was affected, the eye presented in every respect a similar appearance to the one in the preceding case, with the addition of a small ulceration on the corneal conjunctiva. His tongue was foul, and his bowels irregular.

He was ordered to take an emetic immediately, and afterwards the bark and soda powder four times a day.

Under this treatment the inflammation gradually subsided, and on the 7th day the eye was completely cured.

There have been several other cases of rheumatic ophthalmia, in all of which the same general system of treatment has been adopted, and local remedies cautiously employed, or rather altogether avoided. The disease has been unusually frequent amongst all classes of society during the summer months, the warmth of the season exposing people to great alterations of heat and cold.

In cases of rheumatic ophthalmia, Mr. Wardrop has often remarked, that there is no stronger evidence of the existence of this peculiar inflammation, than the mode by which it is relieved; for none of those remedies whose good effects in common inflammation are so decided, afford in this species of inflammation any relief; whilst those remedies which afford little or no relief in common inflammation, cure the rheumatic ophthalmia. This practical observation is precisely what is to be observed by comparing the treatment of rheumatism and common inflammation in other parts of the body.

ARTHRITIC OPHTHALMIA.

Like gout in other parts of the body, gout and *rheumatism*, (*rheumatic gout*,) are often perceived so combined, affecting the eye, that it is difficult to form a decided opinion of the nature of the disease in particular cases. There are other instances where the character of the inflammation is indisputably established, as in the following, where gout was translated to the eye from a distant part.

J. Newell, æt. 67: four months ago, Mr. Wardrop performed the operation of puncturing the capsule of the lens, through the cornea in the left eye, the lens of which had been opaque. Scarcely any inflammation ensued, the greater part of the lens was dissolved, and the sight was much improved for a time. The capsule of the lens, however, by degrees became so opaque as to obstruct vision. On the 1st of August, a small sharp edged needle was introduced through the sclerotica, and the opaque capsule transversely divided in the centre of the pupil, thus forming a transparent opening. The operation did not cause much pain, a small quantity of blood was effused into the anterior chamber, but little inflammation followed. The eye, however, became rather painful, for which he, of his own accord, used cold applications. On the 9th day after the operation, he felt the great toe of the left foot stiff and painful when he rose in the morning, and the skin was of a rose colour. These symptoms increased during the day, but towards night gradually diminished, while the eye which had been operated upon became by degrees exceedingly painful; next morning the eyelids were very much swelled, and a bright redness over the whole surface of the white of the eye.

A mustard poultice was immediately ordered by Mr. Wardrop to be applied to the foot, and the following mixture, a wine glassful of which was to be taken morning and evening.

℞. *Vin. colchici*, ʒij;
Sulph. magnes. ℥j;
Carb. magnes. ʒij;
Aq. menth. pip. ℥vj.

The mustard poultice which was applied to the foot produced considerable smarting of the skin, followed by a gradual increase of the gouty pain. The symptoms of inflammation of the eye subsided in a proportionate degree. He continued to take the mixture for several days. The foot continues to give uneasiness, but the eye is perfectly free from inflammation.

GUY'S HOSPITAL.

DISEASE OF THE VAGINA AND OF THE UTERUS.

E. Cramer, 21 years of age, pallid and unhealthy in appearance, was admitted on the 5th of July, under the care of Mr. Morgan. She described herself as having had an offensive purulent discharge from the vagina for twelve months, occasionally mixed with blood. She suffered much from pain in the loins, and was very much debilitated. Dr. Blundell was requested to examine the patient; he gave the following report of her case:

"No. 5, Mary's Ward. Elizabeth Cramer labours under a *large hollow*, lying in the upper part of the vagina, and probably extending to the lower part of the uterus, almost large enough to admit a pullet's egg; the inner surface of this hollow is ragged, tender, and bleeds under the slightest handling; the vagina below is tolerably sound. The margin which separates the diseased from the more healthy organization is, in the immediate vicinity of the hollow, indurated and *scirrhous*: on the whole, the disease is malignant ulceration. *Extirpation?*—It would be difficult and dangerous. Is there a hope that the parts will heal if left untouched?

"N. B. I am not fully satisfied that the malignant ulceration is cancerous; it may as easily be dressed as any sore on other parts of the body. J. B."

There is but little to notice in the progress of this case to its fatal termination, which occurred on the 21st of August.

There was constant discharge, which was of a highly offensive description, and occasionally there was considerable hæmorrhage, large clots of blood coming away. The decoction of oak bark, with alum, was used for some time as an injection, and a drachm of the carbonate of iron given three times a day in decoction of bark. The debility consequent upon the repeated hæmorrhages eventually became so great, that the treatment was principally directed to obviate this. Stimulants and tonics were freely administered, but "tired nature" could no longer withstand the disease, and the poor woman sunk from exhaustion.

The examination of the body showed a large ulcer (or "hollow," as Dr. Blundell styles it) in the upper part of the vagina, and extending to the neck of the uterus, which was in a softened, diseased state. The ulceration had completely made its way through the vagina.

Mr. Morgan declined extirpating the uterus, as hinted at by Dr. Blundell.

OPERATIONS.

Lithotomy.—On Tuesday, August 16, Mr. Key operated on a boy six years of age. A circumstance somewhat unusual occurred at this operation. On attempting to introduce the forceps, for the purpose of extracting the calculus, the opening in the bladder was found to be filled up by the stone, and hence some caution was necessary in grasping it, in order to avoid laying hold of the internal coat of the bladder. The patient has done well.

Amputation.—On the same day, Mr. Morgan removed a boy's arm, above the elbow, in consequence of disease of the joint. The operation was performed by making two lateral muscular flaps. We regret to state that the patient died ten days after the operation.

Mr. Morgan admitted the following cases into the Hospital on Wednesday, July 26.

Males.—Abscess of the thigh; ulcer of the leg; ulceration of the mouth, from profuse ptyalism; fistula in ano; stricture of the urethra (2); scaly eruptions; abscess of the neck; disease of the knee; disease of the elbow joint; ulcer of the leg.

Females.—Ulcer of the foot; ulcer of the leg (3); abscess of the breast; disease of the toe; irritable disease of the breast; scirrhous (?) disease of the mamma.

The only cases of interest amongst the foregoing were the two last. The patient affected with the supposed scirrhous affection left the Hospital a few days after admission; the other with irritable disease of the breast remains in the Hospital. We shall notice the termination of the case.

The admission of cases by Mr. Bransby Cooper, on Wednesday, Aug. 9, was as follows:

Males.—Ulcer of the leg (2); ulcer of the foot (2); abscess under the fascia of the hand; erysipelatous inflammation of the leg; chronic enlargement of the testicle, with hydrocele.

Females.—Ulcer of the leg; disease of the knee joint; disease of the ancle joint; herpetic eruptions; hæmorrhoids; ulcerated throat; ulcer of the ancle; scrofulous abscess of the neck.

These cases do not present any thing worthy of notice.

ANEURISM OF THE ARTERIA INNOMINATA; DISEASE OF THE HEART.

J. S., ætat. 54, a man of florid complexion and short stature, was admitted into Lazarus Ward, on 17th of May, under the care of Mr. Morgan. He described himself as having been ill two years, and he directed the attention of the surgeon to a tumour situated above the sternal end of the right clavicle. On examining this it was found to be a pulsatory swelling of about the size of an egg, and placed under the lower part of the sterno cleido-mastoideus, so that it could be equally well felt on either side of the muscle. He attributed the formation of the disease to a violent blow which he received on the back two years before, and he stated, that from the time of this injury he had laboured under the "beating," as he expressed it. The swelling did not appear to occasion any interruption to the functions of deglutition or respiration. He stated, however, that frequently on rising from the recumbent position he had the sensation of a ball passing up through the abdomen, which occasioned a momentary difficulty to his breathing. The pulsations of the tumour were synchronous with the heart's beat, and so forcible that they could be distinguished at a considerable distance. The pulsation in each carotid artery was also very forcible.

The heart's action was so strong as to give a strong impulse over the upper part of the chest. On applying the stethoscope, a purring sound was heard at every part of the chest, and this was also audible some way down the back.

There appeared to be one long pulsation of the ventricle, accompanied with a loud purring noise, and this was succeeded by a shorter pulsation, with less noise, at the time in which it is natural for the auricle to contract. It was inferred that both the contractions were ventricular, inasmuch as they corresponded with the pulsations of the arteries. The contraction of the auricles was therefore inaudible.

The external jugular veins were distended, but did not pulsate.

The roughened, or purring sound, which has also been compared to the noise of a saw, was distinct in the brachial arteries, but not in the radial, where the pulse was feeble and somewhat irregular.

The opinion formed on this case was, that there was an aneurism of the arteria innominata, probably involving, or rather arising, from the aortic arch. From the increased and forcible contraction of the heart, there was supposed to be hypertrophy of that organ, and from the irregular contractions of the ventricle, that there was some valvular disease. Little or no expectation of avoiding a fatal issue was entertained, but Mr. Morgan thought proper to adopt the lowering plan of treatment, acting upon the principle of diminishing the force of the circulation, which we know will prevent the increase of an aneurism, and consequently retard the death of the patient. Small and repeated blood-lettings were made from the arm, and the digitalis freely exhibited, until it produced so many unpleasant consequences that it became necessary to discontinue its use. Colchicum was afterwards prescribed, and the patient took drachm doses of the wine for some time; it had no effect in controlling the inordinate action of the heart.

July 12. The patient is anxious to leave the Hospital; he has been bled eight times, and cupped twice; the amount of blood drawn each time from the arm was about eight ounces. There is no change in the symptoms, but the disease has certainly not increased since the man's admission into the Hospital, which, Mr. Morgan remarked, under all the circumstances, was as much as could be anticipated. The patient left the Hospital on the following day.

OPERATION FOR THE REMOVAL OF FUNGOID DISEASE FROM THE SCROTUM.

The particulars of this case are as follow:—The patient is a man about forty years of age, of dark complexion, and sallow unhealthy countenance. The right testicle was removed in the month of October 1825, by Mr. Morgan, on account of fungoid disease, and in April 1826, the patient again made application at the Hospital with a fungous tumour, projecting from the right side of the scrotum. An operation was undertaken for its removal soon after his admission, and the man was subsequently discharged as cured. The disposition of this disease, however, to recur, was strongly marked, for on the 16th of August he again presented himself, and was found to have a fungoid tumour issuing from the right side of the scrotum. He stated that it made its appearance shortly after he left the Hospital from his second operation. The tumour, in a few days, became much enlarged, and there was considerable bleeding from it. Mr. Morgan, therefore, proposed to the patient that it should be removed, with a view of getting rid of a local source of irritation. The right side of the scrotum was so much diminished by the two preceding operations, that the swelling appeared rather to come from the inner part of the thigh. In this situation, and under these circumstances, it was impossible to have any integument, and the tumour was therefore dissected out, and the wound left to be filled by a process of granulation. The disease was found to extend under the muscles, at the upper part of the thigh, and portions of that peculiar brain-like matter of fungus hæmatodes were scooped out. Mr. Morgan observed, that he had little doubt that the disease extended under Poupart's ligament into the abdomen. The undiluted nitric acid was applied to the whole surface whence the tumour was removed. The operation was performed on Tuesday, August 22.

ST. THOMAS'S HOSPITAL.

CASES OF POISONING.—USE OF THE STOMACH PUMP.

The stomach-pump has now been so frequently and successfully resorted to in cases of poisoning, and its use has become so general, that it may appear superfluous to relate additional facts, confirmatory of its utility. It is gratifying, however, so record such cases, and to reflect that the present age has given birth to an instrument thus calculated to diminish the extent of human suffering. It will be seen on perusal of the following cases, that but for its timely aid, two young women would have perished. How completely have the anticipations of Sir Astley Cooper been verified: "I certainly do expect (observed Sir A., in one of his valuable lectures,) the happiest results from the invention of this instrument."

Case 1.—*Poisoning from Laudanum.*—A young woman was brought to the surgery, about noon, having about two hours previously swallowed six drachms of laudanum, in a fit of jealousy. The effects of the poison on the system, were very apparent; the patient had the appearance of one intoxicated; reeling to and fro, with a dull stupid expression of countenance, and an invincible propensity to sleep. The face was pale and cadaverous, the eyes dim, and the pupils insensible to the application of light. The respiration was slow and laborious, the pulse small and feeble, the surface and extremities cold.

The dresser of the week, (Mr. B. Smith,) being called to the patient, immediately had recourse to the stomach-pump, first throwing in a large quantity of water, and then evacuating it with the previous contents of the stomach. The fluid thus withdrawn, smelt strongly of laudanum. The stomach was refilled and re-emptied, and this process was continued until the fluid returned, became inodorous. After this, the poor woman was somewhat relieved; still the disposition to sleep was excessive, notwithstanding she was kept in constant motion. A strong purgative was exhibited, which acted briskly on the bowels, and in the space of a few hours there was a manifest improvement in the appearance of the patient. She became enabled to answer questions, had less drowsiness, and in fact, all the symptoms gradually yielded. On visiting her on the following morning, we found her complaining only of languor, with trifling uneasiness in the head. She remained in the hospital a few days, and was then dismissed, quite well.

Case 2.—*Poisoning from Nux Vomica.*—This patient, a young woman, of the class of "unfortunates," was brought to the hospital about three o'clock in the afternoon, having taken, in a fit of desperation, a quantity of *rat's bane*—nux vomica.

Symptoms.—The effects produced by the poison were not continual, but occurred in paroxysms, from time to time, during which the muscular system appeared to be much affected. The patient stretched out her arms, clenched her fists, and threw her head back, whilst at the same time the jaws were firmly closed, the countenance much distorted by the contraction of the muscles, and strongly expresive of agony.

She was able to answer questions rationally during the absence of the paroxysms. The poison was taken about half an hour before her admission.

The stomach pump was resorted to, and the contents of the stomach (previously diluted) were, as in the former case, removed, and the pumping process continued for some time. The patient from this time had no recurrence of the convulsive paroxysms, and being free from any unfavourable symptom, left the Hospital two days afterwards.

On making inquiry of this unfortunate young woman, in what manner she had procured the poison, she replied that she bought it of a *practising druggist* in the Borough, by the name of Odling, and obtained it *simply by asking for a pennyworth of poison.* We were of course much surprised, and unwilling to believe her statement; that any respectable tradesman should afford such facility for self-destruction to his fellow-creatures, as by vending pennyworths of deadly drugs, appeared to us improbable. Having, therefore, ascertained the address of the person from whom the poison was procured, we called at the shop and asked for a pennyworth of poison; and it was immediately handed over without any comment being made or question put as to the use intended to be made of it. We ventured then to inquire whether it was customary with them to sell poison thus freely. The reply was, "*Oh, yes; we sell it to any one who wants it!*" A pretty confession, truly. We have reason to believe this their statement to be correct, for one of the porters of the Hospital was directed by Mr. Green to purchase poison at this shop; he obtained it with as much facility as ourselves; and we learn that several Hospital pupils called in the course of the day, and also bought poison on the same easy terms.

Having pointed out one case as an exemplification of the melancholy consequences liable to ensue from the indiscriminate sale of poisons, we shall abstain from making any comment thereon. The practice is so glaringly vicious, indeed, that it needs none. We may, perhaps, be told, there is no existing law to prevent the sale of poisons—there is, however, a law of humanity. If a druggist can reconcile it to his conscience to distribute, for the sake of a few paltry pence, the ready means of self-destruction, or of murder, amongst his fellow creatures, we do not envy such a man's feelings—cold indeed must *his* heart be.

CASE OF STRICTURE OF THE RECTUM; WITH SOME STRICTURES ON THE CONDUCT OF SIMON PURE, AS COPIED FROM THE PHYSICIAN'S BOOK.

The following is a verbatim copy of Dr. Elliotson's report on the case of Amelia Burrows, admitted under his care, June 15th:—

"A. B., ætat. 30, ill three months; amenohorrea three months, and catamenia scanty before that period. Great discharge of yellow matter from the rectum for seven years; frequent desire of stool; tenesmus; difficult excretion, and fæces very small; passes small flat portions not larger than straws. Great pain at the bottom of the back; numbness of the extremities up to the hip, and deficiency of voluntary power; can scarcely hold her water; numbness began in the soles and extended upwards. Mr. Tyrrell to be requested to examine the rectum."

July 4. This patient has been in the Hospital from the 18th of June, and not yet examined, although directions for an examination were written on the day of admission.

8. No report yet made; the sister says the patient has been examined; that Mr. Tyrrell did not examine her, but desired his dresser to do so. Dr. Elliotson *again* requested that Mr. Tyrrell will be kind enough to examine the patient, and report the state of the parts to him.

11. *Patient not yet examined by Mr. Tyrrell!* Ordered laudanum, six minims; infusion of catechu, two ounces, to be taken three times a-day.

15. Mr. Tyrrell has now (*one month after admission*) examined the patient, and reports her to have stricture of the rectum. To be a surgeon's patient if Mr. T. thinks proper. (The young woman was subsequently transferred to the *care* of Mr. Tyrrell.)

OPERATIONS.

The only operation which has been performed of late at this Hospital, was amputation of the upper arm by Mr. Tyrell, on Friday, August 18th. The patient was a young woman, and had been for some time under the care of Mr. Tyrrell, with disease of the elbow joint. The constitution was not suffering much, but at the patient's earnest entreaty, Mr. T. removed the limb. The joint was examined in the presence of the pupils. The ligaments were found to be much altered in structure, being reduced in some parts to a pulpy mass; ulceration of the cartilage was apparent in two places, but more especially at the coronoid process of the ulna. Mr. Tyrrell remarked, that it was highly probable the disease (if allowed to remain) would have gone on, so as ultimately to render amputation imperative. Still he did not consider the operation requisite under existing circumstances, and with this impression had endeavoured to dissuade the patient from having the limb removed.

Mr. Travers admitted the following cases into the Hospital on Thursday, July 13th.

Males—Gonorrhœa; ulcer of the leg; ulcer of the elbow; scrofulous abscess of the neck; tumour at the sterno-clavicular joint; chronic affection of the knee-joint; ulceration over the sternum; hydrocele (two cases); abscess of the testicle.

Females—Chronic enlargement of the knee joint; abscess of the leg; inflammation of the fascia of the fore-arm; venereal phagedena; disease of the womb.

The admission of cases under the care of Mr. Green on Thursday, July 20th, was as follows:

Males—Ulcer of the leg (5 cases); fistula in ano; defective motion of he shoulder joint, succeeding dislocation; inflammation of the testicle (2 cases); abscess at the verge of the anus; stricture of the urethra; inflammation of the hip joint; fistulous openings in the loins.

Females—Varicose ulcer of the leg; rheumatic affection of the shoulder joint; indolent ulcer of the leg (2 cases); inflammation of the leg.

Mr. Tyrrell admitted the following cases on Thursday, July 27th.

Males—Chronic affection of the synovial membrane of the knee joint; node; enlargement of the testicle; abscess of the neck; *pericranitis*; ulceration of the throat; chronic affection of the tarsus; paralysis of the right leg: herpetic eruption; fungoid (?) tumour of the thigh.

Females—Chronic disease of the pharynx; fungoid disease of the breast; suppurating bursa of the knee; stricture of the pharynx.

From Mr. Travers' patients we selected only two cases as worthy of notice; *inflammation of the fascia of the arm*, and a case of *venereal phagedena*. A report of the first case was given in a former Number of The Lancet; the latter we shall take an opportunity of reporting next week, with the particulars of a case subsequently admitted.

The only case of interest amongst Mr. Green's patients, is that of *fistulous openings in the loins*, through which fæcal matter is discharged. This patient remains in the Hospital, we shall therefore wait the termination of this case.

In Mr. Tyrrell's list of male patients admitted, we find a case of *fungoid tumour of the thigh*: and amongst the females, a case of *fungoid disease of the mamma*. The latter case was reported in our last week's Number; the patient with disease of the thigh is still in the Hospital. We shall notice the sequel of this case also.

ST. BARTHOLOMEW'S HOSPITAL.

MELANOSIS OCULI.

We shortly noticed (see The Lancet, Vol. VII. pp. 189, 222,) the case of an Irishman, on whom extirpation of the eye was performed at this Hospital in May, 1825. The patient left the Hospital apparently cured; but anxiety was felt respecting him, from the tendency to relapse, which is so frequently observed in such affections. He came to the Hospital in June last, to show himself, and express his gratitude to Mr. Lawrence; and thus we have the opportunity of stating, that he continues perfectly well. Mr. Lawrence mentioned the case shortly to the pupils, and we thus gathered some particulars not noticed in our report. The patient was little more than thirty, and the youngest person whom Mr. Lawrence has seen labouring under this formidable disease; with this exception, he has seen it only in those near to or beyond fifty. The eye had been affected nearly two years before the operation, yet the morbid structure had not appeared externally; in other instances the globe has been quite disorganized in 12 or 18 months. The appearances, at the time of operation, were, a dull dark lens pushed into the pupil, and closely squeezed, with the iris, against the cornea; a dark discolouration, obscurely perceived on the surface of the globe, at some distance behind the cornea, and covered by a close plexus of large vessels, filled apparently with venous blood; and the globe rather more prominent than the other, when compared with the eyelids closed. The preparation, now in the Hospital Museum, presented, Mr. L. stated, a very interesting specimen of the disease. The coats were filled with a soft perfectly black mass, the growth of which behind had caused mechanically the appearances observed in front of the eye.

This Irishman recommended a countryman of his to Mr. Lawrence's care. He proved to be an Albino, affected with amaurosis of one eye. Mr. Lawrence pointed him out as a specimen of that peculiar formation, and explained to the pupils the nature of the peculiarity, more particularly in the structure of the eye. From this description, and our own observations, we formed the following *description of an Albino*, who, however, would not come into the Hospital, although he had got the itch, having a large and lucrative practice in his profession—

that of fiddler, patronized by customers who did not regard that slight cutaneous defect :—

Edward Waldron, ætat. 17, a perfect Albino, was born in Ireland (county Mayo,) and came to St. Bartholomew's in June, 1826. His father has dark hair and eyes; his mother red hair, but he does not know the colour of her eyes. He has two sisters and one brother; the former are fair, the latter dark. He is stout and well made, about 5 feet 9 inches, and capable of strong exertion. There is no appearance of weakness, or any morbid tendency about him; on the contrary, he looks and is strong and hearty. His skin is fair, with a slight rosy tint, especially in the face; the cheeks have colour. The general appearance of the integuments, and that of the face, are those of a fair German, with nothing of morbid, excessive, or unpleasant whiteness. There is no roughness, scurf, or scaliness of the skin, which seems in all respects of natural healthy structure, and is not lighter in tint than in many individuals who pass unnoticed. The hair all over the body is white, and the eyelashes and eyebrows are peculiarly so. That of the head is not softer nor thinner than usual, and differs from common hair only in colour. The eyes have generally a soft and semi-transparent appearance, as if composed of unusually thin and delicate tunics. The iris is extremely thin and nearly transparent, so that we see through it into the globe; the light passes freely, and the eye is a light, instead of a dark chamber. The margin of the pupil is thicker, and very light coloured; light opaque radiated streaks extend partially from it into the iris, terminating about half way between the pupillary and ciliary margins. Only the pupil and the striæ radiating from it can be said to be coloured; the rest of the iris seems nearly transparent, and of a delicate pink tint, from the colour of the interior tunics appearing through it. The pupil, which is rather small, and varies little, if at all, is of similar colour to the iris, but darker: it is pink or rose coloured. His vision is altogether imperfect, but is not better at night than in the day, so that he has no claim to the appellation of nyctalope. He has always been near-sighted with both eyes, and that near-sightedness is now considerable. The eyes have that constant oscillating motion which characterizes congenital blindness; and the difficulty of fixing them on objects, which require a great effort, seems to be the cause of his imperfect vision. He can read, with the right eye, an ordinary print, but it gives him considerable trouble: he turns his back to the light, knits his brows, and closes the lids, leaving only the smallest aperture; he then brings the book nearly in contact with the nose. In strong light, that is, in the ordinary full light of day, he contracts the brows, and closes the lids in a similar manner, but not to an equal degree. Till within sixteen months, the left eye was the strongest, aud apparently perfectly healthy: he had always used it in preference. The sight, however, has gradually failed; in the first instance, there were clouds before the eye, and objects flitting in the air: at present, he can merely distinguish light from darkness. The pupil is stationary, a little larger, and not so bright as that of the right eye.

INTERESTING CASE OF ACUTE EXTERNAL INFLAMMATION OF THE EYES, AND ULCERATION OF CORNEÆ, WITH GLEET AND RHEUMATIC SWELLING OF THE WRISTS AND KNEES.

John H——, a man of spare habit, 38 years of age, came into this Hospital, under the care of Mr. Lawrence, in consequence of the above named complaint.

On inquiring the particulars from him, we learnt that it was about six weeks after connexion that the discharge showed itself. It is now nearly two months since he first perceived it, but at no time has it been very considerable. About a fortnight after the commencement of this gleet, and whilst pursuing his usual avocations, he felt his eyes becoming very painful, as if sand had got into them; a considerable lachrymal discharge took place a very little time afterwards. He says his eyes have always been very weak and watery. The following morning after the attack, he got up to go to his work, but the pain was so severe that he could not, and about the middle of the day a medical man was sent for, who, instead of coming, *sent* poppy heads to foment the organs, and some Epsom salts to take. From this time the eyes became worse; a copious purulent discharge took place, and vision was lost. From this time the man remained without any further assistance, until he came to the Hospital.

Shortly after this attack of the eyes, he was seized for the first time in his life with rheumatic pains in the right wrist, and subsequently in the left; the joint at the same time becoming exceedingly swollen and painful. At the time of his admission, in conjunction with the severe external redness and copious thin purulent discharge from the conjunctival surface, there were large ulcers occupying the central portions of each cornea. In the right ulcer, a thin transparent vesicle was observed, which at first sight was mistaken for *prolapsus* iridis; but it was only the protrusion of the membrane lining the cornea. Both corneæ were at the same time very opaque, and the left one so much so, that neither the iris nor anterior chamber could be seen. Pulse 100, quick and hard; tongue slightly loaded with a darkish fur; bowels rather confined. Ordered to be cupped at the temples to 16 ounces, and to take a dose of calomel and jalap immediately.

28. Bowels have not yet acted; ordered to repeat the powder, and to use the following lotion to the swelled wrist:

Rectified spirit, 2 *ounces*,
Camphor mixture, 6 *ounces*.

30. Since the application of the lotion to the wrists, the swelling has greatly subsided, and the pain almost gone. The right knee has, however, now become swollen and painful. Pulse 90, soft; bowels not yet open. *Ordered to have* 12 *leeches to the temples; to be cupped from the knee to* 16 *ounces; to repeat the aperient powder, and if the bowels do not act by the evening, to have an injection administered.*

May 1. The inflammation of the synovial membrane of the knee is better, and the effusion into the joint diminished. The knee, however, continues very painful. The inflammation of the eyes is less. *To take the following draught every night:*

Saline mixture, 1½ *ounce*,
Colchicum wine, 1 *drachm*.

5. An increased redness of the left eye is perceptible, and the man complains of pain. *Let six leeches be applied to the left temple, and a blister at the back of the neck.*

8. The right eye is considerably better; the cornea is much clearer, and the man says he is capable of distinguishing his fingers. The inflammation of the left eye is also better. *Continue the draught at bed time.*

12. The inflammation of the knee has subsided. He sleeps well at night, but is considerably reduced, and complains of great weakness. Corneæ getting clearer around their ciliary margins.

15. *Infusion of bark* 1½ *ounce, to be taken every six hours.*

17. He has got up to-day, but feels extremely weak. On examining the corneæ on the profile view there appears to be a superficial loss of substance, so that instead of the usual convex surface, a superficial indentation is observable. He can distinguish objects better than he could. *Let him continue the bark and have strong broth.*

19. Slightly feverish; skin hot; pulse excited; bowels open. Discontinue the bark and let him take instead saline mixture every six hours, with half a drachm of the antimonial wine in each dose.

23. Is quite free from all febrile symptoms. Still complains of extreme debility. Ordered to take an ounce and a half of the infusion of bark, with dilute sulphuric acid three times a-day.

25. Vision gradually improving, but from the circumstance of the opacities of the corneæ being in their central part, and, as a consequence, in front of the pupil and immediate axis of vision, the sight is very imperfect; but nevertheless he can distinguish objects better than he could. Continue the medicine he is at present taking, and let belladonna be applied over the eye-brows at night.

June 1. The peripheral portion of the right cornea is now quite clear, but a dense opacity still occupies the immediate axis of vision. The opacity of the left cornea is more diffused, and vision in this eye is nearly lost. The irides appear to be as yet but slightly influenced by the belladonna.

12. The belladonna was discontinued for a few nights, but has now been again repeated at night in the form of solution dropped into the eye instead of the extract. The irides now act freely and objects can be distinguished more readily; for by the free contraction of the irides, the pupil is enlarged beyond the margin of the central opacity of each cornea. The slight indentations previously observed still continue. It is probable that in progress of time these will heal, and the opacities be in a great measure removed; but as a considerable time would be requisite for this process, and as in other respects the patient is recovered, it was considered that he might be discharged.

THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES

OF THE EYE,

BY MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XXIX.

Cataract—continued.

Gentlemen,

ONE of the unfavourable circumstances which takes place after the operation of extraction is, a prolapsus of the iris. (Mr L. then repeated some observations which he made at the close of the last lecture on that accident, and proceeded to observe.) If it should be found that in ten or twelve days after the operation a partial prolapsus of the iris should exist, and if there be no irritation or inflammation about the eye, the prolapsus may be touched with the nitrate of silver, scraped to a fine point; it makes the protruded portion shrink, and excites inflammation, which produces adhesion between it and the corneal aperture. It has been recommended to puncture the protruded portion of the iris with a cataract needle, and let out the aqueous humour to diminish the pressure and tension upon the iris, and this is decidedly advantageous in the early stage of the prolapsus; but, when that proceeding has been found insufficient, the application of the caustic pencil will be the most advantageous treatment, and it may be necessary to repeat it once or twice. If, however, any inflammation should exist in the eye at the same time as the prolapsus, it must be removed by the application of a few leeches, and other measures: the soothing treatment, with the puncture of the prolapsed portion, is sufficient in the great majority of instances. You mus proceed cautiously in the use of caustics, which is very seldom necessary or advantageous.

The operation of extraction is particularly applicable to cases of firm cataract, especially in persons advancing in years. The advantages of the operation are, that the cataract being hard and incapable of absorption is removed from the eye, and the sight thereby effectually restored; the flap of the cornea is often healed in forty-eight hours after the operation, and the sight is then restored, but you are aware it is not prudent to employ the eye at that time. The great advantages of the operation appear to be, the complete mode in which the cataract is got rid of, the short time in which the sight is restored.

There are, however, under certain circumstances, objections to the employment of extraction, whether for hard or any other cataracts. A small anterior chamber increases the difficulty of the operation; it is not easy to make an adequate section of the cornea without wounding the iris. The cataract is sometimes so large as to push forwards the iris, so that a very small space is left between the latter and the cornea; but, as I have before observed, the firm cataract is generally smaller than natural, therefore this objection does not apply to a case of hard cataract. A very sunken eye is unfavourable for the operation of extraction; and the eye may be in this state either from an absorption of the adipose matter in the orbit, or from a great projection of the brow: the globe cannot be denuded sufficiently for the easy execution of the operation, or at least not without subjecting it to pressure. A very advanced age I consider to be unfavourable for the performance of extraction; the restorative powers of the system are enfeebled, and the union of the cornea does not readily take place. I have seen some cases, in which no progress towards union was observable four or five days after the

No. 158 —Vol. X.] 3 C [Sept. 9, 1826.]

section had been made. It would be difficult, however, to specify any exact age at which we might deem it objectionable to perform the operation; we should rather consider the general powers of the individual, for some persons are as young at seventy as others are at sixty. Another objection to the operation of extraction has reference rather to the operation than to the patient; it is the difficulty of performing it, the degree of manual dexterity required for its successful execution: unless a person has frequent opportunities of operating, he will not become familiarised to the various difficulties of the proceeding, nor acquire that confidence which is essential to success. The unsteadiness of the eye, the little control which the patient has over it, the alarm which the dread of the operation, and still more the preliminary measures occasion, and the convulsive or spasmodic exertion which the actual contact of the instrument often excites, are circumstances of real difficulty. The eye is rolling incessantly from one side to the other, and it immediately turns away from the instrument, so that the greatest care and caution are necessary even to perform the section of the cornea. Undoubtedly the operation of extraction must be deemed one of considerable difficulty, and unless it has been frequently performed on the dead eye, the expectation of success on the living subject would be as absurd, as the attempt would be unjustifiable. The operation of depression is, on the other hand, very easy, so that it requires no particular practice before hand.

Depression.

In all instances, before operating with the needle, it is expedient to dilate the pupil by belladonna: this enlargement of the aperture gives you an opportunity of seeing exactly what you are doing. You ought also to continue the employment of belladonna for some time after the operation, to keep the pupil permanently dilated, and thus to allow free access of the aqueous humour to the lens, as well as to prevent adhesions of the pupillary margin. Various needles have been used for depression; the spear-shaped needle, which has been very commonly employed, is made straight, and terminates at the end in a spear point. The needle employed by the late Mr. Saunders is straight also, but instead of being spear-pointed is ground flat at the extremity: it is just such an instrument as might be made by grinding a knitting needle flat at its end, and giving it a sharp point: the sides of the end are also sharp. The needle of Scarpa is slightly curved at the end, and is sharp upon the edges of the curve. (The needles were shown to the pupils.) There is a needle strongly recommended by the late Mr. Hey, but it is now out of use; it is the worst of all I have tried.

The situation of the patient, and of the operator; the elevation of the upper lid, and the mode of fixing it by the assistant; and the relative situation of the parties, are to be the same as I described for extraction.

The needle is to be entered, at the distance of a line and a half or two lines behind the margin of the cornea, through the sclerotic coat, and nearly, but not exactly, in the middle of the eye, because the long ciliary artery runs on each side along the middle, and therefore the needle should be entered a little above or below. It is to be introduced on the temporal side of the globe, and then carried forwards and upwards, so as to place it on the upper and front part of the lens, and then the business of depression begins. You steadily press upon the cataract, and move it downwards and backwards, out of the axis of vision; and this is to be done, not by any sudden motion, but by a slow and gentle pressure, until you press the lens below the pupil; you hold the needle on the lens for a short time to fix it steadily in that position, and then lift up the needle a little to see if the lens rise; if it do not, you withdraw the needle from the eye; if the lens should rise again, you depress it, and keep it steadily depressed for a short time, after which you withdraw the needle. There is a method of performing this operation termed *reclination*, in which the lens is not pushed downwards in a straight direction, but is turned on its axis, so as to be placed horizontally in the vitreous humour, behind the lower part of the iris. When this kind of displacement has been effected, the posterior surface of the lens is turned downwards, the anterior upwards; the superior margin is backwards, the inferior forwards. In order to operate in that way, a particular instrument has been devised by the German surgeon who proposed the operation; it consists of two needles, which, when closed together appear and may be used as a single needle. It is employed in this state to puncture the sclerotica, but when the instrument has entered the eye, the operator separates the two component parts, and then there are apparently two needles, which are placed in front of the lens, and so turned as to *recline* it, or place it in the situation already described. The reclination may be accomplished with the common simple needle, but the lens is apt to revolve under the needle instead of taking the desired direction. It is an operation which has not been much performed in this country.

The operation of depression as performed by Scarpa is nearly the same as that which I first described; his needle is to be introduced with its convexity forwards, the point of the needle is then carried in front of the upper part of the lens, when it is to be depressed, pushing the lens downwards and backwards into the eye; having done this Scarpa turns the needle, and carries it quite through the front of the capsule into the anterior chamber, and makes a point of lacerating the capsule very freely, so as to let in the aqueous humour upon the depressed lens; and he advises the removal of any soft or loose fragment of the cataract into the anterior chamber. Such are the different modes of performing the operation of depression.

You will perceive that in this operation there is a punctured wound through all the coats of the eye, through the conjunctiva, the sclerotic, the choroid and retina, and a forcible displacement of the lens; the cells of the vitreous humour are lacerated, the capsule of the lens is lacerated, so that there is an extensive injury of the internal structure of the organ. Although the operation at first sight appears to be simple, it cannot be unattended with the risk of inflammation, and in fact inflammation is just as common after this operation as after extraction; and you must recollect too, that when inflammation does occur, it is set up in the most internal part of the organ, generally of a severe kind, and therefore the patient requires just as much care after depression as extraction. It will be necessary to pay the strictest attention to the state of the patient's health previously to the operation, and the treatment for the removal or prevention of inflammation must be equally active. Internal inflammation commencing in the iris, arising slowly and exhibiting itself gradually, is a common occurrence after depression; it must be treated actively by antiphlogistic measures, and afterwards by the use of mercury.

There is a further danger in depression, which is that of an affection of the retina, arising from the pressure of the lens on that structure when the lens is pushed lower down in the eye; and therefore it is necessary to be on your guard not to push the lens too far down; you have only a small space to move the needle in, and you must be very careful not to depress the lens further than is absolutely necessary to get it below the pupil. The pressure of the opaque lens on the retina is of itself sufficient to produce amaurosis.

At the time when there was a great controversy between the advocates of extraction and depression, among the disadvantages of depression was enumerated the subsequent rising or elevation of the lens, and that was considered a formidable objection to depression. This, however, does not form any great objection to the operation; for if such a circumstance should happen, which is seldom the case, the operation may be repeated. Depression is an operation which admits of repetition; in extraction, on the contrary, the fate of the eye depends on one effort; if that fails, there is no further chance. The operation with the needle may be performed many times, and the eye will bear it without any serious injury, so that you may ultimately accomplish that which you failed to effect in the first instance. The subsequent rising or reappearance of the cataract at a distance of time from the operation, is not to be feared. The old idea that the lens when pushed out of the axis of vision, remained unchanged in its new position, is quite incorrect. It undergoes absorption; this process will require a longer or shorter time in proportion to the softness or firmness of the lens. Two or three years are sufficient for the perfect absorption of the lens, if it be hard; so that the idea of the lens rising at a remote period, is not to be supported. Scarpa mentions that he had an opportunity of examining the eye of a patient after death, on which he had operated about three years before; and he states that he found a portion of the lens then remaining in the vitreous humour, equal in size to a pin's head.

The cases to which the operation of depression is best suited, are those hard cataracts in which, for some of the reasons before mentioned, the extraction might not be advisable, or when the operator does not feel sufficient confidence in himself to perform the operation of extraction. The advantages of depression are, the facility with which the opetion may be executed, and the less degree of risk to the organ which attends it; the operation may also be repeated; if you do not succeed at one time, you may at another, so that there are many cases in which depression may be preferable to extraction.

Operation by solution or absorption.

The third mode of operating for cataract, by solution, remains to be considered. It was found by casual observation, that under many circumstances, where the operation of depression was attempted, the cataract was not depressed, and yet on leaving the eye quiet for a certain time, the cataract disappeared. Mr. Pott and Mr. Hey were great advocates for depression; and they found, when attempting to operate on soft cataracts, that the needle passed through them; and they observed in these cases, in which the operation was supposed to have failed, that after a time the pupil became clear; this of course showed that a process of absorption went on after the capsule was lacerated, and the aqueous humour admitted to the lens. Hence arose the idea of operating designedly in this manner, viz. to disturb or break the lens, and perhaps to lacerate its capsule, and then leave it for absorption. This mode was afterwards called the operation of solution; it might, perhaps, be more correctly called that of absorption. The lens is neither depressed nor extracted, but placed under such circumstances, that it disappears from the eye, being either dissolved in the aqueous humour, or taken up directly by the absorbents; it is a very useful operation, and easy of performance. The mode of proceeding is to introduce the needle in the same situation as for depression. We generally use a needle which cuts a little further on the sides than that of Mr. Saunders; the only difference between that and the former being the addition of a cutting edge of about one-fourth of an inch from the point The object is to divide the anterior layer of the crystalline capsule. If the cataract be fluid, its contents will pass into the anterior chamber, and render the aqueous humour turbid; but if it should be only soft, not fluid, you move the needle gently once or twice through it, after you have freely lacerated the capsule, and then withdraw the instrument. All you have to do is to lacerate freely the anterior capsule, without disturbing the natural situation of the lens. This operation may be followed by inflammation, just as any other punctured wound of the globe; but if you proceed carefully, and are contented to do little at a time, it does not excite much inflammation. The absorption of the lens goes on to a certain extent; you will find, probably, that some of its exterior soft substance will pass through the opening in the capsule into the anterior chamber. and then be completely absorbed. After a lapse of some weeks, you may operate again, if any portion of the opaque lens should remain, and you then lacerate the capsule more extensively, break up the lens into fragments, and carry them into the anterior chamber, where absorption will go on rapidly, so that you have at last the pupil completely clear. You may repeat the operation in this way two or three times, if necessary. In many of these cases, in which the greater part of the lens is soft, the nucleus remains firm, and the size of this firmer nucleus will very much influence the time required for the absorption of it.

The points to be attended to in this operation are, *first*, not to displace the lens in the first operation; for if you do, it will bulge against the iris, press upon and irritate that part. and thus occasion great mischief; do not attempt too much at once, but rather repeat the operation when the lens has been diminished by absorption, and then you may make a free division of the capsule, and move the needle about more freely in the lens.

This mode of operating is slow, and will require several weeks or months before sight is restored. The cases particularly fit for it are fluid and soft cataracts; all you have to do is to lacerate the capsule, and let in the aqueous humour upon the cataract. It is also applicable to caseous cataracts; and even those of firmer consistence; but in the latter, much more time is required for absorption, as you might naturally expect. The time required for absorption is uncertain; the less inflammation is excited, the more rapidly does the process go on. The removal even of a soft or caseous lens is often long and tedious; and this circumstance forms a real objection to the operation. Patients are very anxious to get sight restored, and the surgeon is equally desirous of accomplishing the point. Delay is, however, unavoidable, in this method of proceeding, in which weeks, and even months, sometimes elapse before the cure is finished. The only compensation to the patient for the extension of time, is the less risk of inflammation.

The operation by solution or absorption, has been sometimes performed by introducing the needle through the cornea, and lacerating the capsule of the lens; this is called *keratonyxis;* it was first practised by a German surgeon, named Conradi, and introduced into practice in this country by Mr. Saunders, who, I believe, did not know that it had been already practised by Conradi. It is an essential circumstance in the performance of keratonyxis, that the pupil should be fully dilated by belladonna; we carry the straight needle of Mr. Saunders through the cornea and pupil, and lacerate the anterior capsule, but, when we introduce the needle behind the iris, we can act upon the lens and capsule much more freely. We must proceed cautiously in the *anterior operation*, as keratonyxis is also called, because the aqueous humour escapes by the puncture in the cornea, and the iris and lens are pushed forwards. It has been proposed to depress the lens, by introducing the needle through the cornea, and to cut it up into fragments, and this has been performed in the way of keratonyxis; but there is much less power of using the needle upon the lens, when introduced through the cornea and pupil, than when it is entered behind the iris. It is more expedient, therefore, to confine the anterior operation simply to the laceration of the capsule, and the consequent admission of the aqueous humour to the substance of the lens, and to complete the operation subsequently, by introducing the needle behind the iris.

With regard to the *operation* for *cataract* in *infants*, for whom this operation is peculiarly applicable, the same general principles must be observed as with adults. The cataracts of infants are always soft, and it generally happens that the capsule is opaque, as well as the lens; indeed we find generally that the lens is partially absorbed, and that the capsule has a white shining shrivelled appearance. Such cases of cataract are only to be operated on with the needle; depression or extraction is never to be thought of in infants. The great difficulty is in fixing the head, and denuding the eye, so as to get a clear view of the organ; the fissure of the lids is small, and therefore it is difficult to expose the organ fairly. We use the straight needle with cutting edges for this purpose, our object being to lacerate the capsule, to break up the lens into fragments, and to introduce these fragments into the anterior chamber, that they may there undergo absorption.

I may observe to you generally, that absorption goes on much more quickly in the anterior, than in the posterior chamber. If the fragment of lens be not too large, if it do not produce any inflammation, then absorption will go on fast. It disappears from the anterior chamber in a third part of the time, which would have been necessary for its removal from the posterior. But you must take care that the portions of lens placed in the anterior chamber do not excite inflammation, or rather take care that they are not of sufficient size to do so. I have sometimes known it necessary in the adult, especially when the lenticular ragment has been firm, to make an pening in the cornea to let it out.

The child must be placed in the recumbent position, with the head upon a pillow; and as we can seldom succeed in opening the lids sufficiently with the fingers, it will be best to use the elevator of Pellier, and fix by it the upper lid against the orbit. The operation may be performed either behind the iris or by keratonyxis. If you choose the latter method, you introduce the needle through the cornea near to the iris, carry it on parallel to the iris, and rupture the capsule; but, if you employ the posterior operation, then you lacerate the capsule, break up the lens, and push the fragments into the anterior chamber. In operating on the right eye, you place yourself behind the child's head, and elevate the lid with the fore-finger of the left hand, or with the elevator of Pellier; and whilst an assistant depresses the lower lid with the right hand you introduce the needle. In operating on the left eye, you place yourself in front instead of behind the child; you let an assistant elevate the upper lid with Pellier's instrument, and depress the lower lid with the fore-finger of the left hand, and use the needle with your right: or you may sit behind the patient, and operate with your left hand. The principal circumstance to be attended to, in using the elevator, is to lift up the lid, and secure it against the edge of the orbit, without making pressure on the globe of the eye; you must keep the globe as free from pressure as you possibly can, especially if you perform the operation of keratonyxis. It is generally necessary to operate twice; and a third operation may be required. The first operation is to cause the absorption of the lens, and the next thing you have to get rid of, is the opaque capsule; the mode of treating the latter, is the same in the infant as in the adult; all you have to do, is to carry the needle in front of it, having introduced it behind the iris, and detach it from its surrounding connexion for about 3-4ths, or 4-5ths of its circumference, so as to separate it completely, to that extent, from the ciliary body. When thus detached, it rises up after the needle is removed, and seems to fill the pupil as before; but it shrinks, when no longer connected at its circumference, and is gradually withdrawn behind the lower edge of the pupil. You might, however, only make a straight incision through the opaque capsule; the divided portions retract and separate, so as to leave ultimately a sufficient pupillary aperture. This is the mode of proceeding in the second operation. Until you have performed the operation, you can hardly have any idea of the toughness and strength of the capsule; for although a perfectly delicate and transparent membrane in the natural state, it shows how inflammation can alter the texture of parts.

It has been asked, at what time should an infant born with cataract be operated on? At what time after birth is it safe to perform operation? How long ought we to defer it? These are important questions for consideration. Heretofore it was considered proper to defer the operation in cases of congenital blindness, until the patient had grown up to the age of fifteen or sixteen; until he had reached an age at which he could judge of the importance and necessity of the operation, and exercise some degree of self-constraint. That, however, is almost an impossibility; for when patients are born blind, they acquire an oscillatory motion of the globe; the eyes are incessantly undulating from side to side, and are not at rest for a moment. The reason of this is that the eye, having no objects on which to fix, is moved from one direction to the other by the muscles, which appear to act equally; thus there is no inducement to direct the eye steadily in any quarter, and consequently the power of fixing it is never acquired. Now, if you defer the operation for a long time after birth, this unsteady motion of the eye becomes quite confirmed; you may succeed in giving sight to the patient, but he cannot acquire the power of fixing the eye upon objects. A girl, fourteen years of age, came to this Infirmary to be operated on for congenital cataract, and although the operation succeeded perfectly well, although the pupils were as clear and black as if she had been born with perfect eyes, yet she did not acquire the power of fixing the eyes whilst she remained at the Infirmary, and consequently vision was of little use to her. I was desirous that she should come back in a few months, in order that we might see if any improvement had taken place, but when she returned her eyes continued to roll about as before. This then is a great argument in favour of early operation. I have operated on children six weeks of age, and with perfect success; perhaps it is not worth while to operate earlier than six weeks or two months, and generally speaking, the risk of exciting inflammation is very little. Inflammation does not arise readily in children, unless there is something decidedly wrong in the manner of operating. For the performance of the operation at this early age we are indebted to the late Mr. Saunders.

Secondary cataracts are such opacities of the capsule as appear after the removal of the lens, either by depression or extraction; or you may have a portion of opaque lens remaining in the pupil after either of those operations. Such lenticular fragments will be removed by absorption. As to the opaque capsule, which may remain, or which may form subsequently to operations for cataract, it must be treated in the way already described. Secondary cataract may also be formed in consequence of the effusion of lymph during the inflammatory condition of the iris, and its subsequent organization into an adventitious membrane. This may be remedied by the operation for artificial pupil hereafter to be described, or by the method before mentioned for operating on capsular cataract.

The description which I have given you of the various operations for cataract will enable you to understand the general course of proceeding; but it is impossible to lay down rules applicable to every case; there must always be some demand made on the judgment and ingenuity of the operator.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XL.

Of Asthma.

Gentlemen,

I HAVE deferred the consideration of *asthma* till the present period, because it is a disease that cannot be understood without referring to most of the preceding affections of the organs of respiration. It is a subject involved in much obscurity, if we may judge from the various and contradictory opinions that have been entertained with regard to it.

The term *asthma* is vulgarly applied to almost every case of difficult breathing, however different its immediate cause may be. But for a long time past, physicians have limited the term to that kind of difficult breathing that recurs periodically, often at pretty regular intervals, and which has been called accordingly, *periodical asthma*, and sometimes, (though not always justly) *spasmodic* or *convulsive asthma*.

There appear to be two species or varieties of *periodical asthma;* the one *catarrhal* chiefly, though it may also be combined with *spasm* in the muscles of inspiration: the other simply *spasmodic*, and to which alone the term *spasmodic asthma* applies. These are so different in many of their symptoms, as well as in their treatment, as to require separate consideration.

The first variety, or the *catarrhal* species of *asthma*, is marked by slow and laborious breathing, accompanied with a wheezing sound. There is a sense of heat and constriction in the chest. Both inspiration and expiration are slow and laborious, the patient making great efforts to get air into the lungs, and to expel it again; and in doing this he calls to his aid many muscles that are not ordinarily employed in inspiration, but which have some power to elevate the ribs, and thus to expand the chest.

The pulse is generally small and feeble, and sometimes unequal or intermittent; the nails, lips, and some other parts of the body, are of a livid hue, in consequence of the blood not being properly changed in the lungs. Such blood does not sufficiently stimulate the heart and arteries; in consequence of which, the circulation is carried on imperfectly, and the animal heat is diminished, as observed more particularly in the extremities. In like manner, the brain becomes incapable of carrying on its functions properly, and stupor and sometimes delirium, take place.

The continuance of the paroxysm is very uncertain; it may last for half an hour only, or it may continue for several hours. There is little or no cough at first; but towards the decline of the paroxysm, cough and expectoration both make their appearance, and the breathing becomes easy in proportion as the expectoration is copious.

The other species or variety of *periodical asthma* is the *dry asthma*, so called from being unattended with expectoration in any of its stages. The attack of this form of the disease is often very sudden; it continues for an uncertain period; and often terminates as suddenly as it makes its attack. This is not the case with the former or *catarrhal* species, both the accession and decline of which are more slow and gradual.

There is, in the *dry asthma*, a sense of great constriction at the margin of the chest, as if a cord were drawn tight around the body. The breathing is short, and without either cough or wheezing. It is often attended with pain at the back part of the head; and it frequently makes its attack at night. In some instances there is, as it were, a combination of the two varieties mentioned, more or less of catarrh being mixed with the other symptoms.

The recurrence of the paroxysms, in both species of asthma, is very uncertain. It may be daily, or oftener; or at much longer intervals, without any regularity; though sometimes the returns are pretty regular. In general, in the *catarrhal* species, the paroxysms recur towards evening, for several days in succession; then gradually decline; after which, there is often a long interval before the paroxysms again appear. But, even in the intervals, the breathing is more or less difficult: the patient being obliged to labour much in order to elevate the ribs; to assist in which act, he raises the shoulders; till, from long habit, they become fixed in this position; so that an asthmatic subject may be recognised in general by the elevation of his shoulders, in his ordinary gait.

Asthma does not occur, I believe, in infants; but I have seen it as early as eight or ten years of age. It seldom makes its appearance for the first time in old subjects, though it may continue from an earlier period, through life. After continuing for several years, with perhaps great severity, it not unfrequently gradually subsides and disappears, and that even spontaneously. It is one of the diseases, that claim to be considered as hereditary.

However severe the paroxysms of asthma may be, (and they are such at times as seemingly to threaten instant suffocation,) they seldom prove immediately fatal; though they often do so by laying a foundation for other fatal diseases. Now and then asthma terminates in pulmonary consumption—this, however, is a rare occurrence; the state of the system being very different in the two cases. Not unfrequently, asthma terminates in hydrothorax, or in general dropsy, and thus proves fatal: sometimes it induces apoplexy. The continued, or at least, the frequent impediment, given to the transmission of blood through the lungs, during the paroxysms of asthma, proves a source of irritation to the heart, which lays the foundation for disease in this organ; giving rise, thus, to a morbid enlargement of the heart, or an aneurismal state of the large vessels.

The remote and existing causes of asthma, are various. Frequently it owes its origin to repeated and neglected catarrh. A variety of irritating matters inhaled in breathing, may also be reckoned among the exciting causes of the disease. The disposition to it is often hereditary, as I before observed. Deformity of the chest appears also to predispose to it. When the pre-disposition is very strong, as appears to be the case, when the disease becomes habitual, a variety of indirect and trivial causes are sufficient to excite the paroxysm—as a disordered state of stomach; violent exercise; and even mental emotions, are sufficient to induce it. Some asthmatics are better in the country—some in towns; some in elevated, and others in low situations. These differences are only learned by experience in the individual cases. It is also much influenced by season, and weather—the disease is frequent at the variable seasons of the year; and likewise in very hot weather.

Theory of Asthma. Various opinions have been entertained, with regard to the nature of asthma, or the exact state of organs, out of which the symptoms arise. It may be worth while, perhaps, to notice the contradictory opinions that have been entertained on the subject; as, by showing what is not true, we may the sooner arrive at a just conclusion: and here, as in all other cases, a good theory will materially assist us in the cure. If it does not enable us to treat all cases with success, it, at least, directs us to the proper use of remedies, and prevents our employing them at random; with, perhaps, injury, instead of benefit.

Much of the obscurity and contradiction in opinion that exist upon the subject, are doubtless to be attributed to want of discrimination; the different species of the disease having been confounded together. By some the disease has been ascribed to a *spasmodic* contraction of the bronchial tubes, or of the air-cells of the lungs: and Dr. Cullen appears to have been of this opinion. It is a sufficient answer to this, however, that these tubes are not muscular in structure, and are, therefore, not liable to spasm. Provision, indeed, is made in the construction of the trachea, to guard against contraction. A great part of the tube, and of its ramifications, is cartilaginous, and consequently not contractile; and though, at length, in the minuter divisions of the tube, nothing absolutely cartilaginous is to be found, yet the disappearance of the cartilage is gradual, till it becomes, as it were, a ligamentous substance—never presenting any thing muscular, in appearance. Indeed, were the smaller branches of the bronchia endowed with muscular power, life would be continually endangered, by the inhalation of any thing of an acrid nature, sufficient to excite contraction: whereas, when pungent vapours are inspired, it is at the glottis only that contraction takes place, for the purpose of intercepting them.

The most popular modern work on the subject of asthma, is full of unfounded hypotheses, with regard to the intrinsic nature, or proximate cause, of the disease. Thus the paroxysm is said to depend upon effusion of serum into the cells of the bronchia; and that convulsive motions of the respiratory muscles take place, in order to get rid of it; that this effusion is carried off, partly by absorption, partly by exhalation, and also by the aid of cough and expectoration. It is supposed that this serum is thrown out by the exhalents into the cells of the bronchia, and not by mucous glandules, as in the extreme branches of the trachea. The capillary vessels being passive, or affected with torpor, instead of exhaling a thin vapour, they permit lymph to pass, without contracting so narrowly as to detain the grosser parts of the current. The increased action of the respiratory muscles is of a convulsive kind, it is said, made in order to get rid of the effused fluid. The want of cough in the beginning, is thus explained:—The vesicles are less irritable, than other parts; they do not collapse, because their cavities are filled with lymph; but when partially emptied, by absorption and exhalation, the elasticity is restored; and then the mucus begins to be expectorated. In another part it is stated, that the vesiculæ are occupied by lymph; the bronchia are straitened by the same matter in a more viscid state; the diaphragm cannot descend, on account of the resistance of the stomach distended with flatus; and the trachea is probably narrowed by the pressure of the œsophagus, affected like the stomach.

Now there is a string of hypotheses here, none of which rest on any sufficient proof. 1. Effusion of serum in the bronchia; 2d, the removal of this, partly by absorption, partly by exhalation; 3d, that this serum is thrown out by the exhalents, and not by mucous glands; 4th, that the capillary vessels are in a state of *torpor*, or in a passive state, permitting the thicker parts of the blood to escape; 5th, that the increased action of muscles is convulsive; 6th, that the elasticity of the cells of the bronchia cannot expel the effused serum, till partly emptied; 7th, that the bronchia are straitened by the same matter in a more viscid state; and 8th, that the diaphragm cannot descend, on account of the distention of the stomach by flatus.

All these, are mere assumptions, and which, if they really existed, would not account for the symptoms. If the cells were so full of serum as here supposed; and still more if the bronchia were straitened by the same matter in a still more viscid state; the air could not act at all upon the blood, and the patient must be suffocated. It would be just the same as filling the trachea with water; it would, in effect, drown him. This, in short, is a sufficient reply to the whole doctrine.

An easier explanation of the symptoms may be given, and which is in consonance with the structure and functions of the parts concerned. With respect to the catarrhal species, the way in which respiration is performed, points out at once the seat and cause of the difficult breathing. Both inspiration and expiration are performed slowly, and with a wheezing noise; all the force of the proper respiratory muscles, as well as those attached to the scapulæ and neck, and clavicles, exert themselves to dilate the chest, in order to get the air admitted. The air, however, evidently does get into the lungs, though with great difficulty; and it is pressed out with as much; the elasticity of the ribs being assisted by the strong action of the abdominal muscles.

Now, these circumstances (namely, the slowness with which the air is admitted and expelled, and the hissing or wheezing sound that is observed,) show that the air is passing through a very much-narrowed channel: the small ramifications of the bronchia are obstructed, many of them perhaps totally, others partially. The manner of breathing shows that this must be the case; and we have therefore to inquire, what causes are capable of so obstructing the branches of the trachea, and especially why they act only at intervals. Now, such obstruction of the bronchial tubes may be produced, 1st, by causes external to the trachea; as tumours pressing upon it; 2d, from any matter filling the cavity of the tubes; or, 3d, from a mere thickening of the membrane lining these branches. If it were the first cause, the dyspnœa would be permanent. Such states, in fact, have been discovered upon dissection. But this could not be the cause of periodical asthma. If it arose from mucus or the like, this would be thrown off by coughing; but on many occasions, no mucus is discharged for several hours; and frequently there is little or none, and not at all in proportion to the violence of the paroxysms. Is it then the third cause, the thickening of the membrane? This, I have no doubt, is the case: for it explains all the symptoms, and is in perfect accordance with other affections of the mucous membrane.

This may be illustrated by reference to the nostrils, where anything irritating the membrane, so as to increase the action of its vessels, and thereby determine to it a greater quantity of blood, causes the membrane to swell; and thus the nostrils become obstructed, there not being sufficient room for the air to pass. Now such a swelling of the membrane is induced by cold; and by any irritating matters directly applied; thus, tobacco will, in those unaccustomed to it, produce such an effect; and it is then said, "taking snuff will give a cold in the head." When this has continued for some time, the membrane, as a consequence of the vascular excitement, begins to secrete mucus; after which, the swelling of the membrane declines, and the passage of the nostril becomes again free: after many returns of this kind, the thickening of the membrane becomes permanent, and the passage of the nostrils is never quite free. These passages are naturally smaller in some, than in others; and this gives a predisposition to such an obstruction of the nostrils.

Now all this may be fairly transferred to the ramifications of the bronchia; the analogy is perfect: for the membrane which lines those passages is of the same nature, and liable to be affected in the same way, through the whole extent of the air passages. The paroxysm appears to take place in the following manner:—

An increased and often inflammatory action arises in the membrane lining the smaller ramifications of the bronchia, and possibly in the air cells also. This occasions the membrane to swell or thicken, which of course has the effect of narrowing the passage; the air enters slowly and with difficulty; and by passing through tubes thus narrowed, occasions the wheezing sound.

After a time, the secretion which was suspended, begins to return; at first, the fluid discharged by coughing is thin and frothy; then more viscid and plentiful; and under this discharge, the swelling of the membrane subsides, and the fit goes off, as in the case of the nostrils, as I before observed. This species of asthma, which is by far the most common, is, in fact, a catarrhal affection of the smaller branches of the bronchia, and is brought on by the same causes as common catarrh; namely, cold, and different irritations, direct or indirect.

The recurrence, or periodical character of the disease, is to be explained by the membrane becoming more irritable from repeated attacks of inflammation, which leave it in a partially thickened state. This appears evident from the imperfect manner of breathing that is observed in the intervals. The predisposition to the disease consists in a naturally narrow state of the air tube, in consequence of which, slight affections are sufficient to obstruct the passage. Deformity of the chest may also contribute to form the predisposition.

The coldness of the extremities, the feebleness of pulse, and general want of circulation seem adverse to the idea of inflammation in asthma. But these symptoms are the necessary consequence of the air not getting into the lungs in due quantity, and take place, whatever is the obstructing cause. It is seen, for example, in the last stage of croup, which is a decidedly inflammatory disease; and in pneumonia also.

The analogy of this kind of asthma with *stricture of the urethra*, is also very strong: in stricture, there is always some degree of difficulty in passing the urine; but this is much greater at intervals; it often recurs, as it were, by paroxysms; is brought on by irritating causes; and lasts for a few hours at a time, and then declines.

Asthma has been by some supposed a *nervous* affection; from the irregularity of its attacks, and its being sometimes brought on by passions of the mind. It has been also referred to the stomach, because the paroxysms are induced sometimes, and always aggravated, by a disordered state of this organ. But when there is a strong disposition to any disease, very slight disturbances in the system of almost any kind, are sufficient to bring it on. If it depended so much upon the stomach as is supposed, an *emetic* should carry off the paroxysm; which, however, is rarely the case.

If the kind of asthma just described, the *catarrhal*, were a *nervous* or *spasmodic* disease, *opium* ought to take it off; but in general, opium rather aggravates than relieves. Combined with ipecacuanha, it will sometimes give relief, by determining to the surface; just as it does in ordinary catarrh.

The pathology of the other variety, the *dry* species of asthma, appears to be different. There is here no affection of the air-passages, nor of the lungs themselves. The disease appears to be altogether muscular; the paroxysm consisting in a spasmodic affection of the diaphragm, as may be inferred from the painful sense of constriction, referred by the patient to this part; and by the imperfect way in which respiration is performed. The breathing is short and not slow and laborious, as in the catarrhal species; and there is neither cough nor expectoration. This affection not depending upon any vascular change, but being wholly muscular, is apt to take place suddenly, as is the case with other spasmodic affections, and to go off in as sudden a way, while it is relieved by opium and other anti-spasmodics. There is doubtless a prior cause determining the diaphragm to such spasmodic action, and which is referrible to the brain, or some other part of the nervous system. So far, the disease may be termed *nervous*. This accounts for the effect of mental emotion, in producing the paroxysm. Asthma of this description may be compared with epilepsy; the primary cause being seated in the brain, whilst the effect displays itself in distant muscles.

It is not improbable that the catarrhal species of the disease is sometimes attended with a spasmodic state of the diaphragm; a muscle that is readily and even naturally excited into action, by irritation of the mucous membrane of the trachea.

In the *treatment* of asthma, the distinction I have pointed out between the two varieties of the disease, the *catarrhal* and the *spasmodic*, or the *moist* and *dry* species, is to be kept in view; as some of the remedies applicable in the one case, are adverse to the other. This will be shewn, in speaking of the different means in use on these occasions.

The treatment altogether may be divided into two parts; that which is applicable during the paroxysm; and that which is employed in the intervals, with a view to prevention, or the radical cure.

1. Of the treatment *during the paroxysm*. The remedies employed at this time are palliative, merely, and have little tendency to prevent a recurrence; on the contrary, some of them tend rather to favour this, and are liable to objection on this account. The object here is, to put a stop to the paroxysm, or at least to lessen its violence, and shorten its duration. The means in use are various, and are now to be noticed, in order.

1. *Bloodletting*, though it generally is capable of giving relief, and therefore proper in very urgent cases, is by no means applicable as a general remedy in this disease. It is not so necessary as at first might be imagined; for though the distress of the paroxysm is very great, it is seldom that it proves fatal. The pas-

sage of the blood through the lungs is not so much interrupted, as in peripneumony; there is not the suffusion of face, nor the bloated countenance, that take place in that disease; on the contrary, the face is pale and the features are shrunk in the fits. The anguish felt is from the want of oxygen, and not from the want of circulation through the lungs; as indeed is evident from the pulse, which is generally freer than in peripneumony. In vigorous habits, and in recent cases, bleeding is both safe and proper; but in weak subjects it rather tends to favour the return of the paroxysms, by increasing irritability. *Cupping* is, perhaps, the best mode of taking away blood, in these cases.

2. *Emetics* generally give relief, whether they excite nausea only, or full vomiting. The most powerful are, however, often necessary to ensure the effect; tobacco is often of great service on these occasions, notwithstanding the deadly sickness it produces.

3. *Cathartics* have little or no power to carry off the fit, but are useful to unload the *primæ viæ;* calomel and jalap are well adapted to this purpose. Violent purging has sometimes apparently brought on the paroxysms.

4. *Diaphoretics*, and even simple *stimulants*, such as ammonia, are useful where the general vascular action is feeble, and the extremities cold; but copious sweating is generally bad, because it cannot be induced without increasing too much the general circulation. On this account the *hot bath* is injurious.

5. *Diuretics* have been always much commended in asthma, and may do some good, upon the principle of counter-irritation. *Digitalis* is said by Drs. Percival and Ferriar to be useful. I have given it without advantage: it is too slow in acting to relieve the paroxysm.

6. *Antispasmodics*, as valerian, camphor, musk, asafœtida, &c., have been much employed, and with various effect. These are all *stimulant*, more or less; and, where the habit is weak, may do good by equalising the exertion of the living power, and especially by determining to the surface. In strong habits, and in the catarrhal form of the disease, they are objectionable, by increasing too much the general circulation.

7. *Narcotics*, (opium more especially,) are liable to the objection of preventing expectoration. In the purely spasmodic variety of the disease, they may be useful, and will often take off the paroxysm very quickly. The hyosciamus combined with nitric acid, is less objectionable than opium, as not checking expectoration, at least in the same degree.

8. *Expectorants*, (as they are called) or the *ammoniacum* and *myrrh*, are frequently given, but are seldom useful in the fit. *Demulcents* are unworthy of notice. *Blisters* are occasionally of service.

9. The *Inhalation of Vapours*, or of vinegar, æther, and burning gums, appears a direct and obvious practice; but has not been found of much benefit. As pure air is so eagerly sought after in the paroxysm, much benefit might, *a priori*, be expected from the inhalation of oxygen gas. Dr. Beddoes and some others, assert that it has answered the purpose, but the evidence in its favour is insufficient; it is worthy, however, of further trial. But although it should be found capable of relieving the paroxysms, it is not certain that it would prevent a recurrence in any degree. It requires consideration also, what effect it might have upon the inflamed membrane of the bronchia.

Dr. Ferriar says he used *hydrogen gas* with advantage; others have used the *hydro-carbonate*: these, from their antiphlogistic properties, (the reverse of oxygen,) may, perhaps, be calculated to take off the inflammatory action of the vessels in the mucous membrane, upon which, as I suppose, the paroxysm depends. Some authors assert, on the contrary, that all the gases have been hurtful: but probably the censure is as indiscriminate as the praise.

Secondly, of the treatment of asthma *in the intervals*. This is by far the most important; the object is, to lessen the disposition to future attacks. This is done by diminishing the irritability both of the general system, and of the parts immediately concerned.

Tonics tend to diminish irritability, and in this way, may lessen the disposition of the disease to recur. In ordinary catarrh, they sometimes appear to prevent recurrence, but are only useful where the breathing is free in the intervals; that is, where the lungs themselves are not materially affected; and this appears to be the case in asthma. The *cinchona* is sometimes useful; but more advantage is derived from *bitters*, zinc, chalybeates, myrrh, and the like.

The state of the stomach should be attended to, though this point is not of all the importance that is generally supposed. Flatulency, no doubt, should be avoided. A total change of diet, as well as of the other circumstances of the patient, has sometimes appeared to subdue the disease.

The *cold bath* is of great benefit used in the intervals, if the respiration is tolerably free. The *warm bath* is always bad.

Change of climate has often removed the disease. *Issues* and *setons*, at remote parts, as on the thigh, are of occasional benefit.

Whatever is to be done, it can only be by long perseverance; cautiously avoiding every known exciting cause; for the longer the intervals are protracted, the greater is the chance of the disposition declining, so as gradually to wear itself out.

FOREIGN DEPARTMENT.

ANATOMY.

On some general conditions of the complete Acephalous State. Read before the Philomatic Society, June 17th, 1826. By M. Geoffroy Saint Hilaire*.

In giving an account to the Philomatic Society at its former meeting, of an interesting communication made some days before to the Royal Academy of Medicine by one of its honorary members, Dr. F. J. Moreau, I entered into some details which the Society expressed a wish to have presented to it in writing. Those details form the subject of the following paper.

M. Moreau perceiving me at the Academy of Medicine on the 6th of June, informed me that he was going to present a human monster, a complete acephalus, born that morning; "Will you present," I replied, "at the same time, both the twin which was first born, and the placenta common to the two?" M. Moreau could not conceal his surprise, and expressed it to me, before giving an affirmative answer. I was led last January to examine the question of this particular kind of monstrosity, and since that time I have published, as the result of minute and accurate researches, that a monster reduced to two thirds, a half, or only a a third of an individual, was *necessarily the imperfect twin* of another, whose development had been complete.

Accustomed to see organic deviations, whatever the nature of them might be, reducible to certain conditions, forming one well connected system, and as intimately united as the organs in the normal state, I was anxious to examine the forms of the monster about to be presented to the Academy. In fact, on examining it, I recognized an organic whole, of the same class as those which had before occupied my attention; it was a new species of my genus, *hemi-encéphale.*

There was no difficulty then in the case; from the investigation of the conformation, of the *hemi-encephali*, I found that these monsters are produced under the influence, and as it were under the protection of one or more twin brothers. I had even arrived at the conjecture, a conjecture borne out by several facts, that the *hemi-encephali* are individuals orginally in the perfect and normal state, but afterwards attacked with a greater or less atrophy, i. e. losing in regular succession a part of themselves, and becoming impoverished as they increase, because the more essential organs of life, the cerebro-spinal system, the heart, the lungs, the liver, and the other glands, are one after another removed. How should they continue, if left to their own strength for the completion of their development! How very apparent, that beings who want the most essential parts, cannot exist with the mere resource of an impoverished placenta; for the circumstance must not be forgotten, that in the acephali, which are reduced one-third only, the urinary and sexual organs alone exist well formed. For, if all the parts were formed with the same degree of regularity, it is necessary that a well-formed placenta should supply them. I will admit for a moment a contrary hypothesis; in this case, an impoverished or weakened placenta would not produce any thing useful; for from the first periods of gestation, every thing would cease to be in harmony to the relations with the uterus, and the contents would be readily expelled. On the contrary, in order that a placenta in the natural state should maintain itself, it is necessary in its turn, that a fœtus endowed with perfect vital energy should re-act on it. Thus the presence of a twin is necessarily connected with the development of an acephalous monster. It can be conceived then, how a placenta common to two beings may contribute to the existence of one entire individual, and of a second reduced to the fraction of a fœtus.

Keeping these points in view, I endeavoured to verify them by a series of investigations. I also considered, that if the presence of a natural fœtus with a complete acephalus was so imperiously required, as my foregoing deductions had indicated, instances would not be wanting to furnish me with proof. Thirty-nine literati, whose names follow, have all stated, that the birth of a monster deprived of the head and heart, is accompanied with the birth of one or more well-formed children*. These are Antoine, Askinson, Bracq, Brera, Bland, Bonn, Bush, Buttner, Clarke, Cooper, Curtius, Leleurye, Dumonceau, Duperrier, Duverney, Everhard, Garnier, Giel, Gilibert, Gœller, Gourraigne, Tseuflamm, Katzy, Klein, Kimdmann, Lankisch, Lecat, Mery, Monro, Moreau, a physician of Nancy in 1784, Odkelius, Prochaska, Pujol, Schelhammer, Sœmmering, Superville, Tiedemann, Vogli, and Winston. To this list may be added the case communicated to the Society by one of its members, M. Moreau. Besides these, other cases of acephali are known; such as those published by MM. Chevreul, J. Cloquet, Gall, Guignard, Huermann, Malacarne, Meckel, Prochaska, J. J. Sue, Sulsman, and Voigler, all together, ten or twelve; but we have no particulars respecting them. Almost all these monstrosities have been for several years in different museums, the possessors of which have had it in their power only to give an anatomical account of the preparations. On one of these I have succeeded in obtaining some particulars, which do not appear to have been given by Beclard; they are alluded to by Elben† in his dissertation. The case came under Dr. Chevreul, and is as follows:

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* Revue Medicale, July, 1826.

"Madeleine Mercier, servant, aged 25, entered on the 4th of September, 1813, the Hospice of the Maternité at Angers. She stated, that if she was pregnant, she could not be advanced more than six months and a half; and added, that she had come to the house more on account of the enormous size of the abdomen, which she believed to be the effect of dropsy. On the third day pains came on, and on the bursting of the membranes the room was almost inundated. The girl was delivered of a well-formed male child, which appeared to be about the seventh month, and the respirations of which were very feeble. Shortly afterwards, another male fœtus came away, but it had neither head nor superior extremities." M. Beclard, then *chef des travaux anatomiques* at Paris, happened to be in Angers at the time; he dissected the acephalous fœtus, and in his writings he dwelt especially on the absence of the greater part of the thoracic viscera. Being struck by the constant appearance of the same circumstance, and viewing this as one of the most curious facts respecting monstrosities, I have shown that it will serve at least as a basis for a classification of monsters, i. e. a description raisonnée of each sort of monstrosity, and for a nomenclature logically deduced from the fact.

It has been alleged that Tiedemann's investigations, and those of several other anatomists are opposed to my conclusions. But I find that in the case which came under Tiedemann's notice there was a second natural fœtus, and he lays stress on this to show that one placenta alone nourished the twins. M. Breschet, who at the time my paper was read, raised this objection, since informed me that he is perfectly of my opinion, and that he had indeed expressed it before me in his article *Acephale* in the *Dictionnaire de Medicine.* In that article M. Breschet says, "Les seuls cas avérés de fœtus acephales avec grossesse simple sont ceux de Vallisneri, de Sulsman, et de Doneaud; encore, dit on que les meres rendirent beaucoup d'hydatides, ect. MM. Everard Home et Meckel ont écrit que non seulement les acephales, mais que presque tous les fœtus monstrueux sont des jumeaux; etc. Un jumeau, n'est point monstrueux, parce que le germe eroit defectueux, mais parce que la coexistence d'un autre fœtus l'a empeché de se developper." It is evident that the accordance of our views rests on facts of a similar nature.

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[*] Authors who have published accounts of complete acephali in a chronological order; those marked in italics have left in doubt the question, whether the *acephali* necessarily arise from double pregnancy:—Antoine Everhard, 1663; G. de Lankisch, 1679; G. Ch. Gœller; G. C. Schelhammer, 1690; A. Vallisnery, 1697; Antoine, 1703; Pujol, 1706; Duverney, 1706; Mery, 1720; J. H. Vogli, 1720; J. C. Kundman, 1722; *Sulsmann*, 1726; D. Superville, 1739; Winslow, 1740; *Gaurraigne*, 1741; G. Henermann, 1751; Bracq, 1752; C. W. Curtius, 1762; N. Leeat, 1764; L. G. Buttner, 1768; Dumonceau, 1768; Deleury, ——; *Doneaud*, 1772; J. G. Giel, 1773; Cooper, 1775; Gilibert, 1791; *Guidnard*, ——; R. Bland, ——; A. Bonn, 1781; V. Moreau, 1784; E. Odhelius, 1786; Duperrier, ——; *F. G. Voigtel*, 1790; C. C. Klein, 1793; J. Clarke, 1793; A. Monro, 1794; J. J. Sue, 1797; Garnier, 1801; *J. D. Busch*, 1803; G. F. Isenflamm, 1803; Atkinson, 1804; *Gall*, 1809; *J. F. Meckel*, ——; *V. Malacarne*, 1811; *Prochaska*, ——; Sœmmering, ——; Chevreul, 1813; Brera, 1815; *Beclard*, 1815; *J. Cloquet*, 1815; Moreau, 1826.

[†] To those of our readers who take an interest in this subject, we recommend the dissertation of Elben; it is a most valuable compilation, and the plates, 22 in number, are well executed. *De Acephalis sive Monstris corde curentibus Dissert. Auct. E. Elben*, c. 22, tab. lithog. Berol. 1824. 4.—Ed. L.

*Ossification of the Pia Mater.**

M. Lenoir presented to the Anatomical Society, a portion of pia mater of th brain converted into bone; it was taken from an individual 49 years of age, who had died from ramollissement of the brain. The ossified part consisted of two flat pieces about the size of an inch, which adhered to the brain by one of their sides, and the other to the arachnoid.

Case of Peritonitis mistaken for Pregnancy. Anatomical Society of Paris.†

Mons. Thouret read a very remarkable case of chronic peritonitis, which had been mistaken for pregnancy, and which was not discovered until after the death of the patient, at the moment when the Cæsarian operation was about to be made with the intention of extracting the fœtus, which was considered to be alive!!

PHYSIOLOGY.

Memoir on Absorption. By David Barry, M. D. Member of the Royal College of Physicians in London, and resident Physician in Paris.‡

Absorption in living animals, of a foreign substance, is the transportation into the general circulation of something that is without the body. From this definition, when a liquid, for instance coloured water, is placed in an open vessel, and a glass tube is taken, one end of which is plunged in this fluid, the other in the cavity of one of the great thoracic veins, and the coloured water rises in the tube, contrary to its gravity, absorption is said to have taken place.

This ascension, or absorption of the liquid, being exclusively placed under the influence of the atmospheric pressure, as has already been proved by the experiments detailed in the memoir "On the Causes of the Movement of the Blood in the Veins," it is evident, that if the liquid was placed in a vacuum instead of being exposed to the air, it would not mount, but descend, provided that the pressure around the extremity in contact with the liquid was made less, or even equal, to that surrounding the extremity in communication with the thoracic end of the tube. Hence the circumstances, or immediate causes necessary for the absorption are two—1st, The communication between the liquid and thoracic cavities; 2d, The diminution of the atmospheric pressure, owing to the expansion of the cavities around the internal extremities of this communication, by the pressure made on the external point.

From these data, and supposing that the veins and lymphatics are the true organs of absorption, it was natural to presume that the absorption of poisonous matter for example, placed on a wound in an animal, would not take place if the points of contact of the absorbing surface, and the matter to be absorbed, were placed in a vacuum. This was not difficult to prove.

Several kinds of poison, the fatal effects of which are well known, such as Prussic acid and the like, were taken. Repeated experiments had proved, that six drops of this acid introduced under the cellular tissue of the thigh, in a grown rabbit, produced death in two minutes, and that a grain of strychnine put on a wound made in the same animal (of the same species?) produced death in five or seven minutes, and that the same quantity of upas killed it in ten or twelve minutes.

Several experiments were made with these three kinds of poisons on rabbits. Almost always there were two rabbits placed under the same circumstances at the same time, except that the vacuum had been made over the empoisoned wound in the one animal and not in the other. The animal in which *no* vacuum had been made died about the time we have spoken of; the others, on which the vacuum *had* been made, never showed the slightest symptoms of poisoning, although the substances had remained in contact with the injured surface for half an hour, two hours, nay, five hours.

When the poison was placed by means of a tube, under the integuments, at a distance from the wound by which it had been introduced, and a cupping glass applied on the sound part, the wound being without the vacuum, there was no sign that the poison had been absorbed during the time that the cupping glass had been employed. The instrument being taken away for an hour, or two hours, the animal, under the integuments of which the poison was placed, lived, although the same substances would have killed it in a few minutes had not the cupping glasses been applied.

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* Nouvelle Bibliotheque Medicale, Juillet, 1826.

† Idem.

‡ Annales des Sciences Naturelles, Juillet, 1826.

In these cases, when the appearance of tetanic convulsions was looked for, it was only necessary to apply the cupping glasses to remove the symptoms, to open the skin, and save the life of the animal, by taking away the poison.

If, on the contrary, the cupping glass was applied on the skin that had been injured by introducing the poison, and if the latter was placed on the integuments not under the cupping glass, no absorption took place, although the instrument had been applied for three quarters of an hour. No sooner was it removed than absorption took place.

If during the time that the cupping glass is applied, an incision be made in the integuments, between its edge and the parts where the poison is applied, the absorption will take place as if no cupping glass had been used.

Such is an outline of Dr. Barry's experiments, which, however ingenious they may be, are far from accounting for every one of the phenomena he has stated. We should like this gentleman to explain how it happens, that when the cupping glass is removed the animal lives for "an hour, or two hours," after the vacuum is taken away, even when the substances that would kill the animal in a few minutes are underneath the skin. Does it happen, we would ask, that these substances are decomposed by the animal heat? or are the vital functions of the parts so altered by the sucking of the glass as not to be able to resume their wonted activity for a time? We put these merely as queries. A satisfactory answer is wanting to fill up the deficiency in the history of this very important animal function. We confess also, that we are at a loss to draw any conclusion from the last fact mentioned, namely, that "absorption takes place as if no cupping glass had been applied." We can conceive, under all the circumstances detailed, that this would occur if the wound was situated between the heart and the vacuum; below the glass we should not have expected t, or at least not so soon, although sooner than if the wound was made at the sides. We will return to this paper shortly.

SURGERY.

On the radical cure of the growing in of the Nail, according to the plan of Mons. Dupuytren. By Mons. Robbt.*

The disease known under the name of "onychia" is of two kinds. In the one case, the fleshy parts which surround the root of the nail, are sound; as well as the matrix itself. The change of structure is confined to the side of the ungnis alone, sometimes affecting both sides at the same time. In the other case, the fleshy parts surrounding the horny substance are fungous, the matrix is truly changed, and the whole of the nail participates in the affection.

In the first case, tearing away the nail cures the patient at once. In the second, the disease will return again, unless the nail, fungous excrescences and matrix of the nail be completely removed in the way we shall speak of immediately. Mons. Dupuytren is of opinion that the first of these diseases does not pass into the second, because in the latter affection the soft parts are always those that are primarily affected.

Without noticing all the causes enumerated by writers, we will simply mention contusion, which often produces an alteration of the structure of the matrix of the nail.

In the first variety, the disease commences by an inflammatory swelling of the integuments in the neighbourhood of the internal angle of the horny substance, which gradually covers the nail; a slight excoriation supervenes, accompanied by severe pain, and the nail penetrates into the tissue of the skin. This is followed by an ulcer, that discharges a sanious and purulent matter; there is an appearance of ecchymosis in the neighbourhood of the nail without any fungous growth around its root. The surrounding irritation, however, makes its increase more rapid. There are sometimes destruction of the edges of the nail, and ulceration of the soft parts; both of which are observed when by accident the nail falls off; the nail becoming then yellow, and as it were mortified. More freqeuntly there is along the internal edge of the nail a simple painful fissure from which pus is discharged. It is in these cases, that simple evulsion succeeds, and where we may employ with success all the other methods which are employed, either in acting on the soft or hard parts.

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* Archives Generales, Juillet, 1826.

In the second variety of this disease, which has been named onyxis, there are certain symptoms that point it out to be altogether of a peculiar nature. The soft parts that surround the matrix of the nail are swollen; fungous sprouts arise, which bleed on the slightest touch, and which occasionally completely cover the nail. It is by no means rare even to see the inflammation produce destruction of the soft parts, and the nail to become the seat of an ulceration, which goes so deep as to expose the bone. In this case, the inflammation of the periosteum and the necrosis of the phalanx, point out the amputation of the part as necessary. The continuity of the nail is broken. Its tissue is divided into bundles, which penetrate deeply into the fleshy fungous structure that surrounds it. The pains are sometimes so acute as to excite convulsions, while the limb and foot become swelled.

If during this stage excision and canterization are had recourse to, the fungous excrescences arise again. The disease has been known to recur after the nail had been rooted up four times, thus showing a decided difference between the two kinds of the complaint.

Mons. Dupuytren has two different modes of treating these affections, the one adapted to the first, the other to the second case.

The first mode is to take a pair of stout straight scissars, one blade of which has a very sharp point. This is pushed quickly up the middle of the nail on its lower surface, as far as its root, and the unguis cut into two parts. A stout pair of pincers is now applied to the anterior points of the nails, and one or both portions are turned backwards and separated from its root. If part of the flesh be torn away, the parts are canterized. This mode of treatment is frequently so successful, as to allow the patient to go about his usual affairs in eight days after the operation has been performed.

Second mode. If the operation is to be performed on the great toe, the surgeon takes it between the thumb and fore finger of the left hand, and with a convex bistoury, makes a semilunar incision, having the concavity in front, about four lines posterior to the junction of the soft and horny parts. The nail is now taken by a pair of pincers, and turned back on itself. If necessary, the nail may be previously divided, as in the former case. The object, however, is to take away every part that may be likely to re-produce the disease; and as it is absolutely necessary that the incision should be commenced at the distance of four lines behind the junction of the horny and soft parts, so as to get behind the root of the nail, care must be taken to commence the incision as laid down; going behind this spot may lead the surgeon into the joint.

After the operation, the wound is covered with a light dressing, and if painful, a cataplasm moistened with laudanum ought to be applied. A small quantity of charpie should be laid between the toe that has been operated on, and the sound toes. If the patient keeps quiet, the cure will usually be complete in eight days.

Our readers will readily perceive that the two diseases here pointed out, are neither more nor less than what have been described by Mr. Wardrop in the *Fifth Volume of the Medico-Chirurgical Transactions*, under the names of the "Growth of the Nail into the Flesh," and "Onychia *Maligna*." Few English surgeons will, we think, be inclined to follow the treatment of Baron Dupuytren, after they have once given a fair trial to the more lenient but equally efficacious means pointed out by Mr. Wardrop. We have had opportunities of witnessing the decided advantage of caustic applications in the first, and of the internal use of mercury in the second disease, so that we can with confidence recommend Mr. Wardrop's plan to those who may still be ignorant of its real value.

On the Cure of Wounds of the Intestines, without the assistance of art. By Mons. Baillard. (Ibid.)

A wound of the intestines may be either a simple puncture, or longitudinal or transverse one. The longitudinal may be small or large, and transverse, so great as to cut through a fourth, a third, a half, or even the whole of the diameter of the gut. We present here the results that are found, when the injury of the intestine has been left entirely to the reparative efforts of nature.

When there is a small puncture of the intestine, the contraction of the muscular coat, and the swelling of the mucous membrane close up the wound, without effusion of either liquid or solid matter; the gases contained in the gut sometimes escape, and produce tympanitis, but nature speedily repairs the injury. The flatus is soon absorbed, inflammation attacks the orifice of the wound, which, in process of time, adheres to some part of the peritoneum, by means of an albuminous exudation, and a cure is effected.

The author of this paper is of opinion that the puncture of the intestines is not a matter so much to be dreaded as some individuals suppose. When the wound is of a longitudinal form, and only a few lines in length, it is cured exactly in the same way.

When the wound is larger, and admits the epiploon between its edges, the albuminous exudation produces the same effects that we have spoken of, and the cellular tissue between the several coats of the gut materially assist in producing the cure. It acts, in fact, like a plug, which is frequently seen floating in the internal part of the canal, covered with a new formed mucous membrane.

In cases where the injury has been more extensive, whether caused by a cut or a contusion, the same process takes place. It is in this way that we are able to explain how large wounds from bullets, swords, sabres, injuries done by carts passing over the body, and the like, are cured without any external opening in the anterior abdominal parietes. When the injury, however, has divided the intestine in the greater part of its diameter, the same process may take place according to the extent of the part that has been injured. When the whole of the diameter is cut through, the ends retract, and permit at first gas only to escape, the intestine speedily relaxes, fecal matter escapes, and the patient dies.

Although many experiments have been made in this country on this very interesting subject, yet we cannot help thinking that much remains to be done, in order to set at rest several very important questions about the reparation of injuries of the gut. We are led to this remark by a very interesting specimen which we lately saw Mr. Lawrence exhibit. A woman had lost a small piece of the intestine, in consequence of a hernia (we believe) and an artificial anus followed. The gut, without surgical aid, adhered to the edges of the opening, and no fecal matter passed by the intestine below the opening or into the abdominal cavity.

It was the most complete specimen of the reparative process that we ever saw.

To the Editor of THE LANCET.

SIR.—There is now living in this town a gentleman upwards of 70 years of age, and, as I think his case curious, I take the liberty of sending you a short account of it.

Six years ago, J. J. Esq. became low and melancholy; he made no particular complaint, but shewed a great aversion to strangers, and confined himself to the house. Two years afterwards he took to his bed, and about the same time his bowels became very torpid, and were not relieved more than once a week, when he got up to shave himself. In a short time, he rarely had an alvine evacuation oftener than once in three weeks. During the heat of summer, this costive state of his intestines was greatly increased, and it was no uncommon thing for him to be a whole month without a stool.

His bowels not having been opened for three or four weeks, it was observed by his friends that he had an evacuation on the 17th of November, and it is certain that he had no further relief for five weeks and two days, when he consented to take some figs boiled in gruel, which produced the desired effect on the 25th and 26th December, 1825. In January 1826, he had no stool whatever, but his bowels were opened once in February, and from that period until the present time he has continued to have an evacuation about every three weeks, although it frequently happens that a much longer interval occurs.

Mr. J. is of a thin spare habit, and passes the greater part of his time in reading and conversation; he occasionally complains of slight indisposition, sometimes of pain and tension in his bowels. His skin is dry, and free from any offensive smell; the kidneys perform their natural office; the appetite is good, and indulged both in eating and drinking to an extraordinary degree; he sleeps well, and generally rises once a month to have his bed made. Upon some occasions, when under the influence of fear or surprise, he has been known to get up, walk about his house, and return composedly to bed.

These particulars have been communicated to me by a near relative of his, and I shall feel obliged by your inserting them in THE LANCET.

I am, Sir,
Your obedient servant,
RICHARD WILLIAMS,
Surgeon.

Aberystwith,
August 27, 1826.

THE LANCET.

London, Saturday, Sept. 9, 1826.

THAT most versatile body, Dr. James Copland, comptroller of the Mausoleum, and lecturer to empty benches, the most successful, though, God wot, the most innocent and undesigning practitioner of the art of sinking, that ever ministered to oblivion, lacking other employment has fallen foul of his friends, or rather his friend, for such we believe Medico-chirurgical Johnson has generally been esteemed. In the last number of his sullen "Repository," after telling us of his resolution, as if that were necessary, "to care little about Sauvages, to pay small attention to Hippocrates or Celsus, or Aretæus or Galen," he proceeds to deliver his opinions of a work treating so largely, as he tells us, "of *almost* all things in *heaven* and earth," that it produced on him "confusion almost amounting to vertigo," in which congenial state of mental commotion, or editorial phrenzy, he deemed himself a match for the man of "lunar influence," and to it went pell-mell, determined for once to tell the truth.

> "The office of any one," says the scribe, "who presumes to present the public with *criticisms*, is not always of a nature to be discharged with comfort: (not consistent with comfort to speak the truth!) we have ourselves endeavoured during our short and by no means pleasing trial (very true, not pleasing to the public,) of the *suitability of our fitness* for the office, (Scotch pleonasm, "*total of the whole*," most exquisite critic!) to act honestly and without partiality; and we have *more than once observed with disgust that the most flimsy publications*, in which every thing common place was expressed in a *style* disgraceful to the literary character of the profession, have in other quarters (JOHNSON's) been held up as "valuable monographs," and likely to have a "beneficial influence," and we know not what besides. *It is this contemptible flattery* which has lowered medical criticism (which was needless) even below the general criticism of the day, and led to our being afflicted with such a *deluge* of essays, treatises, and practical observations, as threatens to destroy all the common sense of the medical world. Of the vanity of authorship and of criticism also (well done, noble Copland, thou art both author and critic!) we have long required no conviction; (yet the man stumbles on;) and if we have seemed to have borne our office too cavalierly, we are reminded of the futility of human endeavours, whether made by authors or critics, by hearing, even while we write, of the death of some of those whose works have come before us.
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> "- - - - Say no more; but when God calls, lay aside thy papers; and first dress thy soul, and then dress thy hearse."—Mausoleum, pp. 200, 201.

What maggot passion or whim stirred Copland to the foul deed, we cannot conjecture; we admit, however, that it is very cleverly executed. His thrusts are maliciously to the point, and more sprightly than his square bulky figure might have promised. He runs about his man with an agility truly surprising. The words, too, "valuable monographs," "beneficial influence," &c., being among the most hacknied of Johnson's vocabulary, are happily chosen; but the "*suitability of his fitness* for the office" of critic may still be questioned; for at page 204 of the Review, he says, speaking of convulsions, "at all times the brain or medulla spinalis *are* affected;" and again, p. 206, "the employment of opiates in convulsions *are*, without question, always useless,"&c. Other vulgarisms and inaccuracies occur at every page, but since we are "reminded of the futility of human endeavours," to use his own words, we recommend him to "lay aside his papers and dress his soul or his hearse," or any thing else that may please him, and leave the trade of reviewing to those who can act "honestly and without partiality," and still enjoy all the "comforts" which such thankless occupation may bring them. He has no original papers worthy of notice.

1. *Principles of Dental Surgery, exhibiting a new method of treating the diseases of the Teeth and Gums, &c.* By Leonard Koecker, Surgeon-Dentist, Doctor in Medicine and Surgery. 8vo. pp. 445. London, 1826. Underwoods.
2. *A description of a new patent Instrument for extracting Teeth; also of a patent method of fixing Artificial Teeth.* By J. P. De La Fons, Surgeon-Dentist. 8vo. pp. 76. London, 1826. Hatchard and Son; Sams; Highley.

The teeth, which form what has been called the mill of the microcosm, not only contribute to the mastication of the aliment, but powerfully to the formation of articulate sounds, and are at the same time ornamental. For this reason they have always been esteemed highly valuable parts of the body, and have long enjoyed their presiding genii; at least in all ages persons have not been wanting who have pretended to a particular knowledge of their diseases, and of the art of increasing their beauty, though often it must be confessed at the expense of their utility. The extraction of teeth too has exercised the "mechanical cunning," as Mr. Charles Bell would say, of ages, particularly of our own and the preceding, in which the art, though common to most general practitioners of medicine and surgery, has been made a distinct profession and a prolific source of wealth. A shilling, or it may be a guinea, easily turned, it is no wonder that a host of worthies, who might more properly have broken stones for Mr. M'Adam, should have professed an art which it must be confessed stands very much exposed to empiricism, and offers very little, except profit, to the scientific practitioner. It is true that the natural history of the teeth has engaged the attention of Eustachius, Hunter, and Blake, but some of their works are obviously more interesting than useful, and others, we believe, rarely consulted by dentists. We do not know if we have formed an erroneous opinion, but it strikes us that professed dentists have paid but little attention to the anatomical peculiarities of the teeth, that the instruments they employ for extracting teeth, though often ingenious as applications of mechanic principle, have seldom possessed the peculiar fitness to the various species of these gomphoses, and again to each of a species, an anatomist might desire. Something of this sort, however, has been done by Mr, Fay, an American gentleman, settled in this town, in the construction of his forceps, of which we shall give some account on a future occasion; at present we proceed to the works of Messrs. Koecker and De la Fons. That of the former gentleman is composed of two parts, embracing rather a hasty view of the natural history of the teeth, of their diseases and treatment, as well as more extended essays on the various operations performed by dentists. Books of this kind too often abound with quackery, of which, however, although some passages might have been omitted without detriment to the volume, we are happy in being able to acquit Mr. Koecker. His work, particularly the former part, is a good deal interspersed with cases, some of them interesting, others too much of course, and a few ridiculous.

The following observations are for the most part judicious.

"In cases requiring dental treatment exclusively, the general health being supposed good, the removal of all acute diseases of the teeth and of the parts subservient to them, to be accomplished by the removal of their respective causes, should be the first care of the dentist, and it should invariably precede every other operative treatment.

When the mouth is not affected with any acute disease, the first object of the practitioner should be to restore the maxillary bones into a perfect state of health and regular action, as the primary diseases of these parts, are, in cases of this kind, the most dangerous and the greatest exciting causes of the diseases of the teeth, and are invariably productive of much symptomatic inflammation and tenderness in their lining membrane and bony structure, as likewise in the gums, periosteum and alveoli.

The alveoli and periosteum ought to receive our next consideration, as, from their immediate connexion with each other, they are always more or less affected at the same time, by the same causes of disease, and consequently benefited by the same remedies and operations; though such diseases may have originally begun and produced their most violent effects in one only of the alveolar structures in question.

Inflammation, suppuration, mortification, or caries, &c., in these parts, are very common affections. Gum-boils are diseases more properly of the alveoli than of the gums, as they begin first in the sockets and periosteum.

The gums are the next objects of dental treatment. By a proper attention to the primary diseases of the alveoli, periosteum, and maxillæ, these parts are always greatly benefited; and so, also, a successful treatment of the diseases of the gums, reciprocally benefits the sockets. The diseases which most commonly affect the gums and the periosteum, are inflammation and suppuration, scorbutic excrescences, spongy abscesses, &c., all of which ought to be perfectly cured by the complete removal of their causes, which are generally tartar, dead roots and decayed teeth.

When all the parts connected with the teeth, are restored to perfect health, when they suffer neither from debility nor from relaxation, but are strong and vigorous, then, and then only, will the diseases of the teeth become altogether local, and the teeth themselves free from all symptomatic inflammation, and even from susceptibility of diseased action of any kind. This is the time to proceed with the most certain prospect of permanent success in the separate treatment of every local disease of the teeth individually."—p. 139.

There is much reason in the following:

"Particular care should be taken that those operations which produce the least irritation on the nerves of the teeth, and on the periosteum, should be first performed, or that such diseased teeth as are of minor importance, and possess the greatest physical strength, should be first treated; because every indvidual operation being contributive to the success of the next, the last is of course performed under the most advantageous circumstances, and therefore the most likely to prove successful. By such a proceeding, the most extensive dental treatment becomes a series of operations, each of which is made auxiliary to the next; until at length each individual part, and finally the whole mouth, is restored to perfect health."—ib.

Mr. Koecker observes, that "teeth which are sound, or even in such a condition as to permit their being rendered so by art, provided they are firm in their sockets, or can be rendered so by proper treatment, should never be extracted, however tender and painful they may be;" such pain, according to him, being merely symptomatic, and to be combated by curing or removing the idiopathic disease. It often happens, certainly, that one sound tooth after another is drawn without the least benefit to the patient, the pain arising either from constitutional or more or less general causes; but there are many cases on record, and occurring every day, against the principle which the author seeks to establish. For instance, Rush, in his Med. Enq. vol. i., as our author himself tells us, relates the case of a lady, whom he attended with sciatica, which yielded for a while to the usual remedies, but soon "returned with great violence, accompanied with a severe tooth-ache." Suspecting the rheumatic affection to be derived from the tooth, it was ordered to be extracted. The patient immediately recovered

"Soon after this," says the same author, "I was consulted by Mrs. T. R., who had been affected for several weeks with dyspepsia and tooth-ache. Her tooth, though no mark of decay appeared in it, was drawn by my advice. The next day she was relieved from her distressing stomach complaints, and has continued ever since to enjoy good health."

A lad of Baltimore, who had epileptic fits, was cured in the same way, and several cases of head-ache and vertigo are mentioned by Dr. Darwin, as attesting the efficacy of the practice. Dr.

Gater relates that M. Petit had thus cured intermittents which had resisted the bark for months; and our author tells us of a gentleman whose "whole constitution, but particularly the glandular system, was so much affected as to produce swellings and indurations in the most distant parts, accompanied with agonising pain of the head," who consulted Mr. Lawrence. That ingenious surgeon soon suspected that the teeth were the chief cause of the malady, and recommended the patient to our author, who found "his gums, and all his alveolar processes more or less diseased." The dead teeth and stumps were removed, and the patient recovered in less than a month. Mr. Koecker has related other cases, but we have cited sufficient to show the importance of a more attentive consideration of the teeth as excitants of a variety of morbid actions, than is commonly bestowed upon them. Fistulous abscesses of the cheeks, as Sir Astley Cooper has observed, (LANCET, vol. i., p. 39.) are often produced by decayed teeth, and are always intractable until these are removed. The remark equally applies to diseases of the antrum, the soft and bony palates, &c. We deem the following observations of Doctor Rush worth transcribing, although, perhaps, he has rather over-rated the mischief:—

> "When we consider," says he, "how often the teeth, when decayed, are exposed to irritation from hot and cold drinks and aliments, from pressure by mortification, and from cold air, and how intimate the connexion of the mouth is with the whole system, I am disposed to believe they are often unsuspected causes of general, and particularly of nervous diseases. When we add to the list of those diseases the morbid effects of the acrid and putrid matters, which are sometimes discharged from carious teeth, or from ulcers in the gums created by them, also the influence which both have in preventing perfect mastication, and the connexion of that animal function with good health, I cannot help thinking that our success in the treatment of all chronic diseases would be very much promoted by directing our inquiries into the state of the teeth in sick people, and by advising their extraction in every case in which they are decayed. It is not necessary that they should be attended with pain in order to produce diseases, for splinters, tumours, and other irritants often bring on diseases and death, when they give no pain, and are unsuspected as causes of them. This translation of sensation and motion to parts remote from the place where impressions are made, appears in many instances, and seems to depend upon an original law of the animal œconomy." *Med. Enq.* vol. i.

We cannot follow Mr. Koecker in the various sections and chapters which are devoted to the diseases and treatment of the teeth. His plans are generally simple and judicious. Such teeth as are wholly dead are to be removed, and the arts of the dentist, such as stopping, cutting, and filing, reserved for the remainder. Fangs and stumps, which the forceps cannot extract, are removed by the "*levier pyramidal*" of Mr. L. Forgue. The author disapproves of the punch, and we think very justly, and of the key instrument, which effects the removal of teeth at an angle of 90 deg. or so, in which, we think, he is too liberally censorious. It is often an useful instrument. He seems to think the method of perpendicular extraction is wrong, or more painful than the angular, and here also we are dissenters; but, upon the whole, the work is an useful epitome of the dentist's art, and of the prophylactic and remedial treatment of the teeth. The "patent instrument" of M. de la Fons cannot be understood without a reference to the plates at the end of his volume. His "patent method" of fixing teeth consists "in carrying the fastenings of artificial teeth to the hinder parts of the jaw, and fixing them upon the strong-rooted double teeth," to which we can see no objection, it being perfectly natural that he should fix his supports on "those teeth that are best calculated to hold them."

A workman belonging to one of the northern settlements of Upper Canada, was suddenly missed; he had been observed to go toward a neighbouring forest, and was never afterwards seen, although diligent search was made for him for many miles. About twenty years after, some woodmen discovered portions of a human skeleton, and having heard of the loss of their neighbour, took some of the fragments to the deceased's friends. The friends were anxious to obtain the opinion of some anatomists respecting the age of the bones, and on account of its greater portability, the lower jaw, from which the teeth had all fallen out, was selected for the inspection of the persons to be consulted. The opinions of the transatlantic dissectors were so contradictory, that a relative of the deceased coming to England, was requested to show the said jaw bone to some of our teachers of anatomy and surgery. This bone has been handed about town for some time past, and is now in our possession. It has been in the hands of men who have been teachers of anatomy and surgery in this town for very many years, and who now rank high in public estimation. Some said that it was the bone of a man, some of a woman; some that it was 90 years old, some 80, 70, 60, and only one ventured to go below 50 years; that person said 10 or 12, which is nearly double the real age, as is easily shown by removing the anterior plate of the jaw. The permanent teeth are seen snugly cased in their new sockets; not one has appeared above the level of the alveolar process, consequently the individual was *not more than seven years and a half old!!* So little is the progressive development of structure studied in this country!

A Correspondent insists that the statement in our last Number respecting Bartholomew's Hospital, is "incorrect in important particulars." He says,

> "Every pupil can at all times learn with the greatest ease the present or past prescriptions for any patient in St. Bartholomew's Hospital. The physicians' prescription books are left in the medical wards, and always accessible. At the head of the bed of each surgical patient, a paper is hung, containing the patient's name and age, the date of admission, the name of the complaint, the diet, and the prescriptions, whether for local or general use. Every new prescription is written on this, with its date, from which the medicines, &c. are served at the shop. The surgeons and Dr. Latham regularly explain to the pupils the nature and treatment of the cases in the course of their visits; thus giving clinical instructions in the proper sense of the term.
>
> "The cases in Dr. Latham's ward are regularly registered in books kept in the wards, and constantly accessible. All interesting cases are also regularly recorded in Mr. Lawrence's ward books; from these they are copied in a corrected form into a general case book, which is open to the examination of the pupil."

We are perfectly aware that the energies of Latham and Lawrence are opposed to the execrable apathy of their colleagues; but a third part of a school is not the whole, and in a general statement we were not bound to notice exceptions. There is ample time to put the establishment on an equitable footing, and, among other grievances, we trust those undertaking bullies, the beadles, will not be forgotten. At present we say no more.

Dr. **Allan Smith**, of Danville, Kentucky, has removed a scirrhous ovary after the manner of **Lizars**. The wound was united by the interrupted suture; the ligatures came away on the twenty-fifth day, and the woman gradually recovered.

To the Editor of THE LANCET.

Yorkshire, 15th July, 1826.

SIR,—In the last number of the Edinburgh Medical Journal, I observe a communication signed "Vindex," in which the writer endeavours to rescue from obloquy the far-famed colleges of Aberdeen. Laudable as his motives are, it is not however to be expected that the public will enter on the subject with the same feelings, or be influenced by the same apparent partiality. But the discussion has not been without its use; and though the remedy may not be palatable, it will, no doubt, have a sanatary effect. The nomination of Mr. Josh. Hume to the Rectorship of Marischal College, was its first beneficial operation, and was justly regarded as propitious to the cause of science, and to the character of the College, and for a moment roused its quiescent faculties. Unfortunately, however, a paltry and *self-interested* cabal was suffered to arrest the work of reformation in its very beginning; and as his successor is by no means fitted by nature or education to tread in the foot-steps of such a man as Hume, (whose conduct commanded admiration,) the ancient order of things may be expected to return. It is indeed with surprise I have observed that Aberdeen is ranked among the number of established *medical* schools, where no prodigy of that science has as yet arisen; while our provincial towns, as Leeds, Manchester, Exeter, &c. which can boast of a Hey, a Blackall, and other great names, have not been admitted to the same privileges and distinction. The Colleges of Aberdeen have, indeed, endowments for Professors, there is an infirmary and lunatic asylum, but these advantages have hitherto been shamefully overlooked as favourable to the formation of a respectable school of medical instruction; nor can it be observed that the feeblest ray of genius has ever been displayed by any of the persons holding medical situations in these establishments, to encourage more favourable anticipations under *their* management of means they have long regarded with indifference. Under these circumstances, therefore, we can see no encouragement to those who can afford the expense of a regular medical education at Edinburgh, Dublin, or Glasgow, where they may drink deep of the science, to try the empty brooks at Aberdeen. The *Professors* seldom lecture, and, as it is well known, their sole duty consisted until lately, in *selling* degrees, a traffic which I am glad to observe they have been forced by public ridicule to abandon. It is true, that within these few years the Colleges have appointed *Lecturers*; but as they are selected from among the junior members of the profession, much experience is not to be expected; and they are besides not less obscure as teachers, than the *Professors* themselves. As it must be allowed, the Professors hold offices of public trust; the public, to whom they are responsible, have a right to require the faithful discharge of their duties. There should be NO SINECURES; and they are not justified in delegating their duties to another person, any more than are the other Professors; until, like some of them, worn out by a series of long and faithful services. For it is a gross violation of the will of the founders, to appoint men without due regard to *efficiency* as well as talent; and until the medical chairs are filled by men of known celebrity, it is vain to expect that their NEW regulations respecting degrees of M.D. will raise the reputation of these Colleges one step higher than it has ever been; but will rather send students to the other medical schools of the kingdom, and, effectually shut up that of Aberdeen; a fate which awaits that otherwise highly respectable seminary, unless its guardians give proper encouragement to men of known fame to accept the medical chairs, whose names might attract hearers, and raise the character of Aberdeen to the height it might (with its local advantages) thus easily attain.

But we in vain look to Aberdeen for the means of accomplishing this end, for the names of Bannerman, French, Skene, are alike unknown in the republic of Science; and now that Government has granted large sums of money for the renovation of these Colleges, it is to be hoped it will reserve to itself the patronage of presentations, by which the evils of local family intrigue, so destructive of public institutions, will be prevented. In fine, the Charter should be surrendered to the King, by the Lord Chancellor, at the approaching visitation, in order that the whole code of statutes (for there is much to be amended) may be new modelled and adapted to the times in which we live, and better framed to second the more early development of intellectual strength. Yours,

G. R. N.

P.S. I am told, one of the Professors did *advertise* the opening of his class, but he left it after the first half dozen Essays he read to them on the Practice of Medicine, or, as is more probable, that he was deserted by the students!

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case in which the coverings of a large Scrotal Hernia were torn through: with consequent prolapsus of the intestines to a considerable extent.—Compound fracture of the thigh, dislocation of the humerus and fracture of the leg also occurring in the same patient.

A poor man, suffering under the dreadful complication of injuries enumerated above, was brought to the hospital about twelve o'clock on Thursday morning last. He was immediately placed in Accident Ward, under the care of Mr. Key, the surgeon of the week, who happened at this time to be in the hospital.

The patient was a fine muscular man, about 24 years of age, the accident occurred by his falling to the ground from a height of more than forty feet. It appeared, however, that the fall was not direct, but broken or interrupted by portions of the building which projected. He was picked up in a senseless state, and as the place is situated within a short distance of the hospital, he was immediately conveyed there.

On Mr. Key proceeding to examine the nature of the injury received, and with this view causing the patient's clothes to be removed, one of the most appalling scenes presented itself, which in our intercourse with hospitals we ever remember to have witnessed.

At the lower part of the abdomen, on the left side, there was seen portruding a very large mass of the small intestines; these, on more minute examination, were found to issue from a large irregular wound of the scrotum, apparently (the scrotum having been previously much distended,) of five or six inches in length. The intestines, generally, were of a darker colour than is natural, but there were several distinct spots of ecchymosis to be observed; one of which was of the size of the tip of the finger.

Proceeding with the examination, Mr. Key next discovered a compound fracture of the left femur. The upper portion of bone had protruded through the integuments, occasioning a considerable wound on the outer side of the limb; but at the time of examination was reduced, and it was then carried very much inwards; so great was the force with which the bone had been pushed out, that in addition to the muscle and integument, it had also passed through the clothes of the patient.

The attention of the surgeon was next directed to the peculiar manner in which the right arm was fixed; this was found to depend on dislocation of the humerus downwards. The head of the bone was thrown unusually low in the axilla, and hence the symptoms which characterise this accident were exceedingly well marked.—The elbow was widely carried from the side, and raised so as to be nearly on a level with the shoulder. There was also a fracture of the right inner malleolus, a small wound under the chin, and contusions on various parts of the body. With respect to the constitutional condition of the patient, it was that which is ever the immediate consequence of violent injury,—depression of all the vital powers; the heart's action scarcely perceptible; the surface of the body and the extremities cold, with a pallid face, and bloodless lips.

Small doses of ammonia and brandy were frequently administered, which had the effect, in a slight degree, of increasing the force of circulation.

It was found that the prolapsed intestine was easily reducible; the external abdominal ring being much enlarged; Mr. Key then, by a gentle process of manipulation, returned a portion, but anxious to avoid *directly* handling the parts, he proceeded to close the wound in the scrotum by means of what is termed the "uninterrupted suture," the stitches of which were made very close to each other. The whole of the intestine was now easily reduced, but as Mr. Key, from the increased size of the ring, dreaded its return, he applied a truss, with its pad, over the inguinal canal; the pressure of this truss was about equal to six pounds weight.

It is a circumstance worthy of notice, that there was no peristaltic motion observable in the protruded portion of intestine, which we suppose must have been upwards of a yard in length.

The dislocation of the humerus was speedily reduced, the complete prostation of strength under which the patient laboured, preventing any muscular resistance. The fractured thigh was placed on a double inclined plane, the wound being closed by means of lint and adhesive plaster; the bone was much comminuted, several small portions being removed. The fracture of the inner malleolus was put up in the usual manner.

Evening, eight o'clock. The poor man is now able to answer questions rationally, but he has an unnatural and anxious expression of countenance. Pulse 104, and variable as regards volume, but for the most part feeble in its beats. The tongue is moist, the lips pale, and the tunica conjunctiva blanched; the abdomen is not tender on pressure; he complains of pain in the loins. Brandy with ammonia have been given at intervals since the morning; these to be continued as occasion may require.

On examining the wound of the scrotum, it was curious and interesting enough to observe the complete manner in which the lips of the wound had already united; this was within the space of eight hours. Mr. Key in pointing out this circumstance remarked, that it was his opinion the sides of the wound could only have been thus effectually kept in contact by the uninterrupted suture*

Sept. 1. Mr. Callaway was called to the patient this morning about six o'clock, and found him with an alarming train of symptoms. The countenance at this time, we learn, was exceedingly anxious, the pulse at the wrist very rapid and scarcely perceptible, the abdomen tumid and tender on pressure, and he had also vomited after partaking of a cup of tea with a very small portion of bread and butter. Mr. Callaway ordered thirty leeches to be immediately applied to the abdomen, and two grains of calomel with one grain of opium to be given directly.

At half-past eleven, a. m., the patient was seen by Mr. Key; he had then somewhat rallied according to the description given by Mr. Callaway of his state early in the morning. The pulse now was very rapid and vibrating; the pulsations running into each other, so that it was impossible to enumerate them. There was great distress depicted in the countenance, he talked incoherently and was exceedingly restless; the abdomen still tense and tender on pressure.

Mr. Key directed twenty leeches to be applied to the abdomen, afterwards using warm fomentations. An ounce of castor oil to be administered in half a pint of gruel as an enema, by means of Read's Syringe, and to be repeated every three hours until the bowels were unloaded. A second dose of the calomel and opium was given at eleven o'clock.

Three o'clock, p.m.—He is evidently worse, the pulse indistinct; respiration short and hurried. Ordered to take a dose of the julepum ammoniæ every two hours. The abdomen is not so tender as before the application of the leeches.

Eight o'clock, p.m.—We found the poor man moribund, and he sunk during the time we were at his bed side, being about thirty-three hours from the receipt of the injury. Two injections were given after two o'clock, the latter of which produced a copious fœculent evacuation, and the mixture of ammonia was, as directed, frequently given.

We had nearly omitted observing that on making inquiry of the patient, he stated that he had for some time laboured under a large swelling on the left side of the scrotum, which he could easily push back, but had not worn a truss.

It is much to be regretted that the friends immediately removed the body, and would not consent to an examination. It would have been interesting to ascertain the state of the prolapsed intestine.

Mr. Key's admission of patients into the Hospital on Wednesday, August 9th, consisted of the following cases:

Males.—Abscess of the hand; ditto of the finger; lepra vulgaris; hæmorrhoids; superficial varicose ulcers of the leg; disease of the bladder; chronic abscess on the nates; fistulous openings in the perineum and scrotum.

Females.—Inflammation of the synovial membrane of the knee-joint; disease of the tongue; hydrops articuli; tumours within the rectum; irritable disease of the mamma; inflamed hæmorrhoid; disease of the ancle.

The two first cases among the male patients were of a trifling nature. The case of *lepra* remains in the Hospital; *six drops* of the arsenical solution were prescribed, to be taken three times a day. The patient with hæmorrhoids has found much benefit from the exhibition of small doses of blue pill, and mild aperients.

Varicose ulcers of the leg. The term varicose ulcer is perhaps not strictly correct, but we use it in its general acceptation, to denote a certain kind of ulcer arising from, or dependent upon, a varicose state of the veins. Cases of this nature are of very common occurrence, and we only notice the present in order to speak of a mode of practice usually adopted by Mr. Key. The patient was about fifty years of age, the ulcers on the left leg numerous and superficial, and of many years standing. The veins of the leg were exceedingly tortuous and dilated, and there were several varicose tumours.

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* We mention this apparently indifferent observation, for the purpose of contrasting it with the unqualified opinion expressed by the Author of the First Lines of Surgery. Speaking of the glovers or uninterrupted suture, he says, "*It may be considered as totally disused in every case of surgery which can possibly present itself.*" ,, *For the honour of surgery and the sake on mankind it is to be hoped that it will never again be adopted.*"

Mr. Key directed a vein to be opened with a lancet, from which about eight ounces of blood were taken, and the orifice was then closed. The patient was ordered to observe the recumbent posture, and apply the yellow wash to the leg; five grains of Plummer's pill to be taken at bed time.

Mr. Key remarked to the pupils that he had found much benefit in these cases from opening the veins of the leg and abstracting blood, and it was now his customary mode of treating this description of ulcer.

CHRONIC ABSCESS ON THE NATES.

The patient in this case was a boy about ten years of age; he had a fluctuating tumour of about the size of a cricket ball, situated immediately behind the trochanter major. He did not suffer pain in the hip, nor were the motions of the joint at all interrupted. The boy's general health was good. An opening was made by means of an abscess-lancet, and about three ounces of pus evacuated.

The patient with *fistulous openings in the perineum and scrotum*, left the hospital a few days after admission. It was a case in which we fear but little benefit would have been obtained; the sinuses were very numerous, and connected with apertures in the urethra, so that the urine passed through the openings. The scrotum and perineum were in a thickened diseased state; there was much constitutional and also local irritation, accompanied with stricture.

The case of disease of the bladder remains in the Hospital. We shall notice its termination.

The female cases, with the exception of the two last, are of much interest; but as they all at present remain in the Hospital under particular plans of treatment, we shall reserve a notice of them for a future occasion.

There have been no operations performed at this Hospital of late.

ST. THOMAS'S HOSPITAL.

BSERVATIONS ON VENEREAL PHAGEDENA, WITH CASES ILLUSTRATIVE OF THE BENEFICIAL EFFECTS OF SPIRIT OF TURPENTINE AS A LOCAL APPLICATION.

The most intractable and destructive form of disease arising from sexual intercourse, is one which frequently presents itself to our notice in the Borough Hospitals; cases of which we have often reported under the title of venereal phagedena. We would here observe, that we limit the term venereal phagedena to the species of sore under consideration, believing it to be of a specific nature, and possessing determinate characters.

The precise form in which the disease first makes its appearance, has not been distinctly ascertained, inasmuch as the patient does not make application for relief, until the disease has far advanced, and the primary characters are of course destroyed.

In the numerous cases that have fallen under our observation, there has been a sore on some part of the genitals, corresponding with the following description: an excavated (but not deep) ulcer of a circular or oblong form, with its edges regular and well defined; the surface of the sore covered with a viscid yellowish slough, but in some cases the slough is of a brownish colour. There is more or less inflammation in the surrounding skin, which is of a dark red, or purplish colour. The patients complain of a constant burning, stinging pain in the part, which entirely precludes them from obtaining repose; there is much constitutional irritation; the pulse is very quick and small; the tongue covered with a thin white fur, but in general moist, and the skin is hot and dry.

In this state the patient is admitted into the Hospital, and in general the symptoms continue unrelieved; for by far the greater number of cases that we have witnessed at the Borough Hospitals have terminated fatally, notwithstanding the varied measures that have been adopted. The extension of the disease is, by a continued process of ulceration, more or less rapid; each morning, on visiting the patient, we find the circumference of the sore increased, a fresh solution of continuity, as the old writers would term it. And in this way from day to day does the phagedenic progress go on, leaving the cavity covered with a slough, which adhered firmly to the parts beneath. On some occasions we have seen this slough removed, and the surface of the ulcer presenting numerous, and, as it were, acuminated granulations; still the ulcerative process was not arrested. As far as our observation has gone, the slough does not become black or of gangrenous appearance until the latter stage of the disease, when it has made such extensive ravages that the vital powers begin to fail, and the patient labours under typhoid symptoms.

We have been thus precise in stating our observations on the manner in which this formidable disease extends itself, because it appears to us that this part of the subject is as imperfectly understood as the treatment. We find in Mr. Travers' report of these cases, the vague and indefinite term of "*sloughing ulceration*" applied to them, and in other places we read of a "sloughing process commencing," and "a sloughing process extending;" by which expressions we suppose is meant to be conveyed, that the disease extends by sloughing, which is by no means the case, it being in our estimation a purely ulcerative process. It is a curious and important fact, that all the patients affected with this disease come from a particular district, namely, St. Catharine's, in the vicinity of the London Docks; and in the majority of cases that have fallen under our notice, the disease has been contracted in a place called Swan-alley. This fact is so well known at the Borough Hospitals, that a patient is familiarly said to have the Swan-alley disease.

This place is one of the vilest sinks of iniquity in the metropolis, being inhabited by persons principally of the Jewish persuasion, who keep lodging houses for prostitutes. It is the custom of these wretches to obtain very young girls, whom they supply with food and clothing, and in return for which the girls are submitted to the embraces of sailors, who are principally foreigners.

There are three questions which particularly suggest themselves to our mind in the further consideration of this subject.

Is it a local disease of a specific nature? Does it depend on constitutional causes? Or, does it arise from the state of the atmosphere in a crowded Hospital, similar to what is termed Hospital gangrene?

In support of the first opinion we may observe that the disease is only acquired (as before observed) in a particular district, where the intercourse is principally with foreigners. The second question is answered by the fact of the disease occasionally occurring with individuals apparently in good health. A great number of the patients that have this disease are prostitutes who lead irregular lives, indulging very freely in spirituous liquors; but we have two fatal cases distinctly in our recollection, in which the patients were healthy young men.

With regard to the third question, we may observe that what is termed Hospital gangrene, is an epidemic as well as an infectious disease, and it should therefore follow that other patients labouring under ulcers, and laying in the same ward, would be similarly affected; which was not observed to be the case. It has been remarked also that Hospital gangrene seldom attacks sores of a specific nature, such as cancerous or venereal ulcers.

The foregoing observations, we believe comprise all that is at present known on the subject of this disease; it is in every respect, however, well worthy of further investigation.

In the two following cases, great benefit was derived from the application of a terebinthinate ointment, to the ulcers.

Case I.—A. B., ætat. 17, of dark complexion and not unhealthy in appearance, was admitted under the care of Mr. Travers on 13th of July.

She stated that she had been on the town six months, and had resided at Swan-alley six weeks. She had not, according to her own account, been in the habit of drinking spirituous liquors, and during her residence at Swan-alley had connexion principally with foreign sailors.

She was admitted with an ulcer of the size of a shilling, on the upper part of the left labium pudendi. The sore was not deep, it had a sharp and well defined edge, and the surface was covered with a yellowish tenacious slough. There was a sore also on the inside of the thigh, of about the size of a crown piece, the surface of which was sloughy, with bloody points. In the cleft of the nates on each side there was a large ulcer.

The pulse was quick and sharp, tongue furred but moist, and she was complaining of much pain, with extreme restlessness, and an anxious expression of countenance.

The disease had existed three weeks; she first perceived a small sore on the inside of the thigh, which she described as having the appearance of a small wart; this soon ulcerated, and shortly after the ulceration of the labium and that of the nates also took place. Previous to the commencement of any of the sores she had gonorrhœal discharge, with scalding.

July 15. The sores are improved in appearance, and are less painful than when the patient was admitted. Mr. Travers *then* simply directed the application of yeast poultices, but the sister of the ward in addition to these applied the following ointment spread on lint:

Yellow resin, wax, of each 1 *drachm,*
Olive oil, 2 *drachms,*
Spirit of turpentine, ½ *an ounce.* Mix.

The parts have also been fomented with a decoction of poppies.

Mr. Travers remarked that although he disapproved of the principle of sisters or nurses having recourse to means without the concurrence of the attendant surgeon or dresser; yet in the present case, the application had been of so much service that he must recommend its continuance, and thus from a sense of duty to the patient, as it were, sanction the sister's conduct.

The following medicines were directed:

Opium, 1 *grain;* to be taken three times a-day.

Camphor mixture, 1 *ounce,*

Spirit of nitric æther, 1 *drachm;* to be taken three times a-day. A dose of castor oil to be given to-morrow morning.

17. The sores are looking cleaner, and there is an appearance of granulations in each. The turpentine dressing occasions much pain for about an hour after its application. The pulse is less quick, tongue still furred, bowels open, the patient obtained some comfortable sleep last night. Continue the medicines and local applications. Ordered four ounces of wine daily.

28. The improvement since our last report has been progressive; the sores are much diminished in size.

August 30. The sores are now entirely healed, under the above plan of treatment. At one period there was a little disposition to retrograde; this was supposed to be owing to the patient walking about too much; she was directed to keep quiet, and the parts speedily reassumed their favourable appearance.

Case 2.—E. Clark, ætat. 18, of dark complexion, admitted August 3, under the care of Mr. Travers.

She stated that she had been living as a prostitute about 7 months, and had resided at Swan Alley five weeks, where she was principally visited by foreign sailors.

She was admitted with a sore on the lower part of the left labium, extending along the perineum, having precisely the same characters as the first case, described above. The ulcer was of five weeks standing, and had increased very much within the last fortnight. She had purulent discharge from the vagina for some time previous to the appearance of the sores. She had taken some mercurial pills.

A similar plan of treatment was directed in this case, to that of the first, and it was followed with the same favourable result. The turpentine dressing occasioned a considersble degree of pain in the ulcerated parts; but conjoined with the yeast poultices and poppy fomentations, the sore, under its use, soon lost its *sloughy* (not *sloughing*) disposition, and healthy granulations appeared. The mixture of æther, and the opiate pills were at the same time given. A mutton chop was allowed daily.

Our report of this case on the 28th of August is:—sores nearly healed; the patient much improved in health and strength, but still keeps her bed, by direction of Mr. Travers. She now takes the sulphate of quinine, and has omitted the former medicines: the poultices are discontinued, and the turpentine dressing alone applied to the sore.

ST. BARTHOLOMEW'S HOSPITAL.

The foul wards of the Hospital have contained several cases of severe disease during the summer. We select two or three, which illustrate some important points of practice, and transcribe them literally from Mr. Lawrence's case-book, which is in one of the wards for the inspection of the students.

Thomas Wright, ætat. 35. Phimosis, with inflammation and swelling of the prepuce, and sloughing chancre. He has, during the last year and a half, been occasionally subject to small superficial sores on the inside of the foreskin, near the corona glandis. Once, about two years ago, he had a small but deep ulcer in front of the glans, which, together with the other sores, healed by tepid bathing and general attention to cleanliness.—None of these sores were followed by buboes, or any constitutional disturbance. Six days prior to his admission he awoke in the night with a sensation of burning about the prepuce, and, upon examination of the part, discovered that a slight sore, which had existed upon the left side of the corona glandis, had assumed a foul aspect: it should be observed, that he had drank freely the day before of porter; in general he has lived abstemiously. The slough rapidly extended round the left side of the glans to the frænum; the prepuce became painful and swollen, and its orifice so contracted, that after two days he could not draw it back. He took mercury once in his life, when he was about 19 or 20, for a small ulcer on the glans, after connexion; his mouth was affected, and continued sore nearly a month.

July 6. The prepuce is red and swelled, and the whole of the penis very painful. From the orifice of the prepuce, which is in the state of phimosis, a thin and very fœtid discharge issues in great abundance. The pulse is frequent, but not strong; the tongue covered to its very edges with a thick white coat; he has not rested at night; he is hot, thirsty, and has headache. The foreskin having been slit up in front, to its whole extent, there was discovered a large sloughing sore, extending from the upper and back part of the glans round to the left side of the frænum, inclusive; indeed, in the situation of this fold, which had been destroyed, there was a sloughing excavation between the swelled integuments and the pubes. Venesection, to 12 oz.; cal., grs. iv.; cum. jalap., grs. xii., statim. mist. Ammon. acet. ℥iss. 6tis horis. The penis to be frequently fomented, and covered with a bread and water poultice.

7. Much relieved by the loss of blood, which was sizy; passed a comfortable night; the tongue much cleaner; the pain of the part much lessened.

8. The slough has separated; more than one-third of the glans is destroyed, and a foul ulceration extends very deeply between the penis and skin. The edges of the ulcers, formed by the glans and integuments, are quite clean and beginning to granulate. The centre, which extends very deeply into the body of the penis, presents a large, tough, white slough of the corpus cavernosum. In three or four days the last-mentioned slough had become so far loosened that it was removed, leaving a deep excavation in the body of the penis under the glans; the latter is now connected to the corpus cavernosum by only one-sixth of its basis. Six ounces of port wine daily; infus. cinch. with dilute sulph. acid.

17. The sore has been healing most favourably. Yesterday the penis, at the basis of the ulcer, swelled and became hard, the skin being slightly red and hot, and the part rather painful. The tongue is furred, the pulse accelerated, the appetite deficient, and he rested badly. The wine and bark to be discontinued; twelve leeches to the penis, and bread poultice; senna mixture, and afterwards the saline mixture.

18. The redness and pain of the part are lessened; he passed a good night, and the feverish symptoms have disappeared.

28. The swelling and induration of the penis have continued and extended towards the pubes; leeches have been again applied four times, always with relief of pain and redness. The part is poulticed, and the senna mixture taken occasionally.

Aug. 18. Matter formed and made its way out at the ulcer; the opening was insufficient, and the director introduced at this place went to the pubes; the integuments were divided in the full extent of the excavation, and the whole surface is now cicatrizing very rapidly.

20. The patient is nearly well, the sore almost cicatrized; the health and strength completely restored.

John Dunn, ætat. 38. Mortification of the penis. About five weeks prior to his admission he had gonorrhœa preputii, and in a short time afterward a small pimple made its appearance upon the glans, which gradually enlarged and became a spreading sore, and a second, corresponding to this, formed on the internal surface of the prepuce, which swelled so much as to produce phimosis. In a week afterwards the skin of the penis began to look black, and at last to rot away. No circumstances could be detected, in the nature of the original affection, in the treatment, local or general, or in the constitution of the patient, to account for the terrible destruction which had occurred in this case. No violent local remedies had been applied; mercury had not been used to excess; nor had the patient been guilty of intemperance.

June 29. One half of the penis, including the entire glans, is a black slough; the substance of the prepuce is partially detached, and hangs in black shreds, exposing the black glans and penis. The mortification seems to have stopped, but the separation has not decidedly commenced; the sound portion of the penis is rather red and swelled; the pulse is regular and rather slow; the tongue tolerably clean; the gums affected with mercury, which he has taken in the form of pills for three weeks. There is considerable debility; the part is painful at night, so as to prevent rest, but he does not suffer during the day. The part to be fomented and poulticed, and the bowels to be opened with calomel and jalap. Sumat ext. conii., grs. v. ter in die et pil. saponis c.; opio, grs. v.; hora somni si opus sit. Mist. Ammon. acetat. ℥iss. 6ta quaq. horâ.

30. Passed a very good night, complaining of no pain. Pulse quiet; bowels open. The slough on the dorsum of the penis begins to separate.

July 2. Considerable progress has been

made in the separation of the slough, and the edge of the sound part is clear and healthy; the redness and swelling of the penis are gone; he suffers no pain except when the poultice begins to get dry.—Pulse feeble. Let the narcotics be continued, and the saline mixture omitted. Six ounces of Port wine daily.

3. Much improved; he takes the opium only at night; the wine is increased to eight ounces.

22. The remaining portion of the penis has gone on improving daily up to this period; he complains of no pain whatever, but feels very weak, which is attributable in some measure to a diarrhœa, which has been upon him, but has now stopped. He has been taking, in addition to his ℥viij. of Port wine, the infus. cinchon. comp.

27. The chalk mixture, with opium, has been substituted in place of the bark, on account of diarrhœa. The bowels are better to-day. Pulse feeble; appetite deficient; tongue rather furred; great debility. Decoct. cinchon. ℥iss. cum tinct. ejusd. ʒj. ter in die.; twelve ounces of wine daily. The penis is nearly healed.

Aug. 12. The bowels were disturbed by the bark, which was therefore discontinued. Of various medicines tried for him, the combination of hydrarg. c. creta, with Dover's powder, in equal parts, five grs. of the mixture to be taken three times a day, was the most beneficial. At present he is greatly emaciated, very feeble, almost without appetite; the purging, however, has ceased; the tongue is cleaner, and he feels rather better. He has taken a pint of milk, with ℥vi. of lime water for the last two days. The penis is perfectly cicatrized.

26. The disorder of the bowels is stopped, and the strength is returning fast. He will soon leave the Hospital.

John Hogin, ætat. 21, June 26, 1826. Inflammation of the penis, with mortification of the prepuce. Three weeks ago a sore formed on the glans penis, in a few days after a suspicious connexion: he took some opening pills, and pursued his ordinary avocations. Nine days after the prepuce began to inflame, and swelled so much that he could not retract it; it became extremely painful, the inflammation and swelling increasing to the time of his admission. He had observed no discharge from the urethra.

28. The integuments of the entire penis, and the prepuce more particularly, are greatly swollen, bright red, and acutely painful. The prepuce has mortified at its middle, where there is a portion about equal to half a crown completely black: its separation from the sound parts has not commenced. A copious, foul, and offensive discharge issues from the contracted orifice of the prepuce. The severe pain of this acute inflammation has prevented sleep; the tongue is white, the pulse nearly 150, and the constitutional disturbance altogether very considerable. Sixteen ounces of blood were immediately taken from the arm, and with great relief; the appearance of the blood was natural. The prepuce was slit up in its whole extent through the middle of the mortified part, which was loose in texture, its interstices being filled with a stinking sanies. A small artery bled freely; the bleeding from it was encouraged. The entire internal surface of the prepuce, and five-sixths of the glans were ulcerated, the ulceration being ragged, irregular, and of a dirty white colour. The natural appearance of the glans was so completely lost, that it would not have been recognised but for its situation. The penis to be frequently fomented, and covered in the intervals with bread and water poultice. A dose of calomel and jalap, to be followed by a dose of the senna mixture; saline mixture, with antimony, every six hours; milk diet.

29. Great improvement in the local and general symptoms; the part is easy, and the patient passed a quiet night, but without much sleep. Pulse 112; tongue white; venesection to 12 oz.; medicines continued.

30. The blood drawn yesterday is sizy, and the crassa-mentum firm. Bowels not open for the last 24 hours; pulse 110, rather full and strong; venesection repeated; an active purgative.

July 2. The swelling of the penis has subsided; the ulceration of the glans, and that of the prepuce, with the cut edges of the latter, have assumed the healthiest appearance. Bread poultice continued; tongue clean; pulse quiet; countenance natural; good appetite. Medicines discontinued; a dose of senna mixture occasionally.

12. The healing process is completed. The patient left the Hospital two or three days afterwards.

CASE OF GLEET, WITH SLOUGHING OF THE SCROTUM, AND SWELLING AND ULCERATION OF THE LEFT TESTICLE.

John S——, a porter, 23 years of age, stated, on his admission into this hospital on the 4th of May, that he contracted a gonorrhœa about Christmas; that shortly afterwards his testicles became swollen, and he suffered great pain in consequence.

It does not appear that he has availed himself of any efficient advice; he has taken, however, a little aperient medicine, and has worn a suspensory bandage.

About three weeks since, the scrotum became *chafed*, (as he supposed from the friction of his trowsers,) and the sore thus occasioned degenerated into its present state.

There is at present a foul and unhealthy ulcer of the scrotum, about the size of a crown piece, at its most depending part, through which the testicle projects in a very uneven and ragged manner; the whole of the exposed surface very unhealthy. The whole gland is also considerably swollen, and somewhat hard. The right gland is of a natural size, and free from disease. Mr. Lawrence observed to day, that this disease was by no means malignant, since the chord was unaffected, and the pain comparatively slight. The constitution is free from any disturbance. The discharge from the urethra is at present rather abundant.

May 12. Leeches to be applied to the testicle, and a bread and water poultice afterwards. To take a dose of calomel and jalap (4 grains, and 12,) immediately.

6. The leeches have had effect of lessening the swelling and tension of the gland, but the appearance of the sore remains unaltered.

12. The sloughing of the scrotum continues, and the diseased gland projects rather more than it did. Continue the poultices.

17. Mr. Lawrence, to-day by means of a double-edged pocket scalpel, transfixed the protruded portion of gland, and detached it. The first part of the operation was productive of no pain, and the latter only of little. On examining the excised portion of gland, an adventitious caseous substance appeared deposited in layers between the original structure of the organ; and here and there the *tubuli seminiferi* were distinctly recognizable.

June 2. Poultices have been regularly applied; bowels not relieved, since the 31st. To take the following powder:

Calomel, 2 *grains;*
Powdered jalap, 12 *grains*. Mix.

Linseed meal poultices applied to the sore.

12. Since our last report, there has been no alteration in the character of the sore until within the last two days, since which time the surface has assumed a much more healthy and granulating appearance. The patient's health is much improved, and there is little doubt that he will now do well.

WESTMINSTER HOSPITAL.

AMPUTATION OF THE ARM IN CONSEQUENCE OF A PUNCTURE OF THE RADIAL ARTERY IN VENESECTION.

Some account of this case has already been given in Nos. 154, 5, but as it furnishes some useful practical information, we shall again place the facts in connexion.

A man, about 35 years of age, applied to a druggist to be bled, on the 30th of July last, who, in the attempt, punctured the radial artery. Hæmorrhage, more or less, took place two or three times every day, as the wound was only secured in a careless manner with a lint compress, and on the 4th of August he came to the Westminster Hospital, and was received under the care of Mr. White, who, on being sent for by the House Surgeon in the night, on account of another slight hæmorrhage, cut down upon the tumour and secured the radial artery above and below the puncture. Six days after the radial artery had been thus secured, the hæmorrhage returned, as if from a single vessel, the blood issuing per saltum from a certain point of the wound; this vessel was sought for and secured. The edges of the wound became unhealthy, and the ulceration increased to the extent of a few inches, exposing the outer edge of the pronator radii teres, and a part of the tendon of the biceps. In *ten days* after the performance of this second operation, a profuse hæmorrhage suddenly burst forth from the many points on the surface of the wound, and before it was stopped, about thirty ounces of blood were lost. The House Surgeon compressed the brachial artery, and thus stayed the bleeding until the arrival of Mr. Lynn, jun., the officiating surgeon for his uncle, Mr. Lynn, senior, who tied that vessel about two inches above the upper edge of the old wound. This was done on Tuesday the 22d of August.

On the following day the surgeons, namely, Sir Anthony Carlisle, principal, Mr. Guthrie and Mr. Lynn, junior, assistants, on making their visit, saw the patient. A consultation was now held to determine what could be done in case the hæmorrhage returned. Sir Anthony Carlisle being the only chief surgeon present, delivered his judgment to the following effect:—"Should the hæmorrhage return, amputation must not be thought of; for as he has already lost so much blood, he will in all probability die upon the table, if amputation be attempted." The wound was at this time in a sloughy state, discharging a fœtid sanious matter, the forearm much swollen, the countenance almost blanched, and the pulse a mere thread. It was decided that no amputation should be performed, but that the brachial artery should be again tied higher up, or the axillary artery be secured, if pressure on the upper part of the brachial did not stop the hæmorrhage.

On the next day, only the second after the brachial artery had been secured, the bleeding again broke out from the wound; the House Surgeon happened to be going through the wards, and on the alarm being given, arrived just in time to save the man's life, by compressing the axillary artery. Mr. White, who was not present at the consultation on the preceding day, was sent for between 11 and 12 o'clock, and finding that the blood flowed freely from the several vessels on the wound's surface, he decided on amputating the limb just above the place where the brachial artery had been secured by Mr. Lynn, junior. The amputation was speedily performed, and the persons present were surprised to see a large arterial trunk on the back part of the arm, equal in size to the brachial. Several muscular branches of an unusually large size, required to be tied. Since the operation, the strength of the patient has been carefully supported, and he is now going on well. The arm was afterwards injected, and carefully dissected by Mr. Alcock: it was found that the profunda superior was unusually large; its two branches, the profundo-radial, and profundo-ulnar were twice their usual size; affording an easy explanation of the cause of the repeated hæmorrhage, viz. the great supply of blood sent by these vessels into the anastomosing branches round the condyles.

Remarks.—As all cases reported should be selected with some reference to the *cui bono*, we have selected this case to show the result of *bad treatment.* The radial artery was punctured, and the man has lost his arm. No doubt Mr. White did what he deemed the best for the patient, by cutting down upon the varicose aneurism, and tying the artery above and below the puncture; but that is not the best mode of treating such an accident. A *graduated* compress should have been placed upon the tumour until the cicatrization of the wound of the integuments had acquired sufficient firmness to resist the pressure of the impetus of the arterial blood. The tumour would have reached a certain magnitude, and then have remained stationary. The irregular distribution of the vesssels would have assisted, rather than have retarded the cure, because the amount of circulating force was thereby divided, consequently a less resistance was required. *Pressure*, steady and accurately applied pressure, should have been first tried; on this point most men of experience are agreed. Should it be found afterwards necessary, the brachial artery may be tied, and if its branches be given off in the usual manner or not, the operation must succeed.

Scarpa*, Dr. William Hunter, Pott, and Garneri, mention cases of the aneurismal varix, which remained stationary for fourteen, twenty, and thirty-five years. Compression, therefore, should always be first employed.

Mr. White acted very properly in amputating the limb under the existing circumstances, but no such expedient would have been necessary, if he had not at first made the *faux pas* of cutting into the aneurismal tumour. What could Sir Anthony Carlisle have meant by his fiddle-de-dee observations? What! tie the arterial trunk of a limb on the verge of mortification, with three arteries already secured? Fie, fie, Sir Anthony, you, as one of the inquisitors of Lincoln's-inn College, ought to preach a better doctrine.

The amputated limb was very well dissected, but all Mr. Alcock's labour was thrown away by the rude officiousness of Mr. Guthrie, who, although only an assistant, gives himself as many airs as if he wore his red coat, and were dictating the law to his subordinate officers. We say the pupils were deprived of all the benefit of the dissection, by his gratuitous interference in cutting away the vessels at their bifurcation, without even asking permission of Mr. White; a courtesy which he should have observed, being only an assistant. Mr. Guthrie must give himself no military tantrums in a *civil* Hospital. Verbum sat!

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* See his tract entitled *Memoria sulla Legatura delle principali Arterie, con una appendice all'opera sull'Aneurisma*, Pavia, 1817, which contains much valuable matter on the subject.

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XXX.

Gentlemen,

THERE are some states of the eye in which vision is destroyed or impaired, in consequence of contraction or closure of the pupil, or of such changes in the pupil, combined with opacity of the crystalline capsule, or of the cornea, in which there is a possibility of relief, by making a new aperture for the passage of light through the iris; and the different proceedings adopted for making this aperture are called the

Operations for artificial Pupil.

There are various conditions of the organ to which the operation for artificial pupil is applicable; as, for example, a greatly contracted or closed state of the pupil, in which you generally find, in addition, adhesion of the iris to the capsule, while the imperfect aperture, that may be left, is usually filled by an opaque membranous substance, which is either an opaque capsule, or an adventitious membrane, formed by the organization of lymph effused during inflammation of the iris. Such a state of the pupil may be the result of the different operations for cataract, when they produce inflammation of the iris. You may have a closed pupil remaining after iritis, when it occurs from internal causes, as the arthritic, idiopathic and syphilitic kinds, or you may have the pupil merely contracted. In the cases now enumerated, the cornea and anterior chamber are usually natural.

Prolapsus iridis may produce such contraction or alteration of the pupil as to injure vision very seriously. If a large portion of the iris should have been protruded, the fibres of the iris must be tightly stretched from the ciliary margin to the situation of their adhesion to the cornea. The prolapsus of the iris, producing more or less alteration in the figure, or complete closure of the pupil, may occur from wounds or ulcers of the cornea.

Lastly, you may have the changes already described in the pupil, combined with opacity of the cornea. The importance of this opacity will depend upon its situation: for if the leucoma should be placed opposite to the contracted pupil, and if, in addition to this, there be adhesion between the pupil and the capsule of the lens, or between the iris and cornea forming synechia anterior, no benefit can be derived from the application of belladonna; and consequently, under these circumstances, a small opacity of the cornea would be sufficient to destroy vision.

These are generally the conditions of the organ, which render the operation for artificial pupil necessary; you may have the pupil simply contracted or closed, or these changes may be combined with opacity of the capsule, with an adventitious membrane in the pupil, with synechia, anterior or posterior, with displacement of the pupil, or opacity of the cornea. All these conditions of the organ are the consequences of severe inflammation, either external or internal. It must also be recollected that this serious inflammation may not have confined itself to the production of the consequences just mentioned, but that it will probably have extended, in many instances, to the nervous structure of the eye, or to other parts of the organ. Hence it is necessary to ascertain correctly, whether the loss of vision is produced by the changes of the pupil only, before you think of attempting the operation for an artificial pupil.

A careful inquiry into the state of the organ altogether must be the first step in such cases. In the first place, observe the colour of the iris; for change of its colour is one effect of inflammation, and you may detect this change by comparing the affected with the sound eye. If the inner circle only be altered, it is of no consequence; but if the change of colour extend through the whole iris, it is unfavourable. There are changes of texture also, which, in addition to the adhesions of the pupillary margin will show you decidedly whether the whole or a part only of the iris has undergone inflammation; if you find that these appearances are confined to the lesser or pupillary circle, the greater or ciliary part remaining free, that circumstance would not be unfavourable; but if the effects of inflammation should be apparent toward the ciliary or greater circumference, then you may infer that the ciliary body and the other textures in connexion with it have suffered also. Observe whether the iris preserves its smooth and level appearance; or whether it bulges forward, and is elevated into little tubercular projections. If it form a convexity in the anterior chamber, and if its surface be puckered and irregular, then it has undergone such serious changes in texture, that the operation is impracticable; and you may be satisfied that the retina has undergone such changes as would render the opening, even if one could be made, totally useless. Observe also, whether the globe of the eye has its natural size and consistence. If it be enlarged by dropsy, or if it be unnaturally flaccid; if it should have become soft, from the commencement of atrophy, you may be certain that the operation, if performed, would be unsuccessful. Observe whether the eye has its natural appearance around the ciliary body; when the globe has been long diseased, when the internal parts have been long the seat of inflammation, it often happens that there is a thinning of this part, and sometimes a little bluish projection, which has been called staphyloma scleroticæ: that is a change very unfavourable for the performance of the operation. You must also look at the external vessels of the globe, to see whether they are of their natural size; if they be enlarged and varicose, that would indicate an unhealthy state of the internal parts of the eye. But you must more particularly examine whether the retina possesses a clearly marked sensibility to light; for of course without that, the operation must be altogether fruitless. It might occur to you, that if the pupil be contracted, and the capsule be opaque, that no light would pass through to affect the retina, and that consequently we could have no direct evidence on the question of its sensibility. However, the opacity of these parts is partial, and not sufficient to prevent the transmission of light in sufficient quantity for this purpose. If the pupil be closed, and the capsule and lens opaque, the patient will readily distinguish light and darkness, if the retina be unaffected; he will even do so, if an opaque cornea be added to the other changes. If the patient therefore cannot make that distinction, we may conclude that the eye is amaurotic, and the operation consequently hopeless. In many of the conditions of the eye, requiring the operation for artificial pupil, a much greater degree of vision exists.

In mentioning that all these points should be matters of inquiry previously to operation, I mean that attention to these particulars is necessary in order that you may inform the patient before hand what the prospect of success is, in order that you may be able to tell him whether the operation is likely to be successful or otherwise. It is the duty of the surgeon to put the patient in possession, as accurately as he can, of the exact state of the case. The surgeon will recommend the operation only where he thinks it will be advantageous; there are, however, conditions of the eye which are unfavourable without being hopeless, and in which patients, after being apprised that there is very little hope of improving sight, determine to try the experiment of a doubtful operation, rather than submit, without an effort, to permanent blindness.

Prognosis.—The prognosis of the operation is favourable in proportion as the loss of vision is simply dependent on the changes in the state of the pupil, and as the texture of the iris itself is sound. The best cases, therefore, are those of pupils contracted or closed from prolapsus of the iris through wound or ulcer of the cornea; here the globe may be considered perfectly healthy. Closure of the pupil, after operation, is also a favourable case. We may class also the instances of external inflammation with prolapsus; when the inflammation has subsided, the organ is left in a healthy state, and the operation may be performed with every prospect of success. The prospect of success is less, when the contracted or closed pupil has been produced by internal inflammation. Iritis, and other internal inflammations, do not come on in a perfectly healthy constitution; and the iriation, which the eye suffers from the operation, will be likely, in that unfavourable condition of the general health, to produce a similar attack to the original one; it will produce the same sort of inflammation and effusion of lymph from the iris which was before the principal cause of the mischief. The prognosis is very bad when the iris is changed in colour and texture; when the globe is altered in its state, whether enlarged or shrunk; when the vessels of the globe are varicose; and when the perception of light does not exist, or in a very limited degree.

Generally speaking, the necessity for the operation arises out of disorders originally inflammatory, which, in many instances, leave the eye more susceptible of subsequent attacks. Hence the patient should be carefully prepared for the operation, and closely watched after it, with a view to prevent the occurrence of inflammation. On both these points I refer you to what I have said in speaking of the operation for cataract.

Operations.—In the operations for artificial pupil, our object is to make a new opening in the iris, of such a size that it may remain permanently open, and thus admit light into the interior of the eye; unfortunately, in most instances, this new opening has a tendency to close. It is made in a part where there is no natural aperture, and as attempts are always made to repair the consequences of injury, we may expect that the artificial opening in the iris will become smaller after the operation. For this reason it may be deemed a general rule to make the opening as large as possible. As there are several different states of the eye, in which an artificial pupil is necessary, so there has been a great variety of operations proposed for the accomplishment of this object. The instruments may be much varied, and many persons attach importance to trifling matters of that kind; so that many changes and modifications have been proposed from time to time. If I were to enumerate every modification of the operation for artificial pupil, the list would be very long indeed. In the work of Mr. Guthrie, entitled a "Treatise on the formation of Artificial Pupil," mention is made of the various operative proceedings which had been prepared up to the time of his work; I think that he has described between forty and fifty methods. I do not mean to enter into all these particulars; all I can do is to mention the general principles applicable to such cases, and it must rest with you to apply the means according to the circumstances of particular patients. If you wish for more detailed information on the subject you must refer to Mr. Guthrie's, and other books. The three most general operations are the following:—

Koredialysis.

The first mode in which the operation was performed consisted in separating the iris from the ciliary body, which has been called by the Germans *koredialysis.* The first hint of this operation was derived from cases in which the iris had been partially separated from the ciliary body by accident: thus a permanent aperture was produced in some instances, answering the purposes of a pupil very well. The first pupil of this kind was accidentally made by a blow from the lash of a whip. Scarpa proposed this mode of proceeding in such cases as required an artificial pupil, and for this purpose he employed a curved needle; he introduced it through the cornea, carried it across the front of the iris, in which he made an opening, by bringing the point of the needle through the iris, and tearing a part of it away from the ciliary border. This mode of procedure was recommended by Scarpa, and at the same time by Schmidt, so that the merit of the invention may be ascribed to both. Schmidt, however, introduced his curved needle behind the iris, and pierced the latter part with it from behind forwards. It will be found that the separation of the iris in this way is attended with a loss of blood; for, although the iris when simply cut, does not bleed, yet, when the trunks of its vessels are torn or lacerated, blood is effused from it into the anterior chamber. Scarpa's needle may be introduced either through the cornea, or behind the iris, and in that case the point would be carried from behind forwards, through the iris into the anterior chamber, and in either case it must be so used as to draw toward the lower part of the eye, and toward the point at which the needle is introduced, a portion of the iris; the consequence of which is, that a part of the iris becomes detached from the ciliary body. There is a needle employed by Beer for this purpose; it is rather broader than Scarpa's. If the circumstances admitted of it, the best way would be to introduce the needle through the cornea, but there will be no great difficulty in doing it through the sclerotic behind the iris. Now the inconvience of this method is, that the iris is apt to resume its position again; the pupil, which might have been of considerable size at the time of the operation, will become much smaller, and, as Scarpa acknowledges in his last work, *filiform*, that is, reduced almost to the size of a thread. Hence this first mode of making an artificial pupil, the operation of korecdialysis, is now nearly abandoned.

Koretomia.

The next mode is called the operation by incision, and by the Germans *koretomia.* The object of this method, which is supposed to have been practised by Cheselden, and was recommended by Wenzel, is to make a cut through the iris, and through the opaque capsule, if there be one, at the same time, trusting to the retraction of its fibres for converting a simple incision into an aperture sufficiently ample for sight. This way of operating was altered and improved by Sir William Adams, who described his mode of proceeding in a work which he published on diseases of the eye. He employed a very small scalpel, called an iris scalpel. The instrument in this case is to be introduced into the eye, as you would introduce the needle for the operation of depression behind the iris: having done this, you bring the point of the instrument through the iris on the temporal side of the eye into the anterior chamber, and you then carry the knife gradually across the iris. The object in this operation is to make a straight division through the iris, as long as you can. Since this delicate structure readily yields to the pressure of the instruments, you must bear lightly against it, and draw the knife across repeatedly, so as to divide the fibres by a sawing motion. The most favourable state of the eye for this operation, is when the iris has its natural colour, and when its fibres are quite tense. In this work of Sir William Adams, we find an engraving of the knife; it is so narrow, that it differs very little from the common cataract needle; these iris scalpels are now made still narrower, not exceeding the breadth of the needle. You introduce the instrument about two lines behind the cornea, just as you would the needle for depression, and instead of carrying it toward the centre of the eye, you carry the point through the iris on the temporal side of the eye, and then draw it across, with the acting edge turned toward the iris, from one side to the other, and then withdraw it. That is Sir William Adams's operation for artificial pupil.

A French surgeon, or rather a native of Geneva, M. Mannoir, divides the iris with a very small pair of scissars, which are made for this express purpose. It is necessary to make an opening in the cornea with a cataract knife, just as you would do for extraction, only much smaller. These scissars have one blunt and one sharp point, so that you introduce the sharp point through the iris, and carry the blade blunt at the extremity before the iris, and thus divide as much of it as may be necessary. Sometimes the pupil is made by two little cuts through the iris, joining at an acute angle. The little flap thus made retracts, and thus leaves a small triangular opening. This mode of proceeding may be advantageously employed when the cornea is clear, the anterior chamber undiminished, and the fibres of the iris tense. These are the modes of making an artificial pupil by incision or koretomia. It is necessary for the performance of each of these, that the cornea should be transparent, and that the anterior chamber should be of its natural dimensions; for if the anterior chamber be small, or if the adhesions of the iris to the cornea be considerable, these modes of operating cannot be so easily adopted.

Korectomia.

The third mode of making an artificial pupil, is by the operation of excision, called by the Germans *korectomia*, in which the object is to cut out a portion of the iris, and thus to leave an opening for the transmission of light. This may be accomplished also in different ways; if we make an opening in the cornea, and a prolapsus of the iris do not take place of itself, you may make a little pressure on the opposite side of the eye, and when you see the iris projecting through the opening, you may seize it with a forceps, and cut off a portion. This was the way in which Mr. Gibson first proposed the operation to be performed. When you have made the opening in the cornea, and the iris dose not prolapse of itself, or make its appearance on a little pressure of the globe, you may introduce a small hook through the opening, draw out a portion of the iris, and cut it off. There is a single hook recommended for this purpose; but the inconvenience attending the use of that instrument is, that it will often tear through the iris without bringing it out at the opening; and to remedy this, a German operator caused a double hook to be made which would allow of being pressed together, and introduced through the opening in the cornea as a single instrument. This is the hook, (showing it to the class,) and this is the hook of Mr. Gibson; this is the scissars Mr. Gibson employed. You may succeed with various instruments in performing this operation, and sometimes better with one than another, and in the use of them you must be guided by the peculiar circumstances of the case. The general mode of operating in cases of excision is this: you open the cornea with a cataract knife, you get a portion of the iris to prolapse through the opening, and cut it off with a scissars; and if it does not prolapse you hook out a portion and cut it off. You may operate in this way with great advantage when a part of the edge of the pupil is free, when the whole of the pupil is not adhesive, and then you get the loose edge of the iris through the opening, and enlarge the natural pupil very considerably.

The conditions of the eye, requiring the operation for artificial pupil, are so diversified, that it would be almost impossible to lay down any precise rules for the use of either of these modes. When you well understand the nature of the methods, you must adopt that which may seem best suited to each case. The combinations presented by these cases are so numerous, that each instance almost exhibits something peculiar, and requires some modification in the operation. The situation of the new pupil is a point which requires some attention. This is often not a matter of choice, but of necessity; as the pupil must be made opposite the transparent part of the cornea; but if you have a choice, there are certain parts of the eye more advantageous for the purpose than others. The best situation is on a level with the original pupil, either on the nasal or temporal side. The next best situation is just below the natural pupil, and the least so, is above the pupil, between it and the ciliary border of the iris.

An important point to be considered in the operation, is whether the lens be present or not. Of course it is better that the lens should not be present, but if you find the lens opaque, then you have the operation for cataract to perform in addition to that for artificial pupil. Moreover, the means you take for the formation of the pupil will almost invariably wound the capsule or the lens, and make it opaque. If possible, it is best to take such a course as will enable you to remove the opaque lens at the time you form the pupil. If you do not do this, it will be necessary to perform the operation of depression, or to break up the lens, and cause its absorption subsequently. In doing this, you must be guided by the appearance of the lens, by the age of the patient, and so on; you must act in particular cases according to circumstances.

(Mr. L. then showed the various modes of making the artificial pupil on the eyes of sheep.)

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XLI.

On the Diseases of the Urinary Organs.

Gentlemen,

THE urinary organs consist of the kidneys and their excretory ducts—the ureters; and the urinary bladder, and its excretory duct—the urethra. To these we might add, as appendages to the kidneys, the renal capsules. Before considering the diseases of these parts, I shall, as usual, premise a few physiological remarks, as serving to render the pathology more easily understood.

Of the Kidneys.—The kidneys are two glandular bodies situated at the back part of the abdomen, behind the peritoneum, one on each side of the spine, opposite to the two last dorsal and two first lumbar vertebræ. The right kidney is situated immediately below the great lobe of the liver, which causes it to be placed rather lower than the left. Above the left kidney, is the spleen. Both kidneys are almost covered by the incurvature of the inferior, false, or floating ribs.

The blood vessels of the organs are very large. The arteries, called the *renal* or *emulgent* arteries, come directly from the aorta. Between the renal arteries and veins there appears to be a ready communication; for we may easily inject the latter set of vessels from the former, even by a coarse injection.

The *sensibility* of the kidneys is not great, the nerves supplied to them being very small; these come from the *great sympathetic*, principally.

The *Ureters* are the channels through which the urine is conveyed into the bladder; they arise from the notch of the kidneys, and cross the *psoæ* muscles, in order to get to the bladder. Just before they arrive at the bladder, the ureters cross the outer side of the excretory ducts (*vasa deferentia*) of the testicles; a fact worth remembering; for it has occasionally happened that a calculus in passing along the ureter, has produced inflammation of the testicle, and which is easily explained by recollecting the relative situation of the ureters and *vasa deferentia*. The ureters perforate the bladder at its lower and back part, in an oblique manner, the duct running for some little distance between the coats; so that the membrane lining the bladder, acts as a valve upon the mouth of the ureter.

The office of the kidneys is to form the urine, (not merely to separate it;) and the ureters convey it thus formed into the bladder, where it is retained for a certain time, and then discharged through the urethra, which is the single outlet for this excrementitious fluid. In consequence of the rapidity with which fluids are conveyed from the stomach to the bladder, it has been supposed by some that there is some nearer channel for it to pass, than through the general circulation; and the spleen has been supposed to assist in this process. It is almost needless for me to tell you, Gentlemen, that there is no proof for any such opinion. The large size of the renal vessels, sufficiently accounts for the quickness with which the urine is secreted.

The kidneys, like all other vascular parts, are subject to inflammation and its consequences: the term *nephritis* is applied to it. We might, *a priori*, suppose, that from the great vascularity of these glands they would be peculiarly prone to inflammation: such, however, does not appear to be the case; for *nephritis* is less frequent than many other inflammations. The kidneys also are liable to have their functions altered, in consequence of disease in remote parts of the body: thus in inflammation of any organ, where there is much *pyrexia*, the secretion of the kidneys is almost always altered, both in quantity and quality. Lastly, the secretion of the kidneys may be altered, not apparently from any inflammation in these organs, nor from diseases in other parts, but from some unknown change in the action of their vessels, in consequence of which the urine is disposed to form concretions, giving rise to calculi of various kinds; for an elaborate account of which, we are more particularly indebted to Dr. Prout.

Of Nephritis, or Inflammation of the Kidneys.

Inflammation of the kidneys is characterised by the usual symptoms of inflammation: namely; more or less of pain or uneasiness in the part, disordered function, and, in some cases, *pyrexia*. There are also some peculiar symptoms which generally attend, and by which we are enabled to distinguish this disease from others, with which it is liable to be confounded.

The pain of nephritis, though sometimes acute, is more commonly dull, and often of a throbbing kind. Frequently it extends down the ureter, occasioning the patient to bend his body forward. By this symptom only, we may in many cases be able to distinguish between *nephritis* and inflammation of the lumbar muscles, (*lumbago*); for in the latter disease, the patient cannot stoop, on account of the pain it produces. On some occasions, the patient complains only of uneasiness in the region of the kidneys. The proximity of the liver and right kidney to each other should be borne in mind; for in some instances, an affection of the liver has been mistaken for that of the kidney.

When inflammation affects the kidney, the urine may be altered in quantity or quality, or in both respects at once. In acute inflammation, the secretion may be totally put a stop to; or if not wholly stopped it may be much diminished, and the urine which is passed in this case is, in general, very high coloured, and sometimes even tinged with blood. The inflammation may affect one kidney, without affecting the other—so that the secretion of the one may be considerably diminished, or suppressed, without the other being materially affected. On this account, there may be discharged a sufficient quantity of urine, although *nephritis* exists, the urine being secreted by the healthy kidney. In slight or chronic inflammation of these organs, the secretion may be much increased in quantity, and altered in quality at the same time; becoming very pale and watery, or otherwise changed from the natural state.

In addition to the symptoms which I have now mentioned, there are some others which may be termed peculiar; and which assist us materially in our diagnosis. Of these, nausea and vomiting may be mentioned. This can only be referred to some unintelligible sympathy existing between the stomach and kidneys; but it is a symptom upon which great dependance may be placed in distinguishing disease of the urinary organs from others. Numbness of the thigh, and retraction of the testicle, are symptoms that in most cases serve to distinguish *nephritis* from other diseases. These are generally observed to accompany calculi in the pelvis of the kidney. In very violent cases of *nephritis*, when the secretion of urine is totally put a stop to, the brain becomes affected, producing delirium and ultimately stupor.

Terminations.—Nephritis, like other inflammations, may terminate in various ways; frequently in the formation of pus. Dr. Baillie has remarked that no gland of the body is so prone to suppuration, as the kidney. When matter is formed, it may be discharged into the pelvis of the kidney, in which case it will be evacuated with the urine; or it may burst into the cavity of the abdomen, an occurrence, however, which is very rare, and which would probably prove fatal; or lastly,—the matter may be discharged externally by an abscess in the loins, when a discharge of urine would probably accompany the purulent matter. Such an opening would be likely to become fistulous.

Causes.—Inflammation of the kidney is produced by all the ordinary causes of inflammation: such as exposure to cold, injuries of the part, long journeys on horseback, the use of acrid diuretics, as cantharides and the different terebinthinate substances, and also acids and alkalies used to excess. The present indulgence in the use of soda water as a beverage, is very likely to stimulate the kidneys injuriously. The presence of a calculus in the pelvis of the kidney is another existing cause, producing the disease in a chronic form that is generally incurable. Lastly, nephritis may take place in the way of *metastasis*, which is a frequent occurrence in persons labouring under what is called *gout.*

The *prognosis* of nephritis will, as in other cases, depend upon the degree and duration of the disease, and also upon the cause inducing it. In recent and not very violent cases, and when produced by temporary causes, the *prognosis* is favourable. When excited by the constant presence of a calculus lodged in the pelvis of the kidney, and which can neither be dislodged nor dissolved, the inflammation will be kept up, though liable to great fluctuations in point of violence. A very violent inflammation of the kidney is always dangerous.

Treatment.—The treatment of this inflammation is much the same, as for inflammation in any other part of the body. *Bloodletting*, according to the age and strength of the patient and violence of the disease, must of course be resorted to. In the choice of purgatives, the saline ones are rather objectionable, on account of their being carried to the kidneys, and in all probability stimulating them. *Counter irritation* in the neighbourhood of the part may also be employed; as by mustard poultice, or the application of some strong liniment. The cantharides are objectionable, on account of the specific property belonging to them of irritating both the kidneys and bladder, so as to produce strangury and bloody urine. Warm *fomentations*, and the *warm bath*, are also parts of the treatment, to be occasionally resorted to. The administration of *alkalies* is frequently of advantage, by altering the urinary secretion, so as to diminish the natural acidity of the urine, by which it is rendered less irritating; but it is questionable, how far a continued use of them may be proper. *Opium* also is of service, in relieving pain. When the inflammation has become of a chronic kind, accompanied with a purulent discharge, the *uva ursi* has been strongly recommended. It is a remedy, however, upon which no great reliance can be placed. It has been often given to the patients of this Dispensary, in doses of half an ounce, without the least advantage, and without any sensible effect. Mercury, perhaps, may in some form of chronic *nephritis*, be of service; but as the disease is usually accompanied with hectic symptoms, we cannot often employ it.

The next disease of the kidney to which I would direct your attention, is

Diabetes.

The term diabetes was originally applied to a disease characterized by an immoderate flow of urine, without reference to the quality of the fluid passed. Of late, however, it has been applied to those cases in which the urine, at the same time that it is much increased in quantity, is sweetish to the taste, and in fact contains a large portion of saccharine matter. Dr. Cullen makes two species of diabetes: the *diabetes serosus*, or *insipidus*, and the *diabetes mellitus*. Dr. Prout, however, recommends the restriction of the term to the latter form of the disease.

Symptoms.—The symptoms indicating diabetes are, an immoderate flow of urine, often exceeding in weight all the solids and fluids taken in; and which continues in many cases for months, varying a good deal from time to time, according to the quality of the food taken, and the state of the general health. If a diet exclusively of an animal kind be adopted, the urine lessens in quantity, and resumes its natural character; but this change lasts only as long as the animal diet is pursued. The other symptoms remain unchanged; so that no real or lasting relief is thus obtained The urine discharged is pale and whey-like in appearance, and of a peculiar odour, that has been compared with that of violets. When evaporated, it leaves a residuum, having the consistence and somewhat the colour of treacle. The breath of the patient exhales an odour like the urine, and in many instances I have been enabled to detect the disease by this sign. Indeed I believe diabetes is often overlooked from want of attention to these and the other characters of the disease. In some cases, the urine has all the characters of diabetic urine, without being increased in quantity. Diabetic urine does not putrify like common urine, but readily undergoes the vinous and acetous fermentations.

The patient almost always complains of more or less uneasiness in the region of the kidneys; sometimes there is a dull aching pain felt. The appetite is often ravenous, accompanied with immoderate thirst. The disorder of constitution is usually considerable, the skin being hot and of a remarkably parched feel; the pulse quick and small; the tongue dry, and sometimes covered with a white fur; at other times it is of a glossy redness. The body gradually wastes, the strength declines, and if the disease be not stopped, anasarca generally succeeds. In many cases there is considerable irritation in the prepuce, with phimosis.

On examining the bodies of patients who have died of this disease, the kidneys are found in an unnatural state; generally much enlarged, and more vascular than usual. Occasionally they have been found in a flabby condition, and of a pale ash colour.

Causes.—The causes of diabetes are seldom obvious, and in general cannot be ascertained. In some instances it has appeared to be produced by the use of spirituous liquors, or strong diuretics; but in most cases nothing of this sort can be discovered.

Prognosis.—The prognosis of diabetes is very unfavourable. We seldom have opportunities of seeing the disease early, and indeed when we do, we have but little control over it; I have seen in a very few instances patients recover; but upon the whole, it generally proves fatal, though it is often protracted for some years.

The *Theory* of diabetes is very obscure. Neither the *seat* nor the *nature* of the disease is sufficiently determined. It has often been referred to relaxation of the kidneys, and general debility. Dr. Cullen and some other physicians, consider it as primarily seated in the assimilatory organs. Dr. Darwin, who imagined that the lymphatics of the stomach have a direct communication with those of the bladder, thought the disease consisted in a retrograde motion of this set of vessels. Of late, the disease has been attributed to the mucous membrane of the alimentary canal. None of these opinions are satisfactory, nor do they assist us in the cure.

The chief grounds for supposing diabetes to be dependant upon some disorder of the digestive process, are the voracious appetite, and the immediate change induced on the urine by abstaining from vegetable food.

A voracious appetite, however, is not constantly present in diabetes. I have at this time a gentleman under my care, whose appetite is rather deficient, and whose greatest complaint is of the hot and parched state of the mouth and fauces, and of insatiable thirst. The strong desire for food that is observed in many cases, seems to be merely an effort of nature to supply the excessive waste of the body that is taking place; similar to what occurs in a lumbar abscess, where for a time, provided the general health is not disturbed, the patient has a great craving for food, the supply of which enables the constitution to bear up against the unnatural discharge of purulent matter that is going on. If diabetes were nothing more than a disorder in the digestive process, the change induced by the use of animal food might be expected to be permanent; and that the other symptoms would be relieved as well as the increased flow of urine: which is not the case.

That the kidneys are the primary seat of the disease, appears much more probable. It is incontrovertible, that the state of the secretions, both as to quantity and quality, depend chiefly, if not exclusively upon the state of action in the secreting organ. The kidneys are not mere strainers, for separating the urine from the blood. The urine is not contained in the blood, as a constituent part of this fluid, but a new formation, produced by the peculiar action of the renal vessels, and varying both in quality and in quantity, with the action that produces it. Whatever prior state of disease be supposed, therefore, the kidneys must still be referred to, in order to account for the increased quantity, as well as the altered quality of the secretion; and as we find them secreting at different times urine of very various quality, there is no difficulty, *a priori*, in supposing their action to be so modified by disease, as to enable them to form urine of a saccharine nature. If the saccharine matter were formed in the digestive organs, we might expect to find some traces of it either in the contents of the stomach, or in the blood itself; but this is not pretended to be the case. It might be expected also, that the direct use of saccharine substances in any considerable quantity, would aggravate the disease, or even produce an artificial kind of diabetes at any time. But I have repeatedly and purposely given sugar freely in this disease, without its appearing to have any effect on the urine: and when sugar has been administered very largely, as was formerly done for certain purposes, it was never supposed to have produced diabetes.

As therefore the leading symptoms of diabetes, the increased and altered state of the urine, can be readily explained by referring it to a disordered state of action in the kidneys, it seems unnecessary to go farther for the *seat* of the disease. The local nature of the affection is further proved, by the pain or uneasiness so commonly felt in the region of the kidneys, and by the altered appearance of those organs observed after death.

Admitting then that the kidneys are the primary *seat* of the disease, it is desirable to ascertain the *nature* of the affection, or what is called the *proximate cause*. This is a point of greater difficulty, and I apprehend we cannot, at present, say precisely what this is. Looking, however, at the febrile state of the system generally,—the large quantity of urine secreted,—the enlargement and increased vascularity of the kidneys, as observed upon dissection; and the appearance of the blood drawn from the veins, which, as far as I have observed, is always buffy and contracted; there seems much reason to connect the disease with inflammation, though probably of a modified nature. If this could be established, it must have an important influence in directing our practice.

Treatment.—You will easily suppose, Gentlemen, that the treatment of a disease, the pathology of which is so obscure as that of diabetes, cannot but be uncertain and unsatisfactory; as indeed the result too clearly proves. A great variety of treatment has been pursued, according to the notions entertained with regard to the nature of the disease. Those who have considered it as founded in general debility, or in relaxation of the kidneys, have administered *tonics* and *astringents*, such as bark, chalybeates, alum-whey, and the like; but with very little advantage. Turpentine, and cantharides, have also been tried as stimulants, but not found successful. Some have kept the patient wholly upon animal food; and for a time, the urine has resumed its natural character; but this advantage, partial as it is, is only temporary, as I before observed. This plan of treatment, besides, is found so very repugnant to the patient's feelings, that few have the resolution to continue it for any length of time. The *hydro-sulphuret of ammonia* was at one time in great repute, but is now getting into disuse again, no doubt from having been found inefficacious.

The practice which appears to me the most rational, according to the view I have taken of the nature of the diseases, and which is supported also by the experience I have had on the subject, is a mild *antiphlogistic* treatment. The disease being chronic, small occasional bleedings only are admissible: these I have almost always found advantageous, by lessening local pain and febrile action; and the urine has been diminished in quantity under their use. *Mild purgatives* are to be employed from time to time, avoiding those of a saline description. *Counter-irritation* by the *tartarized antimony* or other means, should be made to the skin of the back: I need not say, that *cantharides* are objectionable for the purpose. The digitalis which, as a *diuretic*, might seem to be improper in a case where the flow of urine is already so great, I have found upon trial, so far from increasing it, that it has the contrary effect. This it is not difficult to understand, upon the supposed inflammatory nature of the disease.

The *diet* should correspond with the medical treatment now suggested. I think, from what I have been able to observe, that the patient may very well in general be left to follow his inclinations in this respect. I have at present under my care, an old gentleman labouring under diabetes, who, from a dislike to animal food, confines himself almost wholly to a vegetable diet: the symptoms in his case were extremely mild, so that the disease was for a considerable time overlooked, the large discharge of urine being considered by him as merely the result of the large quantity of drink his incessant thirst urged him to take: thus mistaking the effect for the cause. The disease altogether has been much mitigated by the plan of treatment I have just described.

Ischuria Renalis.—By this term is meant a total suppression of urine, from want of secretion by the kidneys. When this has continued for some days, the brain becomes affected, delirium taking place, and the disease soon proves fatal.

The suppression is most frequently caused by violent inflammation of the kidneys, which will be discovered by the usual symptoms. It may arise also from a paralytic affection of those organs, when, of course, the signs of *nephritis* will be absent. In the former case, the proper treatment is sufficiently obvious, being merely that of *nephritis*, of which the suppression is only a symptom. In the case of paralysis (if such should occur,) the first cause of the palsy being looked to and properly treated, stimulant diuretics might be employed; such as the turpentines and cantharides; but with proper caution, for fear of exciting inflammation, either in the kidneys or bladder; for a paralyzed part is still liable to inflammation.

Of Renal Calculi.

The kidneys are much disposed to the formation of calculi, which are lodged in the pelves of these glands. Their presence irritates, and ultimately inflames the kidneys, producing all the symptoms of *nephritis* in a mild or chronic form. The pain in the kidney is constant, though variable, and extends along the course of the ureter. The testicle is often numbed and retracted; and there is, frequently, numbness down the anterior part of the thigh. The urine is in general scanty and high coloured, often depositing a large quantity of viscid mucus upon standing; sometimes it is puriform or bloody, particularly after any great exertion. There is frequent nausea, with other disturbance of the functions of the stomach.

These cases generally terminate fatally, but they may continue for several years. Instances are upon record in which the calculus has been discharged externally by abscess in the loins. If it be small it often passes into the ureter, and thence slowly into the bladder, the shifting of the pain denoting its course. During its passage, the pain is much increased by paroxyms; as if the ureter were of a muscular structure and the presence of a calculus caused it to act spasmodically. This I believe to be actually the case, although the muscularity of these passages is denied. As the ureter passes over the *psoæ* muscles, we generally find that patients afflicted with this disease stoop forward in order to relax these muscles, and thereby to remove the pressure which might otherwise be made on the ureter. In some cases, the passage of the stone along the ureter produces *hernia humoralis*. I have already explained this to you. It arises from the ureter crossing the excretory duct of the testicle, and the calculus thereby irritating it; which irritation is conveyed to the testicle, inducing the disease in question.

Treatment.—The treatment of these cases is very unsuccessful, because we have little if any power of dissolving the calculi. If we had the calculi out of the body, we could easily effect their solution; but those chemical agents that are capable of doing this, undergo decomposition, or enter into new combinations, in their passage to the kidneys; and thus we fail in our object. In the generality of cases, renal calculi are composed of *uric* or *lithic* acid, in which the alkalies, as the *potash* and *soda*, and *lime water*, will be the most likely remedies to succeed, and should, therefore, be tried; but they seldom cure, (that is, dissolve the stone.) They appear, however, to diminish the irritability of the urinary organs in many cases in a considerable degree; and so palliate, though they do not cure.

Of the Diseases of the Bladder.

The urinary bladder is a muscular structure, very irritable, and possessed of a high degree of feeling or sensibility, whence its diseases are often of the most painful kind. They are likewise often attended with great danger, and are, some of them, incurable, or require the most painful and even dangerous operations for their relief.

The bladder is subject to all the diseases of vascular and muscular parts; especially to inflammation and its consequences. When the muscular coat or general substance of this organ is inflamed, the term *cystitis* is applied; when the mucous or inner coat only is affected with inflammation, it occasions an increased secretion of mucus, and has been called *cystirrhœa*, or catarrh of the bladder.

Cystitis or inflammation of the bladder, is characterised by more or less pain, chiefly seated above the pubes, and which is aggravated upon pressure made in this part. The irritability of the organ is very much increased; whence the smallest quantity of urine produces irritation, and a desire to void it. What is passed is frequently bloody, or mixed with mucus. When the neck of the bladder is much affected, there is a constant desire to pass urine, but an inability to do so; giving rise to retention of urine. The increased irritability of the bladder is in many cases communicated to the rectum, occasioning a frequent desire to pass the fæces.

If there should be any hardened fæces contained in the gut, their expulsion gives rise to considerable pain. The constitution in general suffers considerably; the pulse is frequent, and if the disease has continued for any length of time, the pulse becomes hard also. The tongue is furred and dry.

Causes.—Cystitis is produced by the casual causes of inflammation: exposure to cold; external injuries; and calculi, are among the common causes.

The *Prognosis* will of course depend upon the violence of the disease, as well as the cause inducing it. It may prove fatal quickly, generally by the inflammation extending to the abdominal cavity altogether, or it may end in gangrene. If produced by calculi, it may be expected to continue, though varying much in degree from time to time.

Treatment.—The treatment of inflammation of the bladder is similar to that of inflammation in other parts. *Bloodletting*, according to circumstances, will of course be our principal remedy. In addition to which, warm fomentations or the warm bath when practicable; mild cathartics; and, to relieve pain and lessen the disposition in the bladder to contract, opium may be required. Warm water, with opium, injected into the bladder, has been found to answer this purpose. Anodyne glysters also may be serviceable. In the employment of local *counter-irritation*, we should be particular not to use cantharides. *Alkalies* are often serviceable, by diminishing the acid acrimony of the urine. When the disease is of a chronic character and occurs in old men, as is frequently the case, we are obliged frequently to resort to the use of opium. The *uva ursi* has been much recommended, but, I believe, is of little value.

The *prostate gland* in old men often becomes diseased, and sometimes much enlarged. The swelling impedes the discharge of urine, and in most cases the bladder also becomes extremely irritable. This disease admits of but little relief from medicine, and that in general of a palliative kind; such as the occasional employment of opium and alkalies. Surgical aid is frequently called for, in order to effect the discharge of urine. But this is not within my province.

Cystic Calculi.

The composition of these is so various and different, that chemical agents of the most opposite character are required for their solution. Some dissolve in acids, others in alkalies; and even the same calculus differs in the composition of its different laminæ. This makes it difficult to determine the proper agent to be employed for the purpose, as there are no certain means of knowing the exact nature of the calculus present in the bladder. This, however, may be sometimes guessed at, by the quality of the urine at the time. But admitting that we could ascertain the precise nature of the calculus present, and that we knew the agent that would dissolve it out of the body, it would be of little use to us in practice, for there is no chance of applying it with effect in the living body. If we administer it internally, it must be in so diluted a state, and would be so liable to enter into new combinations before it could possibly reach the bladder, that it would lose its power. It has been plausibly enough proposed to inject the solvent into the bladder; but this organ is too irritable to allow of this being effectually done. The practice therefore has failed, and patients unfortunately are still obliged to submit to a painful and dangerous operation, in order to obtain relief, and even to preserve life.

Medicines, however, sometimes palliate, though there is no reason to suppose that they have a power of dissolving calculi while lodged either in the kidneys or bladder. The fixed alkalies, *soda* and *potass*, appear to have been most useful in this respect. *Lime water* also has been used with advantage. The *magnesia* has been said of late to be a better remedy for the purpose, than either the alkalies or lime-water: but this, I believe, has been said rather *chemically* than *medically*, and is therefore not to be much relied upon.

In some cases, *acids* appear to have given relief, where *alkalies* failed. They are therefore proper to be tried; and the *muriatic acid* appears to be the preferable one for the purpose, as being less liable to change than the vegetable ones, while at the same time it is sufficiently mild for use.

FOREIGN DEPARTMENT.

ANATOMY.

On a variety of the Uterus in the Human Subject, compared with the state of this organ in Animals. By Mons. J. G. Martin.*

M. Geoffroy Saint Hilaire, in his paper on the female organs of generation, lays great stress on the case observed by M. Cassan.† In M. Cassan's case the parts bore a great resemblance to the sexual organs in the oviparous tribe; it is an intermediate state between the particular organization of two great divisions of the mammalia. In short, in the first class, or that of the common mammalia, the womb is the result of the perfect junction of the two lateral parts which compose it; in the second, on the contrary, as the marsupiæ, a kind of imperfection in the development on the median line is apparent, the effect of which is, that the constituant parts of the womb remain in these perfectly separated. In the case related by Dr. Cassan, the womb was neither completely natural nor completely divided; there was imperfect union of the two parts composing the uterus. The original preparation of M. Cassan proved to M. G. Saint Hilaire what he had long been seeking, viz., two organs establishing their mutual independance by differences of thickness, structure, and size, at the same time that a limit was placed between the uterine and *ad-uterine*‡ cavities by deliminations or distinct *ostia,* formed by the carneæ columnæ of the neck of the uterus. But the rudiments of the first of these two cavities only exist, as is commonly the case in the human subject; it is this constant arrangement which offers nothing analogous to that of the lower animals. There was wanting then an instance to show an unequivocal gradation in the formation of the part, one where the cavity of the uterus was not in a state of atrophy, but, on the contrary, in a state of unusual development; it is this which I was led by accident to observe in the human subject, and which will form the subject of the following paper:

Himsterbius gives, without any explanation, the plate of an uterus with *cornua,* which no doubt was nothing else but the two *ad uterum* portions separated.

Julius Absequens relates that, under the consulship of Caius Claudius and Marcus Porpennæ, a woman with a double vulva was found, and that when Lœtius and Domitius were consuls, a child with a double vulva was born (dead) at Rome. Riolans, who gives an account of this fact, omits stating that the child had two heads. The brother of Ranchin saw the uterus of a young girl divided as in bitches. In 1599, at the school of Milan, a woman was brought in for dissection with the uterus divided by a median partition.

Riolans opened, in the month of June 1581, in the village of Stein, near Saint Denis, the body of a young girl, who had styled herself an hermaphrodite, where the uterus resembled that mentioned in the last case.

Francois Antoine Catti, an Italian anatomist, is, according to Morgagni, the first who noticed the real division of the uterus in the female subject into two lateral parts. Greval has given the plate and description of a bicornated uterus, preserved in the Museum of Strasburg. A thick partition divides into two equal parts the cavities of the body and of the neck of the uterus; the vagina, single at its superior and inferior extremities, is divided into an anterior and a posterior portion, about two fingers space, by a transverse septum.

Madame de la Marche gives two figures representing a double womb, opening by two orifices.

Morand read before the Academy of Sciences (Paris,) a letter from Cruger, a Danish surgeon, which contained the case of a woman with two wombs, who died in child bed*; belonging to each uterus there was a tube, a broad and round ligament, an orifice, but only one vagina for the two.

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* Revue Medicale, July 1826.

† Recherches Anatomiques et Physiologiques sur les cas d' uterus double et de superfetation, par A. L. Cassan. Thèse soutenue en Mars, 1826.

‡ The term *ad-uterum*, in descriptive anatomy, corresponds to the body of the uterus; and in supposing this organ composed of two portions, separated in a vertical direction, the *ad-uterine* one would be on each side of the median line. According to this the uterine cavity is that formed at the neck of the womb.

* We once saw a similar preparation taken from a woman who died under similar circumstances. There were two uteri, but one only of them had become impregnated. The woman died from hæmorrhage shortly after delivery. The preparation is in the possession of Professor Carus, of Dresden, and the case has been described, we believe, by this excellent anatomist in one of his works.

Haller gives the plate of the uterus of a child a few weeks old, in which there existed a partition formed by three eminences, a variety which he had never before found. Afterwards he had an opportunity of witnessing the following case:—a young lady of noble extraction, twenty-six years of age, and for a long time past a valetudinarian, died one day suddenly in hysterics, to attacks of which she had been subject. On opening the body, there was one kidney only found, and this lay on the right side; it had lost its usual conformation, and contained two pounds of urine. 2dly, A double uterus, with two vaginæ, each had one ovary only of the natural appearance.

Purcell found in the body of a woman who died in child-bed, a womb with a tube, and ovary containing a full grown fœtus. On the left side there was another uterus with an ovary and a single tube. These two uteri, divided by a septum, communicated with each other at the neck; the vagina was also divided, and at its middle there was a longitudinal opening.

Dionys has left us the account of a person twenty years of age, in whom there was found a fœtus resting on the intestines; 2dly, The cavity of the abdomen filled with blood; 3dly, A body of a round figure, with an opening at its superior part, and of a size proportioned to that of the child, which was attached by its posterior to one of the sides; it was an *extra* uterus, situated to the left of the fundus of the other womb, which was only separated from it by a two finger's space. They were each provided with an ovary, a tube, and broad round ligaments. At the fundus of the proper uterus, which presented no irregularity, either in its direction or formation, Dionys discovered a false germ of the size of a small egg. It did not appear to him that the supernumerary organ had an opening into the vagina.

Canestrini has related a case which, in its details and history, has the most striking analogy with the preceding one. An Hungarian, in the fourth month of her third pregnancy, died suddenly, having suffered just prior to death, a lacerating pain in the lower part of the abdomen. On examination, there were found seven pounds of blood effused in the abdomen; 2dly, A fœtus enveloped in its membranes, and floating in the midst of the intestines; 3dly, A second uterus, at the base of which there was a rupture of an inch and a half in diameter. This uterus terminated by a peduncle, two fingers breadth in size, and which was attached to the right side of the neck, and about an inch above the external orifice of the proper uterus. In this direction, a tube capable of admitting a hog's bristle, afforded a communication between this appendix and the true uterus.

In 1752, the Count of Tressan found in a woman who had borne several children, a womb of an extraordinary form, and the figure of which was similar to that by which painters represent the heart. In short, there were two complete and well organized uteri, provided each with a distinct orifice. The broad and round ligaments, as well as the fallopian tubes, were not double. No mention is made of the ovaries. The inspection of these two wombs distinctly shewed that they had both been occupied; but it was impossible to decide which of the two had been most frequently.

Marquet states that on examining a woman, forty-eight years old, who had died of consumption, a double womb was found resembling two pears, with the bases opposed to each other, united at their necks, and terminating in a common internal orifice. This woman had borne fourteen children, but none arrived at the proper time. On all her children labour had been preceded with loss of blood, and followed by symptoms of an alarming nature. After being put to bed with twins, which had only reached four months and half, she was delivered a month after of a six weeks fœtus.

Valisneri mentions that in a woman whom he examined, he found two distinct wombs, separated from each other by a thick membrane, and provided each with a single ovary and tube. The neck of the one was bent towards the rectum, into which it opened about an inch above the sphincter ani.

Tilinge has also observed a double womb.* Tisenmann has transmitted to us the history of two cases of bilocular uterus. Of all these, the case of Tisenmann has the greatest analogy with that of M. Cassan, the particulars of which are as follow. A woman, thirty years of age, and, according to her account married, died of phthisis; M. Cassan, who made the post-mortem examination, was struck with the peculiar position of the peritoneum, which appeared to divide the womb into two lobes. On a more attentive examination the existence of a double womb was discovered. In the vagina, there was a septum extending to the neck of the womb, or rather to the junction of the two necks, each of which was connected to a distinct womb. Belonging to each uterus there was one ovary; two round ligaments supported equally both organs. This case is detailed with great precision and care in Dr Cassan's thesis. The one which I am now going to describe, came under my notice at the Pitie, and was admitted in the division under M. Serres.

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* We subjoin references to a few cases of double uterus, in addition to those mentioned by M. Martin.

1. Gravel in his *Dissertatio de superfœtatione*, represents two cases of this kind. This dissertation is reprinted in the 5th Vol. of Haller's Selectus Disputationum Anatomicarum, page 335.

2. Eisenmann, Tabulæ Uteri duplicis, Argentorati, 1752.

3. Bœhmer's *Observationes Anatomicæ*, in the 2d Vol. A most beautiful plate.

4. J. Walter, *Betractungen über die Geburtstheile des weiblichen Geschlects.* Berlin, 1776.

Case.—Marie Duguet, æt. 36, was brought to the Hospital with acute pleuro-pneumonia. The state to which the patient was reduced prevented any questions being put to her, and she expired forty-eight hours after admission.

Inspectio cadaveris.—There were strong adhesions between the pleura costalis and pleura pulmonalis. The pericardium contained a great quantity (7 oz.) of clear serum; and there was slight hypertrophy of the left ventricle, with marked dilatation of the right cavities. The sigmoid and mitral valves were cartilaginous and slightly ossified. From the convexity of the arch of the aorta, four instead of three arterial trunks arose, viz. the right subsclavian and the right common carotid by distinct trunks, and the same arteries on the opposite side; these four vessels were about the same size. The abdominal viscera presented nothing remarkable. The womb was situated in the small pelvis, and it occupied the median line, although it appeared thrown to the left side. This appearance was owing to the unusual development of the left cornu of the uterus, on which there was a tumour, which on close observation I found to be composed of the same tissue as that of the womb. On laying open this organ, we saw 1st, on dividing the mouth a small canal two lines and half in length, immediately behind an oblong cavity sufficiently large to admit an egg. After this cavity the same appearances presented themselves, a second contraction and a second cavity similar to the first, being nine lines and half in its largest diameter, and containing a small polypus implanted on its anterior and superior part. The shape of the womb was something similar to that of a hour glass.

Varieties in the form of the uterus, and indeed of the female organs of generation generally, are of such constant occurrence, that we have given M. Martin's case, not because as he terms it, an instance of unusual development of this organ was wanting, but because this peculiar kind of enlargement is rather rare. Wenzel (Charles) in his work on diseases of the uterus, mentions cases of enlargement, and Sœmmerring also says that he saw in the possession of the Wenzels at Mayence, an uterus so much increased in size, (not by any diseased product, but by the growth of the natural substance of the organ itself,) that it had quite lost its usual form.

PHYSIOLOGY.

Experiments on Absoption, by David Barry, M.D , Resident Physician in Paris.*

Eight grains of the white oxide of arsenic were introduced into the cellular tissue of the thigh of a dog, and the wound united immediately by a suture. The same thing was done on two other dogs, and with the same precautions. Three quarters of an hour afterwards a cupping-glass was applied on the first dog and the others left to their fate. In the first animal a flow of saliva was observed for half

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5. Acrell, *Chirurgische Vorfälle*, Gottingen, 1777.
6. Bose, *Uteri per Morbum bifidi exemplum.* Lipsiæ, 1779.
7. *London Medical Journal*, for 1781.
8. Leveling, de Utero bicorni. Ingolstadis, 1787. Reprinted in his *Observationibus Anatomicis.*
9. Böttcher, in the first part of his *Vermischte chirurgischen, Schriften*, 1791.

Other cases of this kind are mentioned by authors, but by far the best plates of this variety will be found in the works to which we have referred above.

* Annales des Sciences, July.

an hour after the application of the glass, which was left on the wound for five hours in succession. The glass was then lifted, the wound opened, the arsenic taken away by excision of the part, and the wound itself well washed; no symptom of poisoning followed. The two other dogs before the end of the third hour were seized with vomiting purging, and tenesmus, and finally became attacked with convulsions. The one died eleven and the other eighteen hours after the operation.

As to the effect of the cupping-glass applied on the poisoned wound, with the view of arresting the symptoms, we shall transcribe the words of Prof. Adelon, who had the kindness to be present during the experiment.

"In the first rabbit six drops of hydrocyanic acid were introduced into a wound, made in the skin, and two minutes afterwards the animal died. Six drops were introduced under the skin of another rabbit by a wound of a similar nature, and the cupping-glass immediately applied. Eleven minutes afterwards the glass was removed; the animal at this time having experienced no bad effects from the operation. In one minute the animal was seized with such strong convulsions that death was supposed to be near at hand. A sucking-glass was applied, and in proportion to the power that the glass exerted, the respiration became more strong, the tetanic convulsions diminished, and in four minutes the animal was to all appearance completely recovered. Sixteen minutes afterward the cupping-glass was again taken away, and in two minutes the opisthotonus came on to a severe degree. The cupping-glass was again applied, and these symptoms again vanished. Twelve minutes afterwards the glass fell off without the convulsions re-appearing, and in ten minutes more the animal was quite well and began to eat."

In order to see if the glass acted in removing a certain portion of the poison that had been absorbed or introduced through the cellular tissue, a drachm of the saturated solution of the sulphate of soda was introduced into the skin, at the inner part of the thigh of a dog; the place was wiped, and the glass again applied. In a few minutes after the application, Mons. Petroy found by means of a test, that the salt which had been injected, was in the fluid, removed from the wound by the cupping glass. These experiments, and several others similar to them, were repeated in various ways, in the presence of Messrs. Laennec, Orfila, Adelon, Pariset, Andral, Segalas junior, Meriadec Laennec, Petroy."

In order to extend the application of this remedy to the prevention of poisoning by external absorption, I caused several dogs and rabbits to be bitten by snakes; to some I applied the cupping glass, to others I did not; and although the latter did not die, I obtained, as far as concerned the symptoms, results analogous to those which the preceding experiments afforded me, viz. that the animals bitten by one, two, and sometimes three vipers, on which the glass was applied for half an hour, did not experience any sign of *general* poisoning; whilst, on the other hand, those which I abandoned to their fate, were seized with serious symptoms, such as vomiting, convulsions, &c.

The local action of the poison appeared to be concentrated in the middle of the part on which the dry cupping-glass was applied, and this was more constant in dogs than in rabbits, on account of the density of their skin. The glass did not cause the exudation of any perspirable matter across the skin of dogs, whilst there was an abundance of it in the rabbits.

Experiments on the Absorption of Wounds.

On the 12th of August, 1825, at nine, a.m. in the presence of M. Longley, one of the censors of the University of Oxford, Dr. Wilson, of the same University, and MM. Laennec, I made a small wound in the left thigh of three healthy grown up rabbits. The wound in each was of the same size; it was filled with the same quantity of impure powdered strychnine at the same instant, or at least there was not a minute difference in the filling of each. Forty-five minutes after the application of the strychnine, no other symptoms than those of a slight convulsive motion of the muscles of the jaw coming on, we made the wounds deeper and more extensive, and put in them a fresh portion of strychnine. Fifteen minutes after this second application, the two rabbits were seized with very severe convulsions, which lasted some seconds. We then applied the sucking-glass on one; and left the other to fate. The one on which the glass was placed, recovered in about three quarters of an hour, and the other died fifty-five minutes after the second application of the strychnine. The same experiments were repeated with the upas, pure strychnine, and the bites of vipers, and with the same results.

From these facts, Dr. Barry draws the following conclusions:—1. That the first process in absorption, the process by which foreign substances penetrate into the vessels, whether this be by an artificial opening, or through their pores, is placed exclusively under the influence of atmospheric pressure; and that the passage of these substances to the heart is placed under the same influence, as well as that of other minor circumstances, which assist the venous circulation. Thus absorption is submitted entirely to the laws which preside over the course of fluids in animals which respire by the active dilatation of the thoracic cavities.

2. That in all the cases of poisoning by wounds, either by the simple deposit of the poison, or by its injection, as in the bites of vipers and other poisonous serpents, the application of the glass may save the individual, provided it be done with the necessary precautions, and before a sufficient dose to produce death be absorbed.

3. That as the local action of the poison and the imbibing power of the tissues take place under a vacuum, the parts ought to be excised after that the poison is concentrated in them by the effect of the glass. The glass ought to be applied again for some minutes, to empty the divided vessels, after which the actual cautery may be applied, but never before the application of the glass, because then it would be useless, the mouths of the vessels being hermetically sealed.

4. That in the case of bite from mad dog, we may presume from the nature of the local effect of the poison, that the application of the glass in the first place, and afterwards the excision of the part, and cauterization of the wound will prevent every kind of accident.

5. The experiments made with the vegetable and mineral poisons having proved that the repetition of the tetanic convulsions is produced by the continuance of the absorption of the poison placed in the wound, and every thing leading us to believe that a fresh absorption commences in wounds even if they are cicatrized when they have been inflicted by rabid animals, the glass ought to be applied at the moment when symptoms of madness manifest themselves, the parts excised, burnt afresh and kept as much as possible from the effect of the air.

6. That in the case of wounds received during dissection, the wounded parts should be sucked to dryness, and then covered till complete cicatrization takes place.

7. That if a person in dissecting an animal which has died of carbuncle should have the misfortune to prick himself, a glass with a convenient edge should be applied to the surface of the pricked finger, and all the ulterior precautions be observed which we have already indicated.

PATHOLOGY.

Observations on Abscess of the Liver,

By M. Louis.

In the second number of the *Repertoire d'Anatomie*, which has just appeared, M. Louis has given five cases of hepatitis, accompanied with abscess of the liver, on which he makes the following observations. Like almost every thing he has written, they are worthy of attentive perusal.

If these cases of hepatitis were simple diseases, or if without being simple they had only presented slight modifications, capable of exerting but little influence on the progress and symptoms of the principal disease, we might dispose of them in a short and general manner. With one exception, however, disease always appeared in the course of other diseases, so that in relation to the symptoms, the general history of hepatitis ought to limit us to the consideration that the jaundice, and the pain in the right hypochondrium, occurred in four out of the five cases, and the tension in the same part only twice; symptoms which, when occurring together, have been long recognized as marking inflammation of the liver; but isolated, or even any two together when they occur in the course of an acute disease, possess little or no value; for if we take the jaundice, we find it frequently present when the liver is not inflamed; and in regard to the pain, it may arise from so many different causes, that it is also no decisive symptom of this complaint. But it is quite a different case when these symptoms, the pain in the right hypochondrium and the jaundice supervene in the course of chronic disease, (cancer and other organic diseases of the liver excepted,) for we never saw the icterus in this case without there being at the same time an inflammatory affection of the liver. None of the patients felt the pain in the right shoulder, and we even doubt whether this symptom mentioned by authors really belongs to those marking hepatitis. Probably in the cases where it has been observed there was, besides the affection of the liver, some disease of the lung, or of the pleura of the right side, to which the pain in the shoulder might be referred. Authors have endeavoured, as in most other diseases, to discover the causes of this disease, but with the usual want of success. Warm climates have been mentioned as one of the most active causes of inflammation of the liver; but this has been denied by physicians of great talent, as for instance, by Peter Frank, who practised himself in a warm country. It has also been recently said, that when hepatitis has not been occasioned by external violence, its cause may be constantly traced to an inflammation of the mucous membrane of the duodenum. We do not mean to deny that these two lesions may not exist at the same time, but the result of our observations has proved to us satisfactorily that this is far from being constantly the case, since in the four cases where the mucous membrane in question was examined with care it was found perfectly healthy, if we except, in one case, a slight degree of *ramolissement*, without any change of colour. But perhaps doubt will be raised on the accuracy of our observations, and it will be said that it is at least extraordinary, that having found the mucous membrane of the stomach and the jejunum inflamed, without that portion of the gut placed between the two being affected. To this we reply, that when the mucous membrane of the stomach is inflamed, the inflammation generally stops at a certain distance from the pylorus, and that when the inflammation attacks the mucous membrane of the jejunum, it generally commences up that portion nearest to the cœcum, and but in very few cases ever extends to the duodenum. It is the state of the lymphatic glands in inflammation of the mucous membranes, to which they correspond, that has given rise to duodenitis being admitted as the cause of inflammation of the liver; but the analogy is far from being complete, and if it were complete, it would merely be a fresh proof that it is not an unfrequent cause of error.

Wounds of the head have also been enumerated by authors, as giving rise to abscesses of the liver. Without entering into a detail of the reasons which have induced us to doubt this circumstance, we will only state that one of the explanations for a long time put forth in support of it, appears to us entirely devoid of foundation. It has been supposed indeed that in wounds of the head there has been a stagnation of blood in the right cavities of the heart, thence *engorgement*, and finally inflammation of the liver. But in the diseases of the heart, where this *engorgement* is much more certain and more considerable than in any other affection, the abscesses of the liver are not more common than under other circumstances; and to speak of the facts which have only come within our own observation, we should say that of forty-five persons who died of disease of the heart, we have found an abscess of the liver in no single case, so that the mechanical congestion does not seem to be the cause of inflammation of this viscus more than that of any other part.

In reference to the pathological anatomy, the cases present some interest, inasmuch as they shew that the abscesses of the liver frequently contain pus of good quality, and that they may be encysted, which is most commonly the case, or not, according to circumstances. Softening of the liver has been already noted by several observers of nature, and among others by M. Lallemand[*] in a case of acute inflammation of this organ. But in respect to the softening, we must here state that the consistence of the organs in the natural state is not always the same, for instance, that of the muscles; and that in several diseases where the heart is extremely soft, one could not suppose that it had been previously inflamed. This is the same with the womb which expands and becomes softened during pregnancy, by a process different from that of inflammation; and if this be true of the muscles, heart, and uterus, may it not be so with the liver, the firmness, colour, and size of which are subject to such constant and great variation? But a very remarkable fact in abscesses of the liver is, that no cicatrices are to be met with in the parenchyma of this organ. We have never seen them ourselves, though it is proper to mention that M. Merat in an interesting paper on hepatitis in the *Dictionnaire des Sciences Medicales*, says that these productions have a stetuated form, and may be regarded as cicatrices. But it is evident that before this be admitted, the cicatrices ought to have been seen in all their stages.

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[*] Troisième lettre sur l'Encephale, p. 351.

Lastly. Although four of the five persons were jaundiced, the biliary ducts had not ceased to transmit the bile into the small intestine, even in a case where a calculus of considerable size in the cystic duct, pressed on that belonging to the liver. It is not the first time we have had the opportunity of observing jaundice take place without any mechanical obstacle to the course of the bile; in fact, in no case within our own immediate observation have we been able to trace the jaundice to this cause.

JOSEPHUS BURNS, ESQ.
TO THE
EDITOR IN THE COUNTRY.

You said last week you would write me some letters on the state of medical science in the country, as Mr. Cobbett does on the state of the turnips for the Register; but you have failed to do so. You said I had "*ratted*," because in the preface to my forthcoming work on Hospital Discipline and operations for hernia, (which by the bye you had no right to publish without my consent,) I reprobated the present system of electing and retaining ignorant, decrepid, and incompetent men to fill the great offices of hospital physician and surgeon. Why you know, from the first moment we became acquainted, I always told you that I disapproved of such nefarious practices, and moreover, said that I would give up my situation of hospital surgeon the moment I felt myself unfitted by age or infirmities (and you know there are many sorts of infirmities) from doing my duty, and not like Mr. Abernethy, declare myself incompetent, but continue in office.

By my exertions, great improvements have been made in the art of surgery; I have shown, as you know, my superior method of operating to my ignorant colleagues at the Middlesex, more than once; but it is all lost upon them, and to say the truth, I am determined to cut all connexion with them if they do not mend. I fear they are incorrigible miscreants, and I see no alternative, but that of putting them upon the half pay list, like poor Sir Ludford and brother Ben, or to give them a seat at Lincoln's Inn, by the side of brothers Lynn, Norris, and Forster. You know I always was a good-natured fool, and I still like to be charitable, though I am sorry to say these cutters at the Middlesex have almost cut me out of all practice; such is the consequence of associating with bad company. Why, even Guthrie told me the other day, he wondered how I could stand it, and Brodie and Benjamin were both at me to intercede with you in their favour; poor fellows, it was a moving sight to see their long faces; they swore by Jupiter that they must give up cab-keeping if you continue to pelt at them. We have had no operation at our place for the last five weeks, and God only knows when I shall ever have another opportunity of showing our lithotomist how to avoid the evils of an irregular distribution of arteries. I have a mind to go into the Borough twice a week, or, by my troth, I shall forget how to handle a chirurgical instrument. It is of no use to write to you about the bustle of lecturers all setting forth their blandishments, and declaring that they mean to treat the "subjects fully." Heaven knows they have been very emptily treated too long. Now as you may depend on my services, I advise you to remain awhile, where,

> "Nor rural sights alone, but rural
> sounds exhilarate the spirits;"

to acquire fresh vigour for the ensuing campaign, and above all things to stick to your troublesome old fashioned manner of telling the truth.

Yours, in the cause of Independance,

Joe Burns.

THE LANCET.

London, Saturday, September 16, 1826.

In the last Number of our Medical and Physical contemporary, Mr. Earle has related "a case of bronchocele, in which the superior thyroid arteries were tied." A girl of 17, native of Malling, Kent, having dysmenorrhæa, pain in the chest, severe cough, and bronchocele, was admitted into Bartholomew's Hospital to the care of Mr. Abernethy, December 2d, 1822. As might have been expected, the diet was regulated according to Cornaro, and the *secretions* duly attended to; the neck was bathed with tepid water. Under this treatment "some amendment took place," but the pulmonary symptoms increasing, she went into the country in the month of February.

On the 15th July, 1823, she was again admitted as patient of Mr. Earle.

> "She stated, that on her return into the country her health improved, and cough subsided, but the tumour continued to increase, particularly during the last two months, causing so much difficulty of respiration, as at times to threaten suffocation.
>
> On the evening of her admission, her difficulty of breathing was extreme, and she was wholly incapable of swallowing any solid food; her pulse was 120; bowels costive; the catamenia had not appeared for five months. The cough and pain in the chest had returned with aggravation; head ache and drowsiness constant. The bronchocele was evidently much increased. The superior thyroid arteries were greatly enlarged; that on the right side communicating a peculiar thrill when felt, which led to the supposition of its coats being diseased. Leeches and evaporating lotions were applied to the tumour; and pil. hyd. gr. v., and pil. aloes c. myrrha, gr. x., were ordered to be taken every night.
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> The leeches were repeated on the 16th, 19th, 22d, and 25th, without any decided benefit. She also took liq. potassæ hydriod. m. x. ter die; but this producing considerable nausea, was soon discontinued. On the 1st of August, it was evident that the tumour had augmented since her admission, and her breathing was become so extremely laborious, that it was apparent she could not long survive without some relief being afforded. Under these circumstances, I determined on tying one of the thyroid arteries.
>
> On the 2d, at half past twelve a.m. (p.m.?) I passed a ligature round the right superior thyroid, which was much the largest. The vessel was healthy, but enlarged to nearly the size of the carotid. The most acute pain in the head immediately followed the tightening of the ligature. The pulsation in the tracheal side of the artery diminished materially, but did not entirely subside. About half an hour after the operation, the pain in the head continuing, twenty ounces of blood were taken from the arm, which afforded some relief. Cold cloths were directed to be constantly applied to the tumour, and the patient's head was much elevated with pillows. At 4 p.m. the pain had abated, but there was much drowsiness; the pulse at the wrist quick, but not full; the carotids beating with greater violence than before the operation, the pulsation being evident at some distance along the course of the thyroid up to the ligature. Saline purgatives, with tincture of digitalis, were ordered her."
>
> August 3d, she passed a bad night; her pulse was rapid, tongue furred, and the drowsiness amounted to coma; the pulse in the carotids greatly exceeding in proportion that at the wrist. The bowels were moved with calomel and jalap, and twenty leeches were applied to the temples, which continued bleeding the whole day, and afforded much relief. In the evening all her bad symptoms had abated, and her breathing was greatly relieved. She passed a good night, and continued to improve.

From this period the case proceeded favourably. That portion of the artery between the ligature and the carotid soon ceased to pulsate; respiration and deglutition were performed with greater facility, and by the 24th of the month, the bulk of the tumour had diminished 3½ inches, principally on the right side. The patient went into the country, promising to return "if the tumour at all increased."

> On the 11th of September she came back, in consequence of her finding the tumour remain stationary, and the artery on the left side pulsate with increased force. On the 17th the artery was se-

> cured; it was healthy in its texture, and about the size of the radial artery. The patient suffered a good deal from hysteria and apprehension before the operation, dreading a return of the severe pain in the head, and coma. Leeches had been previously applied, and her system much depleted by saline purgatives. No alarming symptoms followed the application of the ligature. The diminution in the size of the tumour was not nearly so great nor so rapid as after the first operation. The ligature came away on the 1st of October, on which day the menses reappeared, after an interval of nearly seven months.
>
> On the 10th, the patient finally left the Hospital, having no cough, no impediment in swallowing, and respiring with perfect freedom. The tumour was evidently smaller and softer, and appeared more divided in its texture. I heard from her in November, and again in January, 1824, at which time the tumour continued slowly to decrease, and the health was greatly restored."

Mr. Earle remarks that the termination of this case was the more gratifying, as "it was the general opinion, before the first operation, that all attempts would be vain, in consequence of the supposed disease of the girl's lungs." We think no functional derangement of the thoracic viscera, whether of the heart, or otherwise, should deter a surgeon from operating. What "*disease*" of the lungs was "supposed" in the present instance, we are not informed, nor does the cough, the only symptom described, help us much to conjecture.

Mr. Babington, a surgeon to the Lock Hospital, has related a few cases of phagedenic ulcer, some treated with mercury, some with opium, and one, as he tells, with "*a solution* of the nitrate of mercury *in lime water*"! He talks, also, of "a slough melted down into pus," and many other things that we need not enumerate.

Mr. T. W. Chevalier has occupied five pages of the journal "to prove that there is danger in dilating the female urethra *too rapidly*"! "Even greater danger, he continues, "than in inflicting the severest pain for many hours;" and hereby hangs a tale.

A girl of small stature, and feeble habit, had stone in the bladder:—

> At *two o'clock* in the afternoon, her bowels having been previously opened, the patient was placed upon her back on the bed; and the *smallest* dilator urethræ being found considerably too large to pass, I introduced into the bladder a phimosis dilator, and with this instrument I felt the calculus. The first attempt to open the bladder by the action of the screw gave considerable pain, which continued to increase until their widest divergency, to the extent of three-fourths of an inch, was accomplished; viz., in the space of half an hour, at intervals of from two to three, or four minutes. Some blood had oozed, and *the sufferings of the patient had become exceedingly severe.* Considerable force upon the screw was required after every pause, to effect further dilatation; and the *sides of the urethra appeared as tense as although ready to tear.*

This was *half past two.*

> The dilator urethræ was now introduced with the blades closed, in which position they composed a cylinder of half an inch in diameter. This instrument could not yet be passed into the bladder, *for the blades of the former, as well as these also, were so insufficiently firm, that their extremities could not be separated within the neck of the bladder to nearly the same extent as at their bases!* The dilatation was now continued, therefore, without the neck of the bladder, to the extent of an inch; and afterwards this instrument was introduced, with the blades closed, into the bladder, to feel the stone, and the blades separated to their widest extent, viz., to an inch and three quarters. *The pain, since the first introduction of this latter instrument, was as severe as can well be conceived, being as violent as any bodily suffering I ever saw under any circumstances, and altogether without remission.*

He was "happy to find," he says, and we do not doubt it, "that the surface of the urethra was *merely abraded*," having no perfect "assurance hitherto of the urethra remaining untorn." He now

> —— dilated the parts by expanding the blades with more and more rapidity, in different directions. By this means the

urethra was enlarged to a considerably further extent than by their first expansion. Although the calculus could now be felt with ease, and turned in any direction, the canal was found to be still too narrow to admit of its exit, and I therefore continued to increase the distension by means of my fore-finger and the closed forceps, until at length, AT HALF PAST FIVE O'CLOCK, it became practicable to bring the stone into the urethra. After this was accomplished, however, it could not be withdrawn without great difficulty; so much so, that the *interior part* of the lining membrane of the urethra was *brought down* into view, &c.

We rather think Mr. Chevalier has "brought" himself "down into view," after a somewhat graceless fashion; for although the dilatability of the female urethra will not be questioned, and the propriety of some such operation may not, his bungling, first as to the manner of dilating the urethra, which was the worst; secondly, as to his instruments, which he tells us were insufficient; and thirdly, in keeping a poor girl "of feeble habit and delicate constitution," in the most violent state of bodily suffering "that he ever saw endured," for the space of *three hours and a half*, "without intermission," all the time too in a state of uncertainty, for the operation might have been unsuccessful, surpasses any thing that has been told of Joe Burns. The urethra sloughed, and the operator expresses his "great *disappointment* that there ensued incontinence of urine almost complete"!!! How any man could be disappointed at such an event, now that the functions of parts are somewhat generally understood, does indeed surprise us; but as Mr. Chevalier's operations are calculated for dead subjects, so it is probable that his physiological notions are derived from the same source. The calculus was of no unusual size, its largest circumference being only three inches and nine-tenths, and its smallest three inches and nine-twentieths. It "might be felt with ease, and turned in any direction;" that it was not broken down in the bladder, is therefore quite inexcusable. The poor girl ultimately recovered.

Mr. BELL, or some young gentleman of his establishment, has related three cases of injury to the thorax followed by emphysema; one of them, however, is so grossly inaccurate, that we are not disposed to give much credit to the remainder.

The case in question was admitted into Middlesex Hospital, Nov. 13, 1823, and reported in THE LANCET, Vol. I., p. 241, by the only gentleman, except the house surgeon, Turner, who was present at the time, or who saw it, till the following day. Our readers can refer to the case, and then hear the scribe in the yellow journal.

Who *says*:—"There was a wound below the inferior costa of the right scapula, through which the air rushed violently. On introducing the finger into the wound, the direction of which was upwards and forwards; a rib was found to be fractured, and the finger passed easily into the cavity of the chest."

V. s. ad. ℥xx., and then he goes on to describe the strapping and bandaging and what was given the patient, and says:-

"In the evening the difficulty of breathing was very great, the pulse was slow and oppressed. He was again bled to faintness.

Next day his breathing was easier; *there was no emphysema*. He was now ordered to take a saline draught, *with the acetate of ammonia, three times a day*.

The cure proceeded very favourably under the use of free depletion, (bled twice!) and on the *twentieth day* he was so far recovered as to request to be allowed to leave the hospital. He was shortly after dismissed, Dec. 23d.

So saith CHARLES BELL, or his myrmidon. "Now mark how plain a tale shall set him down." Harrington was admitted into the Hospital about five o'clock p.m. of the 13th Nov. 1823, with a wound in the situation described, through which the air "did NOT rush" either violently or otherwise; nor did the finger "pass readily into the cavity of the chest." Both are gratuitous assumptions of the writer. Mr. Bell neither saw the patient when admitted, nor the wound on the following day, the dressings not being removed. That he was "bled to twenty ounces" is true, and stated in our report, but that he was "again bled" in the evening is not, although he was on the following day, when, according to Mr. Bell, "his breathing was easier," and "*there was no emphysema.*" Here he is right; there *was no emphysema*, which, *had* "the air rushed violently through the wound," there should have been. "He was ordered," says Mr. B., "to take a saline draught, *with* the acetate of ammonia, three times a day." Now the fact is, that the "saline draught" of the Middlesex Hospital, is *composed* of acetate of ammonia and water, and nothing else; hence we might infer, if we were not already sure, that Mr. Bell is a very pure surgeon, who rarely knows the composition of the medicines he orders. But the patient was not ordered "a saline draught," the *infus. lini opiat.*, the common cough mixture of the Hospital (infus. lini, ℥iss.; Tr. camph. co. ʒj. ter die,) being given him. Lastly, the murder is out; the patient was admitted on the 13th November, and "on the twentieth day," "requested to be allowed to leave the Hospital;" this "twentieth day," according to Mr. Bell, happening on the "23d of December"! The case is mutilated and misrepresented from THE LANCET of 1823, and so clumsily performed, that the writer has mistaken the 23d of *November* for the 23d of December, besides contradicting himself in many other particulars. The wound, he says "took on the adhesive process," whence the "*speedy* and favourable termination of the case," forgetting that by his own showing, after spending 40 days in the Hospital, the patient was only "*so far* recovered as to request to be allowed to leave!" So much for a *speedy* adhesive process. But we are ashamed to point out the contradictions and inaccuracies which crowd the page, and recommending the reader to swallow the other cases *cum grano salis*, take our leave for the present.

J. BURNS.

A Critical Inquiry into the Ancient and Modern method of curing diseases in the Urethra and Bladder, and of the successful practice of Vesicæ lotura, for the cure of diseased bladders, &c, &c. By JESSE FOOT, Surgeon, carefully revised and corrected by JESSE FOOT, jun., Member of the Royal College of Surgeons.—8th Edition; 8vo. pp. 201., Highley, 1826.

WE thought Mr. Foot's work had, ere now, merged in the gulf of oblivion. It seems, however, that it is still sought after, which has induced his nephew to publish the present edition; but as nothing, save an editorial preface, is added, and as a practice which might have possessed something of novelty thirty years ago, has long been trite and common, there is nothing to justify an extended analysis. Lotura vesicæ, or injecting the bladder, a practice first adopted by Le Dran, found a ready advocate in the person of Mr. Jesse Foot, and has since been adopted, though often with uncertain success, by most surgeons in this country. *A priori* it is sufficiently feasible, and with due attention to the susceptibility of the organ, and to the composition and strength of the fluids injected, has sometimes been of service. The observations on obstructions in the urethra, &c., as well as the cases contained in the volume, are not undeserving of notice.

A Regulation was passed last week by the committee of the Eye Infirmary, that no cases or notes of cases shall be taken by the pupils attending it. The pretext for this regulation we have not heard, and indeed it would puzzle any body but the committee to discover one. The fact is, that few or no cases have been taken at this Institution for a considerable time past, but at the express desire, and for the particular use of the surgeons themselves. From the number of patients for which each surgeon has to prescribe, within the limited space of two hours, it is quite impossible, if many cases should present themselves which they might wish to take, that they could do it themselves. The present regulation, therefore, (and this is not a solitary one, by the bye,) is an insult to the pupils of the Infirmary, but more particularly to the surgeons under whose sanction and at whose desire pupils have so long taken cases. We trust these latter gentlemen will immediately remonstrate against the measure, and if remonstrance should prove unavailing, take some decided steps to emancipate themselves from the thraldom of a few ignorant men, who, for some time past have been seeking every opportunity (for what purpose we are well acquainted) to make the situation of the present surgeons as irksome as possible. From such committees, good Lord deliver us!

Baron Dupuytren, Surgeon to the King of France, and first surgeon to the Hotel Dieu, has lately arrived in this country, for the purpose of visiting our principal hospitals. He was at the Borough Hospitals on Friday, when some operations were performed by Mr. Travers, who complimented the Baron by telling his pupils that they were in the presence of one of the first surgeons of Europe. The Baron, however, paid Sir A. Cooper the same compliment last year, at the Hotel Dieu, with much better grace.

We can vouch for the accuracy of the following statements respecting Bartholomew's Hospital.

To the Editor of THE LANCET.

SIR,—There are only two persons at this Hospital whose books are worth looking at, namely, one surgeon and one physician. It is true that at the head of each surgical bed, is a ticket with the patient's name and disease, together with the doses of certain medicines composed according to formulæ known only to a few pupils; for notwithstanding the surgeons prescribe according to the "Pharmacopœia nosocomii Sancti Bartolomæi," the physicians' pupils only, of which the number is very limited, can obtain a copy of it. It is no uncommon thing for five or six surgical pupils to worry a physician's pupil almost to death, if he happen to have his pharmacopœia with him in the ward. So great is the anxiety of the surgical pupils to possess themselves of that which *they cannot obtain*, although the book was printed at the expense of the Governors, and given to the Hospital.

AN OLD STUDENT.

SIR,—I beg leave to lay the following before you, the reformer of abuses, and of hole and corner surgery.

A medical friend of mine from the country, on a visit to town, asked me to accompany him to St. Bartholomew's Hospital. We were there in time, but as the surgeons did not appear in any of the wards, we followed some of the students to the Inspection Room. When we came out, we were asked sixpence each. I told him we were strangers;—he said it was no matter: of course we paid.

Now, Sir, I should like to know, by what authority they act? Who pockets the money, or what becomes of it? The student, I think, pays enough of admission money, without being subjected to a "fine" of sixpence for each inspection. This is a sure method of discouraging morbid anatomy. If the above abuse calls for redress, by inserting it you will oblige

A WEST-END PRACTITIONER.

These are "important particulars," directly supporting the truth of our statement respecting the *delenda* of this school of surgery. We trust the teachers will apply themselves to the task.

THE ZOOLOGICAL SOCIETY.

There are some departments of science in which our continental neighbours have made much greater progress than ourselves; and, singularly enough, this has happened more particularly in a certain branch, in which, from our local and commercial advantages, we ought to have been the precursors.

Zoology, which, as a matter of study, offers peculiar attractions, as illustrating the most interesting series of Nature's laws, and as connected with the history of almost an infinity of beings subservient to the support and comfort of mankind, has received in England, until very lately, no public encouragement; whilst in Germany, in France, and even in lazy Italy, it has been fostered by their respective governments with a liberality which does them honour.

We are glad to see that an Institution has at length been formed in this country for the prosecution of so interesting and useful a branch of study, and hope that it, will receive that patronage which it deserves from an enlightened, and more especially from the medical public. With the cultivation of zoology, another field of scientific labour will be opened, namely, comparative anatomy, which has so mainly contributed to unravel the difficulties ot the intricate texture of our own bodies, and thus contributed both directly and indirectly to the advancement of physiology, and with it, of pathology, and ultimately to a valuable saving in the amount of human suffering. The medical students of this country have not had the advantages in this respect which have been long enjoyed by those of other countries; but have been compelled, for the want of opportunity at home, to visit foreign schools, if their ambition has tempted them to ascend the higher steps of medical education.

It is a fact worthy of notice, but which, we hope, will not be said of the future, that the majority of the animals found in our own kingdom, and in our own colonies, have been described by the pens of foreigners. And as if to shame us for our apathy, or to excite us to some emulation, it has often happened that these very products of foreign industry and talent have been dedicated to the Royal Society of London. We may mention a case which has occurred in the present year; Meckel, that persevering and scientific anatomist of Halle, who, next to Cuvier, has dissected more than another man in Europe, has dedicated his description of the duckbill (ornithorynchus paradoxus,) brought from our own colony of Botany Bay, to our Royal Society, and has given a perfect account of the structure of that curious mammal; not deeming the account which Sir Everard Home published of the same in the Philosophical Transactions ot 1820, as intended for a complete work. One instance more will suffice to show the extent to which this has been carried. Of the new species of mammalia described in the superb work of Geoffroy St. Hilaire, and Cuvier, more than one half are natives of India, and were preserved alive for many years in the public collection of Barrackpore; and nearly the whole of the materials for their history were collected by an individual, Duvaucel, who has done more towards illustrating the natural history of the quadrupeds of our Indian possessions, than by the whole of our own countrymen abroad or at home.

At present, the Zoological Society is the offspring of a union of individuals, and has received as yet no support from the government; which has usually shown itself ready to follow, never to lead, he public opinion. Previously to the meeting in April last, nearly three hundred persons had signified their intention of becoming members, and among these were names distinguished in science, rank, and affluence. Since that period, about a hundred additional names have been subscribed, and the interest excited in favour of the Society, appears to be still on the increase. A house has been taken in the most central part of western London, which is now preparing for the reception of the collections already placed at its disposal; and it is expected, that in a short time nearly two thousand species of the mammalia and birds, a number exceeding that in the British Museum, will be ready for exhibition. But the views of the Society extend beyond the preservation of the stuffed skins and lifeless bodies; they embrace the maintenance of living animals. Ground has been obtained for this purpose in Regent's Park, in which aviaries and enclosures of various kinds are to be formed; and a treaty has been entered into with the proprietor of the most extensive collection of living animals in the metropolis for its transfer there as soon as the necessary buildings have been completed. To this collection the members of the Society will have access as a matter of right.

Among the other objects of the Society, are the formation of a Zoological Museum, a Museum of Comparative Anatomy, and of a Library of Zoological Works; and the want of the last has perhaps proved a greater impediment than any other to the progress of the science in this country. It may be safely asserted that no approach to a complete collection of works on zoology exists in England; and hence we are frequently compelled to hesitate so long before we can safely assert a species to be undescribed, that foreigners step in and characterize it, while we are seeking in vain for information. We do not reflect on the zeal or the industry of the English zoologists; we know that there are among them those who, in spite of the obstacles hitherto opposed to their progress, are pursuing a steady silent course; who have already obtained a respectable, and some even an elevated rank in this department of science. We hope an opportunity will be afforded them of fairly representing, through this society, their claims to public respect and patronage.

It gives us great pleasure to see that a professorship of zoology and comparative anatomy is to be founded in the University of London, and we have heard that the finest collection in this metropolis, and certainly the best private museum in Europe, is already engaged for that noble institution. Now if the few who engaged in these pursuits, have acquired so much reputation notwithwithstanding the numerous obstacles with which they have been beset; how much more rapid will be their progress when assisted by all the help this society will be able to afford? If nothing is to be attempted for the sake of science, much benefit may accrue to our commerce, to our agriculture; and the luxuries of our already Heliogabalus-like dinner tables may be extended by the cultivation of zoology. The Thibet goat has been imported into France, where it has afforded an elegant material for the manufacture of the most beautiful shawls; this country has been benefited by the introduction of the Merino sheep, so well calculated, by the fineness and length of its wool, to increase the value of what was formerly regarded as our staple commodity. Other breeds of other animals might probably be beneficially mixed for the same purposes. In its original state, the sheep was only covered with a short down, hidden beneath coarse hairs. To the farmer, equal prospects of advantage might be offered. It will be sufficient to mention only one of the numerous quadrupeds, the introduction of which into England might be made highly beneficial to his interests. The Purik sheep of Ladakh, first described by Mr. Moorcroft in his Transactions of the Royal Asiatic Society, is capable of procuring sufficient nourishment in places where the eye can scarcely detect the traces of vegetation; it may be domesticated, and like the dog may be taught to feed from the hands of its master, nibbling the bones which he has rejected. Surely the feeding of this docile and hardy creature on much of our barren and poorer lands, would be a more profitable speculation than the ruinous plan of extracting from impoverished ground a starving crop of grain.

To Europe we owe most of our races of cattle, our swans, our geese, and our ducks; to India we are indebted for the peacock and the best of our domestic fowls, namely, the Malay species; from Africa we received our guinea fowl, and from America, that ornament of the farm yard and the table, the turkey. In short every domestic animal, from which we derive the chief part of our food and clothing, was reclaimed by us from the wildness of nature, and owes its present improved condition to that knowledge of their habits and capacities which natural history has afforded.

It is to be hoped, however, that an institution so truly national, will ultimately receive the national support, and not always depend for its continuance on the unaided contribution of private individuals.

CHINESE METHOD OF EXAMINING MEDICAL CANDIDATES.

A Dutch physician who had resided 18 years in China and Japan, informs us, that so important is the process of acupuncture esteemed by the people, that the local authorities have the power of preventing any man from practising medicine, who does not exhibit the most complete acquaintance with the manner of using the golden needles; the parts of the body into which they may be thrust; to what depth; how long they are to be retained, and other minutiæ. They have adopted a method for the examination of the candidates, the most sure and satisfactory, to ascertain whether they be acquainted with their professed art or not; they give a puppet made of wood, about two feet in height, representing the human figure, to the candidate, and he is desired in the presence of some experienced old men, to mark out with the point of his needle on this wooden subject all the parts into which he thinks the needle may be safely thrust. If the examiners be satisfied with his skill, he then receives a license to practise, and a puppet which is called *Tsöe-bosi*, from *Tsöe*, meaning a statue, and *bosi*, a priest; because the priests in these countries go with shaved heads, and the head of the statue is thus represented.

Now, if our examiners at Lincoln's Inn would give every candidate for their diploma a sharp examination upon a *Tsöe-bosi*, not made of wood, but of other materials, (they might have the head of it shaved if they pleased,) they would do more to make men good surgeons, than all the little narrow-minded by-laws they have ever framed.

We hope the good example of the Chinese examiners will not be lost upon them.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE OF COMPOUND FRACTURE OF THE CRANIUM, WITH DEPRESSION OF BONE, WHICH TERMINATED FATALLY. USE OF HEY'S SAW, AND OF THE ELEVATOR.

R. B., a stout, muscular man of about 40 years of age, was brought to the Hospital about two o'clock on Saturday afternoon, Sept. 2nd, having received severe injury to the head. The accident had occurred at the Custom-house, by his falling to the ground from a scaffold about fifteen feet in height, and striking his head against the projecting point of a large stone. He was immediately taken up in a state of complete insensibility, but in a short time he rallied, and we learn from a gentleman who visited him half an hour after the accident, that he then found him sensible, but with a pulse not exceeding 40, and so small as scarcely to be distinguished, the surface of the body being at the same time cold. Indeed there was so much depression of the vital powers, that it was thought proper cautiously to administer brandy and water, which produced a slight amendment in the state of the pulse, and he was then conveyed to the Hospital.

When admitted he was able to walk, and he answered some questions, but there was some degree of confusion manifest in his replies, and he could give no account of the manner in which the accident happened. The pulse was about 60, the pupils somewhat dilated beyond the ordinary size, but obedient to the stimulus of light. The breathing was not stertorous, and the skin had become warm.

With respect to the local injury, this was found to be considerable. There was a transverse wound of the scalp of an inch and half in extent, over the occipital bone, on the left side of, and nearly in a line with, the tuberosity. The bone was denuded, and there was depression of bone to a great extent; a portion having been apparently driven downwards, and firmly wedged in under the lower sound portion of the occipital bone.

Notwithstanding (as it will be perceived by the description given above,) there were no symptoms present indicative of compression of the brain, yet Mr. Key judged it right to operate in order to elevate the depressed portion of bone. And thus acting upon the rule of practice laid down by Sir Astley Cooper—that in all cases of compound fracture with depression which is exposed to view, *whether symptoms of injured brain exist or not, it is proper to elevate the bone.**

Mr. Key therefore, having first enlarged the wound in the scalp by a longitudinal incision, by means of Hey's saw removed a portion of bone, and then by means of an elevator, proceeded to raise the depressed part. It was found in using this instrument that the inner table of the skull was much comminuted, and several pieces were removed. The object of elevating the broken and depressed portion to a level with the surrounding parts was attained, and the operation was completed by dressing the wound of the scalp. There was no change produced in the patient's symptoms, except that shortly after the operation he was sick.

At eleven o'clock in the same evening, the pulse was 78, and moderately firm. Four grains of calomel had been given, but the bowels were not acted upon Ordered pills, with extract of colocynth and calomel; the dose to be repeated every four hours, until the bowels were frequently and freely evacuated.

Sept. 3. Noon. Pulse 74, and compressible, pupils natural; there is a heaviness of expression in the patient's countenance, but he gives rational answers to questions. He was seen by the dresser at four o'clock this morning, when his pulse had much increased in force and frequency, and he also complains of pain in the left side. Blood was taken from the arm to the amount of twenty ounces, which materially diminished the pulse. He was sick about seven o'clock; the bowels have only been acted upon once.

Ordered, *blue pill, one scruple; extract of colocynth, two scruples;* to be formed into twelve pills. Two of these to be taken every six hours, with a saline purgative draught composed of salts and senna.

Evening. Pulse now of the same character as in the morning, but in the afternoon it amounted to 90, and had considerable harshness in its beat; the face was also flushed, and the skin hot. Mr. Key, who saw the patient under the foregoing circumstances, directed him to be again bled from the arm to the amount of fourteen ounces; this materially lessened the harshness of the pulse.

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* We beg to be understood as offering no opinion on this disputed point of practice, but merely as quoting the opinions of Sir A. Cooper, in order to illustrate the plan of treatment pursued in this case by Mr. Key. It is unnecessary to say the latter is an orthodox follower of the former.

4. The patient obtained some sleep during the night, but during this he talked incoherently; the face is flushed this afternoon the tongue dry and furred; the skin hot, and the pulse about 90, with a considerable jerk in its beat. The bowels were freely moved yesterday evening, and once to-day; the evacuations were dark-coloured, and very offensive. Mr. Key directed *twenty ounces of blood* to be taken from the arm, and a quarter of a grain of tartar emetic to be given in a dose of saline effervescing mixture every three hours.

5. Two p.m. We learn from the dresser that the pulse was reduced in volume by the venesection, combined with the exhibition of the tartar emetic. The pulse this morning is quick and vibrating, the tongue is furred and dry, the pupils dilated, but obedient to light; the skin hot and dry. There is a vacancy of expression in his countenance, having an unmeaning stare; if desired to put out his tongue, he complies with the request, but retains it out for some time after being repeatedly desired to withdraw it. A poultice has been applied to the wound since yesterday, it has an unhealthy appearance, and but little or no discharge from it.

Mr. Key directed three grains of calomel to be given at 12 o'clock, and a blister to be applied to the nape of the neck. At two p.m. he directed

Sulphate of magnesia, 3 *drachms*,
Manna, 2 *drachms*,
Infusion of senna, 1½ *ounce*; to be taken every two hours.

6. The poor man sunk about two o'clock this morning; he became worse on the preceding evening, and some ammonia was in consequence exhibited; the pulse, however, gradually became more feeble and the respiration more laboured, until death ended his sufferings.

Post Mortem Examination.

Care was taken in removing the skull-cap, that it should be sawn through so low down, as to include the injured portion. The calvaria having been therefore removed, and divested of its coverings, an opportunity was afforded of observing the precise extent of the fracture. It was seen that a portion of the os occipitis was detached from the remainder, the part thus separated being of a triangular shape, and having its base placed downwards. The broad part or base of this detached portion, was, or rather had been, (previous to the use of the elevator,) much depressed, and also driven under the sound contiguous part of the occipital bone. The violence with which the broken bone had been forced under, had occasioned a separation of the inner table of the surounding bone, and hence at that part adjoining the base of the triangle was found a considerable projection of the inner table. The small piece of bone removed by Hey's saw, it will be observed, was the apex of the triangular broken portion, which was elevated above the level of the surrounding parts in proportion to the depression of its inferior part.

The depression of the inner table was so considerable, that it must evidently have acted as a source of irritation to the dura mater, although not producing any symptoms of compression of the brain. The dura mater, situated immediately beneath the fracture, was covered with a layer of coagulable lymph, firm and dark coloured, so as to give the appearance of a slough, and there was increased vascularity of this membrane. The vessels of the pia mater were turgid; but the inner portions of the brain did not manifest any morbid appearances.

ST. THOMAS'S HOSPITAL.

CASE OF STRICTURE OF THE RECTUM.

Charge of inattention preferred by the Patient against the Dresser.

Rebecca Gordon, ætat. 25, pale and unhealthy in appearance, was admitted into the Hospital on the 11th of May, under the care of Mr. J. H. Green. She stated that she had been ill five years, and that during the greater part of the time she had experienced much difficulty and pain in voiding her fæces. This complaint existed upwards of two years before she sought any medical assistance, but finding the disease daily increasing she went into the London Hospital under the care of Mr. Headington, where she remained about six weeks. During the time she was in the Hospital a stricture of the rectum (as she was informed) was divided, but she obtained little or no relief from the treatment pursued. Since she left the London Hospital to the period of her admission into St. Thomas's, many different plans of treatment have been adopted, but without being productive of any benefit.

She complained of the following symptoms:—A violent straining, or forcing, when about to pass a stool, accompanied with great pain in the back and lower part of the body. Such was the extreme difficulty and exertion in the excretion of the fæces that, she observed, the efforts completely exhausted her strength. The fæces were passed in flattened and very small portions; she had occasional pain in the pit of the stomach, and vomiting of a sour fluid, with eructations, heartburn, and depraved appetite; there appeared to be in fact great and general disturbance of the functions of the alimentary canal, consequent upon the obstruction in the rectum. She said, that when violently straining, before the appearance of a motion, there was a thin, bloody discharge, but none at other times.

The patient was seen by Mr. Green on the second day after her admission, who examined the rectum, and reported her to have stricture of the rectum, situated about two inches up the gut.—There was considerable thickening and induration at the point of obstruction, and the cavity of the bowel was rendered so narrow as barely to admit the top of the finger.

Mr. Green directed *a lougie of moderate size to be introduced every second day, by the dresser.*

Sulphate of magnesia, two drachms;
Carbonate of ditto, one scruple;
to be taken every morning in mint water.

June 4th. We find her complaining of great pain about the sacrum, extending down the back part of the thighs. The stools still evacuated with great difficulty, and having the same pellet-like appearance. *The bougie has only been introduced once since her admission*; having been informed that she would derive benefit from its constant use, she expressed much regret at the inattention of the dresser.—Ordered to apply twelve leeches to the sacrum, and to continue taking the saline aperient.

20. The patient has obtained no relief. She was directed on the 10th to use the following injection every night:

Powder of opium, twelve grains;
Lime water, four ounces. Mix.

The bougie introduced about once a fortnight! Complaint made to Mr. Green of the dresser's negligence.

July 14. The difficulty and pain of excretion continues unrelieved; the derangement of the alimentary canal has increased; she complains now of frequent sickness, with pain at the pit of the stomach; the colon appears to be much distended. She was directed on the 12th to apply twelve leeches to the epigastric region, and to-day Mr. Green directed the same number to be applied, with the following medicine:

Calumba powper, ten grains;
Carbonate of soda, ten grains;
to be taken three times a day.

Notwithstanding the repeated remonstrances and entreaties of the patient, the dresser still neglects to pass the bougie oftener than once in the space of ten days or a fortnight.

The poor girl, soon after the date of the last report, left the Hospital much dissatisfied, and having mentioned to her friends the circumstance of the dresser's gross inattention, they very properly preferred a complaint against this individual before the Steward of the Hospital. The affair, we believe, underwent a kind of investigation, but we did not hear of any measures being taken to prevent the recurrence of such disgraceful charges.

It is high time something was done to wipe away this stigma on our Hospitals—the negligence and incompetence of the dressers; and as the local authorities do not seem inclined to remedy the evil, we shall be driven to the alternative of furnishing the names of the culprits, and thus hold them up to the scorn and contempt of the public.

The young woman whose case we have related above, was in the Hospital upwards of two months, suffering under a disease which certainly admitted of much relief, if not absolute removal, by a steady perseverance in the plan of treatment prescribed. Now as Mr. Green directed this treatment—of course under the impression that it would be beneficial—it was his bounden duty to see that the measures were complied with, and failing to do so he is equally culpable with his dresser.

RUPTURE OF THE URETHRA, OCCASIONED BY A VIOLENT BLOW IN THE PERINEUM.

R. Sawyer, ætat. 41, a healthy looking muscular man, came to the Hospital on Thursday evening, August 10th, about five o'clock. He stated that he fell across the side of a boat on Tuesday morning, and falling with his legs asunder, he received a violent blow in the perineum from the edge of the boat. Considerable swelling immediately ensued at this part, but he had not much pain until two or three hours after the accident; he had made water a few hours previously.

On the following morning he felt a desire to void his urine, and in attempting to do so, a few drops of blood only flowed from the orifice of the urethra. He applied to a surgeon, who ordered leeches to the perineum, and poultices, and in the evening attempted to pass a catheter, when about half a pint of blood came away, and the man was tolerably easy throughout the night. Leeches were renewed on the next day, but as the bladder was now much distended and painful, the patient sought relief at the Hospital, and he was immediately admitted into Williams's Ward.

The dresser of the week attempted to pass a catheter, but finding this impracticable, a messenger was dispatched for Mr. Green, who shortly after arrived.

The integuments of the perineum, scrotum, and under part of the nates, were completely of a dark blue colour, owing to blood being extravasated in the cellular substance, and the parts, more especially the perineum, had the peculiar feel of ecchymosis. The bladder was much distended, rising high in the umbilical region, and was painful on pressure.

Having first attempted for a short time to pass the catheter, Mr. Green next proceeded to make an incision in the perineum in the course of the raphe, upwards of an inch in length, and having removed the clotted blood from the part, he passed a catheter down the urethra, the point of which made its appearance in the perineum at a short distance below the bulb. It was now apparent that the urethra had been torn through, and the next object therefore was to discover the lower opening. The parts were, however, so much obscured by the extravasated blood (large clots of which were removed), that a considerable space of time elapsed in finding the orifice. The point of the catheter was at length introduced into it, and was then carried on without difficulty to the bladder. A large quantity of high-coloured urine was drawn off, which gave much relief to the patient. The silver catheter was retained in the bladder.

It appears that it was the fore part of the membranous portion of the urethra which was torn through, the laceration also extending to the bulb. It was curious that no extravasation of urine had taken place under these circumstances.

11. The patient has passed a comfortable night, the tongue is somewhat furred, and he complains of thirst; the bowels are open; pulse about 70, full, soft and regular. The scrotum and nates still continue much discoloured from ecchymosis; a considerable quantity of bloody urine has been drawn off.

12. In every respect going on well; the catheter kept in the bladder.

21. We have visited this case daily since the last report, but nothing material has occurred. The patient has not had a single untoward symptom. The catheter was removed for the first time yesterday, and again introduced without difficulty. The wound is healing, but not rapidly.

Sept. 4. Report equally favourable. The wound has not quite closed; being the mate of a ship about to sail in a few days, he is, however, anxious to leave the Hospital. The catheter is still kept in the bladder.

He left the Hospital two days after the last report.

This is the second case of rupture of the urethra, from a blow in the perineum, which has been in the Hospital within the last two months.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF ARTHRITIC IRITIS.

Maria B——, the subject of this complaint, is a middle aged woman, about 40, and of sallow complexion.

She states that she has been afflicted with rheumatism for nearly a year and half, and at present she complains of pain in her limbs generally.

It is about two weeks since her left eye became painful. Her right eye is free from the disease, and previous to this attack her sight was strong and perfect.

On examining the organ a halo, or zone, is observed around the cornea, not of a bright red, as in common iritis, but of a dull and somewhat livid colour; the vessels composing it terminate short of the cornea, so that there is a narrow white boundary interposed between the halo and the cornea. The iris is altered in appearance, but there is no effusion of lymph. The white edge is partial, being observed more especially towards the lymph; the iris acts by the stimulus of light, and the pupil retains its central position and circular form.

The pain in the organ has never been very considerable until within the last few days; the patient described it rather as an uneasy sensation at first than as a severe pain; latterly, however, it has increased, and she now complains of a piercing and lancinating pain in the parts around the eye, and on the affected side of the head.

At the time of her admission, which was on the 12th of June, Mr. Lawrence observed, that he never saw a better marked case of arthritic iritis; the diagnostic symptoms being so particularly distinct. Bowels rather confined; tongue moist; pulse natural. *Ordered to be cupped on the left temple to ten or twelve ounces, and to take a dose of calomel and jalap immediately, with five grains of Plummer's pill every night.*

16. The eye appears less inflamed, and on the whole she is better; the pains in the limbs still trouble her a good deal. Ordered to take the following draught every night, with the Plummer's pill:

Sulphate of magnesia, three drachms;
Magnesia, half a drachm;
Colchicum wine, one drachm;
Mint water and distilled water, of each six drachms.

A blister to be applied to the back of the neck.

20. The eye is considerably improved in appearance; the livid zone has almost entirely disappeared, and the iris begins to assume its natural colour. Continue as before.

24. The bowels are kept gently open by the draught. The eye is almost of its natural appearance, and all pain in it has ceased. She complains of the pain in the limbs as being still severe, especially towards night.

26. Iritis quite cured, and vision perfectly restored. Let the draught be taken each alternate night. She continued in the Hospital a few days longer on account of the rheumatic pains in her limbs, which were greatly relieved, and she was then discharged.

CASE OF INJURY TO THE RIGHT HAND, WITH AMPUTATION OF THREE FINGERS, BY A HOUSE SURGEON.

James Medlam, a stout muscular man, came into the Accident Ward about the middle of the day of the 10th of June, on account of an injury which he had just before met with whilst at work. It appeared from his statement, that while turning the wheel of a crane, by some means his hand was entangled in the machinery. The integuments of the three middle fingers were considerably lacerated, the first phalanges were torn off, and the second exposed. The House Surgeon came to the accident; after cleaning the hand of a great deal of filth and oils which covered it, he proceeded to make two semicircular flaps on each side of the second phalanx of the middle finger, and with a metacarpal saw, removed about a third of the bone; after this was done, he discovered that *he had not removed enough to allow the flaps to fold over by full half an inch, so that it was necessary, by means of a bone forceps, to break off this portion.* In the two other fingers the integument was less lacerated, and there was sufficient to cover the stumps when the third phalanges were removed at the joints.

The man suffered the whole time most excruciating pain. He has been freely purged, and has gone on without any unfavourable symptoms, except on the 12th, when he became a little feverish. Saline medicine, with antimony, and free purging, however, soon subdued this, and the wounds are now almost healed. He has since left the Hospital.

WESTMINSTER HOSPITAL.

CASE OF PENETRATING WOUND OF THE ABDOMEN, WITH PROTRUSION OF THE OMENTUM, SUCCESSFULLY TREATED.

A boy about seventeen years of age, was brought into the hospital, in conseqcence of having received a wound in the abdomen, about three quarters of an inch above the umbilicus. This was done by the mother with a large table knife, which in a fit of drunkenness and passion she thrust into the paunch of her refractory offspring.

The wound was about an inch in length, and transverse:—a portion of omentum about the size of a horse-bean protruded. This was returned by the house surgeon, and a compress of lint was placed over the wound. On the following morning the boy complained of pain in the neighbourhood of the part, and on removing the compress, it was found that the omentum had been again forced through. This was allowed to remain until the arival of Mr. Guthrie, and some leeches were ordered to be applied in the interim, by the house surgeon. Mr. Guthrie enlarged the wound in the same direction, to almost twice its first extent, and then returned the omentum. (We should like to inquire here, en passant, why this was done?) The omentum was easily returned through the same opening, and when Mr. G. saw the case, the omentum was not strangulated: it might have been returned if moderate pressure had been applied. The edges of the wound were brought together with straps of adhesive plaster, and over these a compress was again laid, and more effectually secured than before.

The boy took some aperient medicine frequently, and the wound united in a very favourable manner; and at his own request, he left the hospital on the 6th, about three days after his admission, with the wound almost healed. He has been since at the surgery several times, and is now (12th) quite well.

CASE OF TRAUMATIC TETANUS.

A man about thirty-five years of age, was admitted on the 21st of August last, having received a severe injury on the left leg and foot, from the passing of a wheel of a wagon over it. The ancle and the lower part of the leg were very much bruised, but no bones were broken. Two small wounds were made, which were dressed with simple ointment, and afterwards a cold lotion was applied. The case went on favourably until the 23d, when he began to complain of some uneasiness in the leg, and also of some stiffness about the neck, which immediately excited the alarm of the surgeons. On the evening of that day he was ordered to take gt. xxx. of the tincture of opium, at night.

On the 23d he felt exceedingly low and weak, but the pain was less than on the preceding day. He was ordered to take a mixture composed of

Infus. of cascarilla, ℥vj.
Tinct. of cascarilla, ʒvj.
Aromatic confection, ʒij.

This mixture was ordered to be taken four times in the twenty-four hours, and he appeared to be much better. He went on thus favourably until the 31st, when, without complaining of pain in the leg, stiffness of the muscles of the neck, and an uneasiness in the throat again commenced. Mr. Lynn, junior, who had the management of the patient, ordered a grain of opium to be given to him every two hours, with a pint of wine per diem.

Sep. 1. No improvement in the symptoms; the opium and wine continued. Glysters containing oil of turpentine were injected. On the following day the same mode of treatment, and the same state.

3. The spasms have increased in force; the abdominal muscles are rigidly contracted; the respiration is impeded by the convulsive actions of the diaphragm; great pain and weight at the pit of the stomach. Swallowing was accomplished with difficulty, with great pain in the neck.

4. The symptoms continuing without amendment, he was ordered a grain of opium, to be taken with three drachms of the spirit of nutmegs in a draught, every three hours.

On the 5th he was nothing benefited by the medicine; on the following day he could not swallow. Two large opiate plasters were laid on the abdomen. An enema was administered, containing turpentine and soft soap. On the 6th, the symptoms became worse, and toward evening he died. No examination was made, as the friends almost immediately removed the body.

It is a lamentable fact, that the pathology of this disease, which terminates so often fatally, remains as yet unknown. All the modes of treatment recommended by different practitioners have been unsuccessful; and until investigation or chance shall develop the right method, we must stumble on in the path of unsatisfactory empiricism. Baron Larrey, who has seen more of this disease than any other man, has virtually confessed the inefficiency of his proposed plans by their number, to say nothing of their results. It appears a very summary mode of procedure to lop off a man's limb; few surgeons would like to take the responsibility of such a measure, as there are numerous cases of spontaneous recovery on record; yet this appears to be the amount of Larrey's advice. Sir Astley Cooper, Sir James Macgregor, Mr. Guthrie, and most of our men of experience, appear opposed to amputation, as well as to scarifying the contused parts. It is difficult to understand how an additional irritation of this sort can be beneficial. Mr. Lynn might have carried his doses of opium further, although we are by no means sanguine as to the results of the sedative plan of treatment. Mr. Abernethy relates a case in which, after the death of a patient who had been treated largely with opium, thirty drachms of that substance were found very little changed in the stomach.

CASE OF COMPOUND FRACTURE OF THE CARPAL AND METACARPAL BONES OF THE RIGHT HAND.

A man employed in unloading some vessels in the river, had his hand severely shattered, by having it caught between a box of goods and the edge of the lighter in which it was to be put. Two wounds were inflicted, the one just over the inner side of the unciform bone, and another about three-fourths of an inch lower down in the same line. Two pieces of bone protruded, one from each opening, which were removed by Mr. Guthrie, and the integuments being accurately brought together, were secured with adhesive plaster. A light bandage was afterwards applied, wetted with an evaporating lotion, and the case is going on well.

THE LANCET.

LECTURES
ON THE
ANATOMY, PHYSIOLOGY, AND DISEASES
OF THE EYE,

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE XXXI.

Affections of the Lachrymal Organs.

Gentlemen,

THE *lachrymal*, like other conglomerate glands, is little subject to disease; indeed, I never saw an instance in which it was separately diseased;* of course, it will become diseased when all the contents of the orbit are involved in some common change of structure. Beer speaks of inflammation of the gland proceeding to suppuration; and he says, that after the bursting of such an abscess, a fistulous opening sometimes remains, through which a clear fluid will be discharged. Scirrhus of the gland is mentioned as well as the formation of hydatids; if either of these affections should happen, we must consider it as a case of simple tumour of the orbit, and deal with it accordingly; we must extirpate it, and we shall probably not know that the lachrymal gland is the affected part, until we have removed it. It has been said by Beer that scirrhus will commence in the lachrymal gland, and extend to the orbital contents generally. I have seen nothing of this kind.

The internal angle of the eye is frequently subject to *inflammation* of an *erysipelatous* character: the swelling being seated near the lachrymal sac, giving one the idea that it is produced by an affection of the sac itself: however, it is often independent. The lachrymal ducts may be involved in the inflammation, and some degree of watering of the eye may take place. In a mild case of erysipelas the inflammation may gradually subside, and no mischief ensue; but it sometimes extends to the lower lid, and produces considerable redness and pain; the inflammation may extend to the lachrymal ducts and sac, and cause increased mucous secretion, with obstruction to the absorption of the tears. When this inflammation proceeds to suppuration, as soon as you are satisfied by the appearance and feeling of the part, that matter has formed, make an opening into it, and let it out; by doing which, you prevent the increase of the abscess, and diminish the risk of subsequent deformity.

It sometimes happens that the abscess is not only seated immediately over the sac, but that it communicates with the cavity, and whether it does or not, the rule of treatment is the same; viz., to open the abscess and evacuate the matter. When from the fluctuation of matter, and from the obstruction of the nasal duct, you have reason to believe that such a communication exists between the abscess and sac, you are not to introduce probes into the sac through the nasal duct; you should treat the case just as if no such communication existed, puncture the abscess, let out the matter, and employ such measures as will sooth the parts and remove the inflammation; you will find that the aperture will heal, and the nasal duct again become pervious. You must recollect that the mucous lining of the sac and of the duct is in an inflamed state, and you can do no good by introducing probes and other foreign bodies, and in fact, you can learn nothing by doing so: therefore be content with opening the sac, and keeping the parts quiet, until the inflammation has subsided, when you may know further what is required. The general result of such cases, if properly managed, is, that the opening heals up as the inflammation subsides, and the tears find their way through the proper channel into the nose.

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* An interesting case of enlarged and indurated lachrymal gland, extirpated by Mr. Lawrence, since the delivery of this lecture, is recorded in the present volume.—See case of John Clifton, p. 159.

I have seen one instance of a minute capillary aperture in the anterior part of the sac. It was in a boy at school, and seemed to be a natural peculiarity, as no inflammation nor any other affection of the part had ever been noticed; a small drop of clear fluid appeared in the corner of the eye, and he removed it with his handkerchief. It caused no inconvenience; and my advice was that it should be left alone.

Epiphora.

There are certain states of the eye, in which the lachrymal secretion appears redundant; a greater quantity of fluid is poured out than is necessary to lubricate the organ, and more than the lachrymal ducts can take up. Hence, tears often flow over the lower lid, especially on exposure to a cold wind. This is called in common language the "watery eye," or technically, *epiphora.* The latter term is properly applied to increased secretion of tears; while the dripping consequent on deficient secretion is named *stillicidium lachrymarum.*

Common irritation of the external surface will occasion increased secretion; as we see from cold winds, acrid fumes, and extraneous substances; the same effect may be produced by sympathy merely in inflammation of the conjunctiva, and chronic inflammation will keep up a watery state of the eye for a long time. In all these cases we see a distinct cause of the epiphora, namely, an increased excitement of the gland, and if we remove these causes the effect will cease. The epiphora goes off in proportion as the eye regains its natural state. But there is sometimes an increased secretion of the lachrymal gland, which cannot be traced to any of the causes I have enumerated. The patient complains of the eye watering, and that it is very troublesome, especially when exposed to the action of the air; there is no redness of the conjunctiva, nor any exciting cause that can be immediately discovered. In such cases, after having given the organ rest, and tried to improve the habit of the patient, we may use some slightly stimulating or astringent wash to the eye, as weak solution of sulphate of zinc, or copper, in rose water, and we generally find that these, combined with a little attention to the bowels, will remove the affection.

Stillicidium lachrymarum, as contradistinguished from epiphora, may be produced by any cause which interferes with the regular excretion of the tears. Sometimes there is a contracted state of the puncta lachrymalia; and hence it has been recommended to introduce a minute probe into these openings, and gradually increase its size, so as to enlarge the orifice. At first, we may introduce the point of a pin, and afterwards one of Anel's probes. I have sometimes found the contraction so considerable, that it was very difficult to see the exact place of the punctum: the use of the pin generally renders them visible. I have never seen any obstruction of the lachrymal ducts, except as a consequence of accident, or from the pressure of tumours.

In attempting to introduce a lachrymal probe, it is necessary that you should be aware of the exact direction of the lachrymal ducts, that they do not pass in a straight line from the puncta lachrymalia to the sac, but first proceed perpendicularly, and then making a sharp bend or elbow, proceed horizontally, or nearly so, to the sac. In order, therefore, to introduce a probe, you should carry it first perpendicularly downwards (supposing it to be the lower lid), and then turn the point, so that it may pass almost horizontally to the sac. This proceeding is seldom necessary; indeed the introduction of the probe answers no purpose, more often doing harm than good.

The most common cause of *obstruction*, is a thickening of the mucous membrane of the *ductus ad nasum.*

The lachrymal sac and nasal duct are liable to inflammation, and that very frequently. When you consider the peculiar structure and situation of these parts, that they are almost enclosed within a bony hollow, that they possess great vascularity, you cannot wonder at the severe pain and constitutional disturbance which attend the local affection. It is in consequence of the unyielding structure, with which the sac is surrounded, that great pain is felt when the sac is inflamed, and that pain extends to all the surrounding parts of the orbit and head; the pain commences in the internal angle of the eye, and spreads through the orbit and head, and proceeds even to the degree of causing delirium occasionally. There is generally great external tumefaction; great serous deposition into the cellular texture over the sac, extending to the palpebræ, so much so as sometimes even to close the eye, and the swelling extends to the temple, and even the whole head. From the tumefaction of the membrane, the passage of the tears becomes obstructed, and consequently they flow over the cheeks. Under these circumstances you may easily suppose that there is acute febrile disturbance, and such as will require active measures to remove. When inflammation of this kind exists, it may terminate in different ways; sometimes it produces an effusion of coagulable lymph into the sac and duct, and consequent obliteration of the cavity. It may terminate, as it often does, in suppuration, and you are aware of that happening by the cessation of pain, or rather by the symptoms becoming less urgent. The abscess may burst externally, and the disease be removed; but I have seen the skin covering the sac, so distended before the bursting of the abscess, that mortification has ensued. Not long since, a case of that kind occurred here; the patient, who was a woman, was of a full plethoric habit, and would not consent to have the abscess opened, the consequence of which was, that the skin sloughed; so that, in estimating the importance of the case, you must not judge merely from the extent of surface of the inflamed membrane. Supposing this to take place, supposing the abscess to communicate externally with the cheek, you will have a discharge of pus and tears through the opening for some time. More commonly the inflammation produces merely increase and alteration of the natural secretion of the membrane, which assumes a thick yellow appearance resembling pus: the inflammation will then gradually subside, the secretion slowly changing to the natural state of mucus, and the tumefaction of the membrane abating: thus the natural calibre of the duct and sac may be restored, and the tears pass again into the nose; the increased discharge from the inflamed membrane will cease, and the complaint thus come to an end. If, during the period of acute inflammation, the nasal duct should have become permanently obstructed, its surface, and that of the sac, pass into a state of chronic inflammation, attended with increased mucous secretion, which accumulates in the cavity, together with the lachrymal fluid. Thus a tumour is produced in the corner of the eye, and when you press on it, these fluids issue from the puncta lachrymalia.

Treatment of Acute Inflammation of the Sac.

When inflammation is marked by the characters I have mentioned, it must be treated actively by the antiphlogistic plan. It is necessary, in the most severe cases, to take blood from the arm, or by cupping from the temple or nape of the neck; but leeches to the interior angle will answer the purpose in milder cases. The loss of blood by these methods must be repeated until the inflammation is reduced. Fomentations and poultices are the best local applications; the internal treatment and diet being the same as in other inflammations.

Chronic Inflammation.

In chronic inflammation of this membrane, producing obstruction and an interruption to the passage of the tears, you have a tumour in the internal angle of the eye; a watery state of the eye, the tears flowing over the cheek; there is also a dryness of the nostril of the affected side, from the tears not passing as usual into it. The tumour in the internal angle is sometimes colourless, but in many instances it is more or less red, and the degree of redness will depend upon that of the inflammation. The size of the tumour varies from that of a small pea to a nut; this depends partly on the duration of the affection; however, the sac sometimes enlarges considerably, without any apparent reason. On pressure, the contents of the sac may be made to flow either through the puncta, or through the nasal duct; the latter, however, is seldom the case. The fluid thus pressed out may be either mucus or pus combined with the tears, and its appearance will furnish you with some idea of the actual state of the membrane. When the secretion is copious, it sometimes comes out of the puncta spontaneously. From this increased discharge, the affection has been termed, in this chronic stage, *blennorrhœa sacci lachrymalis.* The sac will fill once or twice in twenty-four hours, and persons who are the subjects of this affection, sometimes content themselves with this mode of relief, rather than employ any more active measures. When the sac has been some time in this state, there is generally sympathetic affection of the palpebræ, slight chronic inflammation of their mucous lining, some increased mucous discharge, and more or less affection of the Meibomian glands, with increase of their secretions. The symptoms, however, so far as the eye is concerned, vary according to circumstances in this chronic inflammation. When the organ is not under any excitement or irritation, there is no stillicidium of the tears, and no inconvenience is felt; but when it is exposed to sharp winds or cold air, increased secretion of the tears takes place, which cannot be disposed of in the usual way, but flow in abundance over the cheek irritating the eye itself, and proving altogether very troublesome to the patient. The existence of this chronic inflammation in the lachrymal sac, often keeps up an irritability in the eye, and renders it prone to inflammation from slight occasional causes. If the eye should be much employed in reading, writing, or other modes of exertion, itching, pain, and increased flow of tears will be produced, while a continued exposure to the same cause will bring on even considerable inflammation.

In these cases we must turn our attention to the *degree* of *inflammation*; the increased secretion is the effect of inflammation, and the obstruction to the passage of the tears is the consequence of the same cause, producing tumefaction of the lining membrane, and thus diminishes the cavity of the duct. It is an inflammatory affection originally, and the obstruction is kept up by inflammation.—Generally speaking, we do not find any clear views of this affection in the works which profess to treat of the surgical operations to be performed on the eye. The affection is spoken of as obstruction of the nasal duct, requiring operation; and we find it considered under the head of *fistula lachrymalis*, as if that were an essential condition. Scarpa appropriates, in his work on the diseases of the eye, one chapter on this subject, of which he gives what seems to me a very singular and erroneous view. He says, that "there is no disease in these cases in the lachrymal sac and nasal duct, but that obstruction may be traced to the inflammation affecting the mucous lining of the lids; that the viscid secretion, which the mucous membrane produces, lodges in the lachrymal sac and nasal duct, and causes an obstruction of them." He says, that the palpebral mucus is so tenacious, and the secretion of the Meibomian glands so thick, that they cannot pass through the nasal duct. He seems so confident of this view of the case being correct, that he adopts a practice founded on it; he employs astringent washes to the eye, and stimulating ointments to the margins of the lids, to correct these morbid secretions. For my own part, I believe such an opinion and practice to be entirely wrong. If a fluid can find its way through the small lachrymal puncta and canals, is it reasonable to suppose that it will stick in and block up the much larger nasal duct? In many of the affections of the lids there is manifestly an increased secretion, and that of a viscid and tenacious kind; but we never find that in these affections, such as chronic tinea, purulent and gonorrhœal ophthalmia, that any obstruction of the duct occurs as a consequence. Again, in lippitudo, where the Meibomian secretion is so much altered, no such result ensues. There is not, in my opinion, any single proof of the doctrine advanced by Scarpa; it removes our attention from the actual seat of disease to a part which is often perfectly healthy, and never suffers except secondarily.

Treatment.—Our object is to remove the chronic inflammation, and therefore we put leeches over the internal canthus, and adopt other measures for the same purpose; and we shall find that such treatment will prevent the formation of that state, which is properly called fistula lachrymalis, a term indiscriminately and absurdly applied to all obstructions of the nasal duct. The application of leeches then, with the use of cold washes and suitable internal treatment, will, in many cases, remove the inflammation; the swelling of the membrane subsides, the increased mucous secretion is stopped, and the passage of the tears is restored. When all appearances of inflammation are removed, the obstruction may continue, with increased secretion, the sac becoming distended, and requiring occasional pressure for its evacuation. If these symptoms continue, the treatment recommended by Scarpa may be advantageous; we may find some astringent wash or stimulating ointment necessary. The citrine ointment, or the ointment of Janin, may be useful, applied along the lids, as before recommended, in cases of tinea. To apply a stimulating wash, it is only necessary to put a little of it into the internal angle of the eye, from which place it will be absorbed by the puncta lachrymalia and carried into the sac. There is a small silver syringe, with a point sufficiently small to pass into the puncta lachrymalia, and thus to inject the fluid into the sac; but I know of no better mode of carrying the fluid into the sac than by pouring it into the internal canthus, and allowing it to be absorbed. In addition to the employment of the astringent wash, or ointment, it is right that the patient should gently press out the contents of the sac once or twice in the twenty-four hours, and that just before the wash is dropped into the eye; and in this way you will generally succeed in removing all unpleasant symptoms connected with the complaint, although the patient may have an occasional accumulation of tears in the internal canthus, and they may flow now and then over the cheek.

Permanent obstruction of the nasal duct may be produced as a consequence either of acute or chronic inflammation; or it may be thus obstructed from the extension of disease into it from the nose, and it occurs in this way occasionally in strumous children. Inflammation begins in the membrane of the nose, and creeps on to the nasal duct. Variolous inflammation is another frequent cause in children. If, in consequence of this permanent obstruction, any great inconvenience be felt, and if it be not removed or benefited by the means I have recommended, it becomes necessary to take further measures for removing the obstruction and restoring the passage of the tears into the nose. If the disease be neglected, much mischief may ensue. The sac may slowly enlarge in consequence of continued distention, so as to make a considerable swelling at the corner of the eye; it is still filled with a mixture of tears and mucous secretion: this state has been called, technically, dropsy of the sac, or *hydrops sacci lachrymalis.* It admits of being emptied by pressure either upwards through the puncta, or downwards into the nose. If the tumour formed by the distention of the sac cannot be thus emptied, but feels firm and resisting, such a case has been called *hernia* of the lachrymal sac.

Fistula Lachrymalis.

There may be, however, a formation of matter with the obstruction of the sac, with ulceration opening externally; and this, properly speaking, is the *fistula of the lachrymal sac.* From this opening a sort of fungous growth may arise, and with this state of parts you may have caries of the os unguis; such consequences arise from the continuance of the inflammation, which gave rise to the obstruction. Before you think of performing any of the operations directed in surgical books for fistula lachrymalis, it is necessary to satisfy yourselves that there is a permanent fistula, that the case cannot be remedied by other means; if you previously treat the patient on the principles already pointed out, the instances will be very few in which any operation will be required. The reason why you should try to cure the disease in the way I have before mentioned is, that the operation itself is only a temporary and imperfect remedy; if you merely restore the passage, and do nothing else, the patient will be under the necessity of constantly wearing some foreign body in the duct, to keep it pervious, which must be regarded as a great inconvenience.

The various modes of procedure proposed for the relief of the cases I have just mentioned, are enough of themselves to fill a moderate volume; it is not my intention to enumerate them or to enter into a detail of their merits; many of them are never to be thought of. A French surgeon, Anel, who invented the probes for the puncta, devised also a syringe for the purpose of injecting fluid into the lachrymal sac, and thus forcing the obstruction. But all the force you could use, by such a mere capillary injecting tube, would not do much to overcome a firm adhesion of the duct; and in point of fact it generally happens, that as soon as the fluid is thrown in at one punctum it flows out at the other. Sir William Blizard proposed the method of injecting the lachrymal sac with quicksilver, by means of a steel stop-cock and glass tube, such as are used in injecting the absorbents. Now the quantity of fluid the lachrymal sac contains is about equal in volume to a garden pea. The force thus applied would certainly cure no obstructions that would not have got well without any treatment.

It has been proposed, and often practised, to introduce a gold or silver tube into the nasal duct, by an incision into the sac. The mode of procedure, in such cases, is this; the tendon of the orbicularis palpebrarum is the guide for the incision; you puncture the tumour with a narrow double edged knife below the tendon, and thus carry it into the sac. You then introduce a probe into the opening, and carry it downwards and inwards, until you come to the point of resistance, and then you carry it almost perpendicularly downwards, but a little inclined backward; and then gradually increasing the pressure, you find that it passes through the obstruction, and you generally may be aware of the passage of the probe into the nose, by an escape of a little blood. When this is done, you introduce a tube about three quarters of an inch in length, made of silver or gold, contracted towards the bottom, and gradually spreading out toward the upper part; you introduce this upon the probe, and push it beneath the integuments, so that the upper or expanded portion may rest in contact with the sides of the sac. The skin will heal on the tube, which is to be left permanently in the duct: thus an artificial passage is provided for the tears, and the immediate result o fthe operation appears extremely favourable. Unfortunately, the future history of these cases is far from being satisfactory; indeed, one might rather expect, *a priori*, that a foreign substance of this kind would not be likely to answer the purposes of the natural tube: hence we find that after a few weeks or months, the tube gets out of its place, or is choaked, and the obstruction to the passage of the tears is reproduced. The tube either gets too low, or what is more frequently the case, rises in the sac, and occasions so much inconvenience, that it is necessary to remove it. This mode of operating was extensively employed by M. Dupuytren at the Hotel Dieu, and, according to his account, proved very successful; but a young surgeon, who took the pains of tracing out and following up these cases after they had left the hospital, found, that in the greater number of instances, the method had completely failed within one or two years after the operation.

The same operation was performed, in this country, by Mr. Wathen, who was the predecessor, and afterwards the partner of Mr. Ware; and that the operation had failed, may be inferred from the circumstance of Mr. Ware's having proposed and recommended another mode of operation.

Beer recommends the employment of catgut for enlarging the constricted duct. The sac is to be opened in the way before described, and after the probe has been pushed into the nose, a piece of catgut is to be introduced into the sac and passed through the duct, until it comes out of the nose. You must lay hold of the extremity of the catgut, and fasten it against the ala nasi by a piece of sticking plaster: the rest of the catgut is to be fastened against a cap or a tape passed round the brow. Every day you are to draw down a fresh portion of catgut through the sac, and remove that which had been there previously; after thus consuming a piece of catgut of the ordinary length and size of the fiddle string E, he commences with a similar length of the string A, and then with the string D; and after this last has been passed through, he considers the cure as complete, and allows the sac to heal.

The mode of proceeding most employed, at present, is, to make an opening in the sac with a double edged knife as before described, to clear the obstruction by passing a probe through the nasal duct which will generally require some force, and then to introduce a small silver probe, having a head somewhat like a nail, which prevents it from sinking into the sac, and this instrument is called Mr. Ware's nail headed style. You must remember, however, not to introduce the style, until the opening, which you may have made in the sac, has closed a little; for if you do, the head of the instrument will slip into the sac, and give you some trouble. You might at first suppose, that the introduction of a substance, which fills up the opening you have made in the part, would not at all assist in restoring the passage of the tears; but the fact is, that the part becomes enlarged about the style, just as the urethra becomes enlarged about the elastic catheter; and thus the intention of the operator is fully answered. I have recommended patients to wear the style constantly, only taking it out to cleanse it; they soon learn to remove and to replace it for themselves. As far as my experience has gone, this method will preserve the permeability of the duct with the least inconvenience to the patient.

It has been recommended, when repeated inflammation of the sac has taken place, and when the former plan of proceeding cannot be easily effected, to expose the sac and destroy its surface by the *kali purum;* but I never saw a case in which that was necessary. Another plan has been suggested, namely, that of perforating the os unguis, but I have never seen it necessary to adopt that proceeding.

There may be obstruction of the duct from the extension of disease into it from the nose; as in syphilis, in polypous excrescences of the nose or antrum. Suppuration of the sac and fistulous openings upon the cheek are not uncommonly seen under such circumstances. We can here only palliate the inconveniences which the patient suffers.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

LECTURE XLII.

On Inflammation of the Ligamentous Structure.

Gentlemen,

UNDER the denomination *ligamentous system*, I include the ligaments and capsules surrounding the joints, together with the tendons and tendinous aponeuroses, or *fasciæ* covering the muscles; to which, perhaps ought to be added the *periosteum*. Some have considered the *dura mater* of the brain, the *pericardium*, and even the *sclerotic coat* of the eye, as belonging to this order of parts, and liable to similar states of disease. Whether this is properly done, I shall not attempt to decide. It is, however, to the ligaments connecting the bones together and forming the different joints, and to what is termed the tendinous aponeurosis or fascia covering the different muscles, and perhaps to the tendons themselves, that my present observations are intended to be confined.

Ligamentous structure of the nature now alluded to, exists pretty extensively throughout the body, but is particularly abundant in certain parts; as over the loins, down the external part of the thigh, at the back of the neck, and covering the temporal muscles. This structure has some physiological peculiarities that require notice, as they materially influence its diseases and their treatment.

Compared with other parts, the ligamentous structure is but sparingly supplied with blood vessels, few if any being visible in a healthy state, though under inflammation they become conspicuous and numerous. These parts likewise are endowed with but little sensibility in health, very few nerves being supplied to them; some indeed, judging from this insensibility, have doubted whether they possessed any nerves. This doubt however appears to be removed by the high degree of feeling they acquire under inflammation, and by which they become the seat often of very severe suffering.

This structure, like every other, is susceptible of inflammation, which has several peculiarities that serve to distinguish it from other inflammations, and which materially influence the treatment. These peculiarities it is important you should attend to.

In the first place, ligamentous inflammation is not attended with much swelling of the part, which arises from the great density of the structure not allowing of much effusion into the interstices of the part. It is true that a good deal of swelling often attends these inflammations; but this is owing to the extension of the inflammation into the surrounding cellular texture.

2dly. Inflammation frequently exists in this order of parts for a great length of time, without either going into suppuration, or otherwise changing the structure. Often, however, it induces a degree of rigidity and inflexibility, the consequence, for the most part, of adhesions taking place in the surrounding cellular membrane.

3dly. Inflammation in parts of this description, is very apt to shift its seat, and that often very suddenly: generally, it is from one part to another of similar structure, and which occurs with respect to parts very remotely situated from each other. This is what you are to understand by the term *metastasis*.

Lastly, ligamentous inflammation is difficult of cure, as compared with many other inflammations; but, as some compensation for this, it bears almost all kinds of treatment with impunity, and then goes off at last spontaneously, the disease seeming, as it were, to wear itself out.

The general term applied to ligamentous inflammation is *rheumatism*, the import of which, however, has no reference to the real nature of the disease, and is therefore one among almost innumerable instances of improper nomenclature in medicine. The disease termed the *gout* or *podagra*, is also essentially an inflammation of ligamentous structure; but this has so many peculiarities that distinguish it from rheumatism, and which extend to the treatment, that it has generally been considered in the light of a specific disease; at all events it requires separate consideration. I shall first speak of *rheumatism*, one of the most frequent, as well as most painful diseases; seldom dangerous in itself, though it occasionally gives rise to other diseases that prove fatal, as I shall hereafter shew you.

To proceed then methodically; *rheumatism* may be defined an inflammation of the ligamentous structure connected with the different joints, and covering the muscles attached to them. In its simplest form, it is characterised by few and those unimportant symptoms, without any derangement of the general health. On many occasions, however, it gives rise, like other inflammations, to great general disorder, being attended with a high degree of *pyrexia* or symptomatic fever, as it is called, and that in a higher degree than in perhaps any other disease.

Simple rheumatism often begins with a sense of coldness, and with paleness of the skin covering the part affected. The joint becomes stiff, and gives pain upon motion. The pain follows the tract of the muscles, and is generally of an obtuse kind. These few symptoms are, in reality, all that are necessary to constitute the disease. It is often confined to a particular part, and named accordingly; as *lumbago*, when seated in the loins; and *sciatica*, in the hip: in other parts it has had no distinct appellation bestowed upon it. The *deltoid muscle* of the arm is a frequent seat of the disease. In some of these cases, the pain is very acute, especially when the muscles about the part are put into action. This is the case in *lumbago* more particularly; and appears to be owing to the muscles being thrown into a state of temporary spasm. Sometimes the affection is more general, producing an almost universal feeling of soreness and stiffness over the body. Rheumatism, when thus mild and limited in extent, and without general disorder, has been often termed *chronic*, in order to distinguish it from the more violent forms of the disease, which have been called *acute*. But the term *chronic*, as implying long duration, is not applicable to most of these, as they often go off after a few days or even less. Sometimes, however, the disease is protracted for months or even years, varying much with times and seasons. Such really chronic cases gradually lessen the power of motion in the joint, and the muscles waste, and degenerate, as it were, into a paralytic state.

Sometimes there is considerable swelling, with redness of the skin and more severe pain; but still without inducing *pyrexia*, or a febrile state of system. This, by way of distinction, has been called the *acute rheumatism*. But when *pyrexia* arises, with quickness of pulse and great increase of heat, the disease has been called *rheumatic fever*. The disease in all these cases is radically the same: they differ merely in degree, and there are all the gradations between them.

The progress and duration of rheumatism, are exceedingly differen a different times. Many slight cases continue only a few days and go off again, like a *common cold*. Others are protracted for months or even years, as I before remarked, when of course the term *chronic* applies with strict propriety. The most important variety of the disease is that which is termed *rheumatic fever*, the term *fever* however, merely serving to express the general febrile action that is taking place, and which is symptomatic as in other inflammations. The severity and occasionally the danger of this, makes it deserving of further attention.

Rheumatic fever, as it is called, frequently begins with coldness and shivering, which are soon followed by heat, and this by sweating. The febrile symptoms are modified in some degree by the habit of the patient, and the duration of the disease. In strong subjects, the heat is greater, the sweatings more profuse, and the pulse is fuller and stronger, than in any other inflammation. The frequency of pulse, however, is not proportionably great. The blood, when drawn is more highly buffed and cupped, than in other inflammations. The tongue is covered with a white instead of a brownish fur; and there is, in ordinary cases, no headach or disturbance of the sensorial functions. By these last-mentioned signs, you may distinguish *rheumatic*, from *idiopathic* or brain-fever; though the two are occasionally found in combination, each marked by its appropriate signs.

With respect to the *local* symptoms, which are the cause of the general disorder of system just described, the pain in the affected parts is often very severe, and is attended with much swelling and redness of the skin, and tenderness to the touch. These arise from the inflammation spreading from the ligamentous structure, to the surrounding parts. When the inflammation has continued for a few days in any particular part, it commonly begins to decline, but a similar train of symptoms appears in some other part, and follows a similar course. Thus, as an example, after one hand and wrist has been affected in the manner mentioned, the other will be seized; then perhaps the elbow, and, in succession, the shoulders, feet, knees, loins, &c.; till, in its turn, almost every part of the body where ligamentous structure exists, participates in the disease. And it not unfrequently happens, that when it has thus seemingly run its course, it renews its attack on one or more of the parts that had previously suffered, by which its duration altogether is greatly prolonged. This is much more likely to happen if the inflammation is quickly taken off from any part by local means; such as leeches, but especially if cold applications are made use of: but where the inflammation in any part is allowed to run its course, such a recurrence seldom happens. It seems as if in the former case, the diseased *action* only were removed, the *disposition* remaining behind; whereas, in the latter, the disposition appears to be worn out by the continuance for a certain time of the inflammatory action. In this way, the disease is often protracted for eight or ten or twelve weeks, when it gradually declines; sometimes going off entirely, at others leaving the local symptoms behind, though in a mitigated form; and thus the *acute* disease lays the foundation for the *chronic*.

The *pyrexia*, or general febrile state of body, continues to accompany the local affection; but after a time, as perhaps three or four weeks, it assumes a remittent form, being aggravated towards evening and through the night, when the sweating is the most profuse. The pain and other local symptoms follow a similar course.

In weak and irritable habits, and also when the disease is long protracted, the pulse becomes frequent, hard, and small; there is considerable depression of the general strength, and much irregularity in the state of various functions, such as I described to you in detail when speaking of the effects of inflammation upon the system.

Terminations.—Rheumatism, in a great proportion of instances, goes off entirely without injury to the structure, and this although it may have continued for a great length of time. But sometimes, in consequence of adhesions taking place, and the deposition of coagulable lymph, stiffness, and rigidity of the parts remain, by which motion is impaired. Suppuration is a rare occurrence, both because ligamentous structure is not much disposed to this change, and perhaps because the inflammation that occasionally takes place in the surrounding cellular membrane, is seldom in a sufficient degree for such a purpose.

I have thus given you, gentlemen, the general character of rheumatism, in its ordinary and legitimate form. But sometimes it attacks, or rather induces inflammation, in other parts of greater importance to life, and thus is liable to become dangerous, though in itself it can hardly be so considered. For the most part, it is in structures approaching somewhat to the ligamentous, that inflammation is observed to arise during the course of rheumatism. The *poriosteum* is one of these; and hence those aching pains in the bones which patients often complain of. The *pericardium* is another part that frequently becomes inflamed during rheumatism, and which is denoted by pain in the region of the heart, and great disorder in the action of this organ. The inflammation thus excited, continues in many cases after the rheumatism has disappeared; and in this way originate many chronic affections of the heart.

Sometimes the brain or its membranes suffer, the signs of inflammation in this organ presenting themselves, such as severe headach and often delirium, which now and then prove quickly fatal. The lungs or pleura, or both, still more frequently suffer, a considerable number of cases of acute rheumatism being attended in their course with evident signs of pulmonic inflammation. These cases of inflammation arising accidentally during the course of rheumatism, have been considered and called rheumatism of the heart—of the brain—and of the lungs; and even the sclerotic coat of the eye has been supposed to be the seat of rheumatism at times, and the term rheumatic ophthalmia has been used to designate it. But I much question the propriety of considering these cases as real rheumatism: while the mistake, if it be one, is productive of practical mischief, by suggesting the notion that such cases do not require to be treated like common inflammation, which however is quite contrary to my experience; as I shall have occasion to state further to you, when speaking of the treatment of the disease.

Causes.—The general exciting causes of rheumatism in all its forms, is *exposure to cold*, the application and effect of which are in general so direct and obvious, as not to be mistaken. In fact, we have no certain knowledge of any others. *Syphilitic pains* are indeed liable to be confounded at times with those of genuine rheumatism, and can only be distinguished by inquiring into all the circumstances of the case, by which its real nature may generally be discovered.

As with respect to many other diseases, the operation of the cause is much influenced by *predisposition*, which is in some individuals constitutional, and even hereditary: when this exists, the disease will be readily produced by any ordinary exposure to cold. The disposition to this disease is also greatly influenced by season and weather. Thus it is most frequent in the spring, and especially when long easterly winds prevail. At such times, the disease may be said to be epidemic.

Nature of Rheumatism.—I have already told you that this disease consists in inflammation of the ligamentous structure, and there is no reason to believe the inflammation to be different in nature from common inflammation as it appears in other parts. The difference in character and in treatment, is owing to the difference in structure, and the different laws by which this structure is governed.

Prognosis. — In itself, rheumatism, though a disease of great suffering, can hardly be said to be attended with danger, though it sometimes proves fatal in the way of *metastasis*, that is, by giving rise to inflammation in other parts of importance to life. I think I have observed that the secondary inflammations thus induced are more easily removed by art, than when taking place as primary diseases. Where there is so general a disposition to inflammation in the system, it appears to have the effect of lessening the disposition in particular parts.

Treatment of Rheumatism.—Not only are the symptoms of inflammation different, but its general course and treatment likewise, are much modified by the nature and functions of the part affected: and hence the necessity of considering inflammation in all its forms and varieties, in order to successful practice. This you will find to be the case in regard to our present subject, and it applies still more strongly to the case of cerebral inflammation, as we shall see when we come to the investigation of what is called *idiopathic* fever. From what I have now said, you will not be surprised to learn that the proper treatment of rheumatism is a distinct point of inquiry, not to be altogether determined by the case of other inflammations.

Now the treatment of rheumatism is different under different circumstances; and we shall best understand the subject, by again adverting to the division before pointed out, into the simple state of the disease, where the affection is local and partial in extent, and that where it is attended with *pyrexia* or general disorder of system, or what is termed *rheumatic fever*.

Slight and recent rheumatic affections either subside of themselves, or require only the treatment of a common cold, as a moderate degree of abstinence, or at most the exhibition of a mild sudorific. The severer affections of the sort, such as *lumbago* or *sciatica*, are so painful, and so incapacitate the patient for all exertion, as to demand a more active practice. If the patient is vigorous, *bloodletting* once or twice, and that to a pretty considerable amount, is of decided advantage, and adds much to the efficacy of our other remedies. In weak persons, *bloodletting* may be dispensed with. *Counter-irritation* of various kinds, general or local, are next to be employed. *Sudorifics*, as the hot-bath, camphor and opium, the ammonia, and various other active *stimulants*, come under the former head. Active vomiting and purging conduce to the same end. I have often succeeded in relieving *lumbago*, by half a grain of the *elaterium*, (which generally excites both vomiting and purging,) following it by opium in the dose of a grain or two. Warm fomentations to the loins, blisters, and stimulating liniments, are likewise all of use in greater or less degree.

Lumbago is liable to be confounded with *nephritic* affections; but a little attention will enable you to distinguish between them: you have only to recollect the diagnostic signs of nephritis and of renal calculi; the distinction then is sufficiently easy. So when the ligamentous structure about the hip joint is the seat of rheumatism, (*sciatica*), the great irchiatic nerve is apt to be involved in the inflammation. It then frequently happens, that the only pain the patient complains of, is about the knee or the ankle. In this case, it is a question whether our topical applications are best made at the origin of the disease at the hip-joint, or at the part where the pain is situated? Blistering, for example, the knee or ankle? I am inclined to the latter opinion, though it is difficult to determine the point satisfactorily.

In the really *chronic* form of rheumatism, which is sometimes left after the acute disease, but which also often arises almost imperceptibly, the pain is not violent but constant, and is increased both by warmth and motion at first, but grows easier after a time. The limbs become stiff, and the muscles waste, partly perhaps from want of use. In some instances, the hands become useless from the enlargement of the joints (*nodosity*, as it has been called) and their subsequent contraction. These chronic states of rheumatism are best relieved by the warm bath, by stimulants of the most powerful kind, such as ammonia and the guaiacum in large doses, and the oil of turpentine. *Camphor* with *opium*, and other *sudorifics*, are likewise of service. Along with these, local agents are not to be neglected, as fomentations, stimulating liniments, leeches if there should be heat or swelling of the part, and electricity moderately applied. *Mercury* taken internally will sometimes do good; and *arsenic* has often succeeded where other means have failed. The *colchicum* has of late obtained much celebrity in these cases, and, I believe, deservedly so: but I question its utility, and even its safety, when largely administered in the acute state of the disease.

These are the chief means of cure in the local and chronic forms of rheumatism, and which you are to apply according to your judgment, and the particular circumstances of the case. The treatment of the acute disease, or what is called *rheumatic fever*, and its consequences, will make the subject of our next lecture.

FOREIGN DEPARTMENT.

ANATOMY.

On the Velum Pendulum Palati of Man, and the rest of the Mammalia. By Dr. J. F. DIEFFENBACH, Berlin. (Hecker's Medicinische Annalen, March, 1826.)

THE velum pendulum of man stands in intimate connexion with the power of speech, since the act of swallowing appears to be one of its more subordinate functions. It is formed, in a certain degree, with reference to the propagation of sound, and is proportionally broader than in any other animal, or at least forms a large regular vaulted surface, and the most regular arch; whereas on the contrary, in several of the quadrupeds, it is long and narrow, and inferiorly where it terminates in the throat, frequently of a shovel-like shape. The velum pendulum of the mammalia appears to be more an auxiliary organ of deglutition, and to have but a slight influence on the production of sounds, and the relative harmony of their tones; for I remarked, after injury of this organ in animals, scarcely any perceptible change in their sounds, but considerable difficulty of deglutition. A dog barked quite naturally after a complete division of the soft palate, but swallowed particularly soon after the infliction of the wound, with great effort. On the contrary, in man, if there is the smallest opening in the velum, or any loss of substance on the edges, it impedes in an important degree the articulation of the different sounds, and destroys the harmony of pronunciation. In extensive destruction of the uvula and congenital division of the palate, we find a total loss of the harmony of the human voice, and in the last, where great pains are taken to remedy this defect, a rough and unnatural sound always remains behind. If other parts are wanting, which contribute to the power of speech, if portions of the edges of the jaw or lips, or of the tongue, are destroyed, the effect which loss of these parts at first exerts on the voice, is very soon counteracted, through exercise, by the neighbouring parts. Thus Gräfe found in a case where both lips were destroyed, the labial letters intelligibly uttered by closing the corners of the mouth on the teeth; and in another instance, after extirpation of a great part of the tongue, the power of pronunciation completely returns.* Generally speaking, in every large opening in the uvula, the letters *c*, *g*, *z*, cannot be pronounced, and *k* is spoken as *h*, *q* as *hu*, *p* as *b*, *t* as *d*, and *r* generally as the syllable *ert*. In aggravated cases of disease, where not alone the soft, but also the bony palate, the alveolar processes and lips are divided, and a middle portion of bone, with its teeth, projects like a snout, the proper human voice is of course always wanting. Then the power of mastication and swallowing suffers, as in infancy that of sucking does, since in the cavity of the mouth no vacuum can be formed, and liquids, as well as solids, readily come out through the nose. In such cases, the swallowing of liquids in the recumbent posture is quite impossible; and where the division exists merely in the velum, and has not been observed, the child might die from hunger, if it were not put to the breast in the erect position. Roux, in his work *Sur la Staphyloraphie*, relates an instance of this kind, where a child eight days old, the defect in the palate being entirely overlooked, was nearly starved; he tried to give the child, in the erect position, some sugar water, and succeeded in getting down into the stomach a glassful; the child revived, and perfectly recovered.

Notwithstanding the thorough investigations which have taken place respecting the anatomical structure of the palate in the healthy state in man, there is no detailed description whatever of this part in animals. Even Cuvier, in his "Comparative Anatomy," dwells very briefly on it; and Rudolphi, by new inquiries, and a series of interesting observations, has thrown the greatest light on these important parts*. In all the lower animals, without exception, the velum pendulum palati is wanting. In fishes there is no connexion between the mouth and the cavities of the nose, and they are therefore completely dumb. In the amphibious tribe there is a connexion between these parts, by means of very small openings, yet all the animals belonging to this class breath with their jaws closed, through the nose, for the air is conducted by the motions of the glottis to the rima glottidis, which, by means of its strong muscles, alternately opens and shuts. Yet we see in no species of this class, not even in the testudo, any trace of a velum. Their sounds, therefore, are hollow, resounding from the throat, and without any modulation. In the crocodile only, is there any arrangement bearing a resemblance to the velum. The posterior openings of the nares are situated very far behind, and form in the back part of the bony palate round openings. From these openings a process of the skin descends, which covers the arch of the palate, and forms a fold that becomes broader to the sides, and proceeds to a projection of skin situated behind the root of the tongue. The two processes make by their free edges the isthmus faucium; the one covers in part the posterior opening of the nostril, but does not quite close it; the other contributes in common with the rudiment of the epiglottis to the formation of the rima glott. In birds, also, the velum pendulum is entirely wanting, but the perfection of their voice, and the variety of their tones, are owing to a peculiar organization in the bottom of the trachea. In the middle of the hard palate are openings which correspond to the choanæ of the mammalia. In the cetaceous animals, the velum pendulum is perceived in form like a fleshy tube surrounding the pharynx, which extends into the cavities of the nose. By these the water which these animals take with their food, is squirted out through the upper openings of the nose.

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* Gräfe über die Gaumennath; im Journ. d. Chirurg. und Augenheilk. 4 Bd. I. St. s. 2, 3.

The mammalia have, without exception, a velum, but of the most various form, for it varies considerably even in animals of the same species. As a general rule, however, in all the mammalia it has more fleshy fibres, resembling a voluntary muscle, and descending lower down, than in man. It extends farthest downwards in the solidungula and the multungula. In the elephant it comes so low down under the epiglottis, that it possesses the power of squirting water from the snout into the mouth, and which arrives at the stomach without coming into contact with the pharynx. The velum in horses descends very low down, so that it possesses the power of breathing by the mouth; in pigs, on the contrary, it is not near so long.

In the ruminantia, the velum pendulum palati stands much higher than in the solid ungula, and still higher in the glires and feræ. In the mouse I found it divided and fibrous. Among all the mammalia, it is found highest in the ape; it resembles very much the human velum, and may be compared with that of the fœtus about the sixth or seventh month of pregnancy; in the ape, the pillars are separated below farther from each other. In the different kinds of apes, the middle projecting part is of very different length, and is sometimes wanting altogether, although Cuvier assumes it as a characteristic mark of all the different kinds of these animals.

Rudolphi found the uvula in an ape from Cape Verd very large, less so in the simia midas, smaller in the baboon, (Marinon), very small, and in the form of two papillæ, or an uvula retusa in the simia jacchus, and entirely wanting in the mycetes. I found the uvula very similar to the human, in the callitrix capuzina; small, long, and pointed in the simia sylvanus. The velum of the camel descends very low down; on its anterior surface in the male dromedary, there is a peculiar sac which the animal blows out at the time of copulation, or when in a state of excitement, so that it projects wide out of the mouth. In young male dromedaries, and in old female ones, this part is very small; in the former it appears to keep pace with the development of the genital organs. Paolo Savi has erroneously taken this sac or pouch for the uvula, for he says, "Per la struttura adunque similissima è quest' ugola del dromedario, all' ugola del' l'uomo edi attri mammiferi, e sola per la grandezza e situazione, realmente ne differisce*."

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* I am indebted to Professor Rudolphi for the following interesting observations on the velum pendulum palati of animals, for he was so obliging as to communicate them to me, from the manuscript of the last, but unpublished volume of his Physiology. Since this article was written, the third volume of this excellent work has appeared.

* Paolo Savi Memoria sulla cosi della vescica che dromedari emattano dalla baca, etc. Pisa, 1824. 8.

Rudolphi observes, on the contrary, that this part is too essential, for it ever to appear in one sex of any class of animals in opposition to that of other mammalia, and to attain such an amazing size. Emmert considers this pouch to be a duplicature of the lining membrane of the palate, which, descending from the velum pendulum, may be inflated at the will of the animal. I have observed this inflation of the pouch in a dromedary, during which act there was a peculiar noise if the animal were struck by the keeper. Rudolphi entertains doubts as to the existence of muscular fibres in the parietes of the pouch; although Emmert states, that he perceived the fibres of the M. glosso palatinus in them. Rudolphi, on the contrary, has only found this muscle in man, and the monkey tribe. He is also more positive on the non-existence of the azygos uvulæ which Savi asserts to be present. Richter* also speaks of very plain muscular fibres, which are to be found at the beginning of the pouch, and then from other thin fibres between the layers of the mucous membrane; still Rudolphi says, that on account of the natural redness of the parts, one may be very easily misled. The opinions of physiologists are very much divided on the use of this curious part. Hunter † thought that a fluid was secreted in it, which the animal could press out when occasion required to lubricate the fauces, and thus quench its thirst. Carus ‡, who considers the sac to be an organ of secretion, compares it to the crop in birds, but the difference in the function of the two parts is very much against this view of the subject. Cuvier || and Desmoulin speak of a double sac, which the white dromedary (dromédaire blanche, merely a variety,) can, by inflation, make it project on both sides of the mouth. Independently of the consensus, which exists in the camel between the genital organs and those of respiration and deglutition, Savi says, "Varie malattie che attacuno anche la gola, frequentissimo e l'osservare una mutazione di voce nel tempore degli amori, ed ognuno conosce la quasi instantanea, e notabile mutazione di voce che accade nell' uomo all' arrivo della pubertà." The camel is also subject, more especially when young, to a violent and even sometimes fatal inflammation of the neck, in which not only the larynx, but the pharynx also participate. In man, the velum pendulum palati, as has been before observed, assumes a more regular form than in animals.

Dr. Dieffenbach proceeds to give the anatomy of this part in the human subject, but in the description there is nothing particularly new. This gentleman has, however, directed a considerable share of his attention to the diseases of the palate, and the operations which they sometimes require. In the operation for fissure of the soft palate, Dr. D. adopts a plan peculiar to himself, of which we will give our readers an account in the next Number.

PHYSIOLOGY.

Experiments on the Effects of Injuries of particular parts of the Brain. By Dr. H. HERTWIG, Lecturer at the Royal Veterinary School, of Berlin.[1]

The first experiments to try the effects of injuries of different parts of the brain, appeared to have been tried by Peter Molinelli;[2] but by far the most important ones have been made by Boerhaave,[3] Haller,[4] Zinn,[5] Zimmermann,[6] Arneman,[7] Lorry,[8] Saucerotte,[9] Rolando,[10] Fodera,[11]

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* Richter Analecta ad anatemen Cameli Dromedarii spectantia. Regiomonti, 1824.

† Hunter on the Blood. Richter loc. sup. cit.

‡ Carus Lehrbuch der Zootomie. Leipzig, 1818. 8. S. 405.

|| Histoire des mammiferes par Geoffroy St. Hilaire m. et Fr. Cuvier Cah. 28. Desmoulin's Dictionnaire classique d'Histoire Naturelle. Vol. III. ann 1823, p. 453. Richter loc. sup. cit.

[1] Hecker's Litterarische Annalen der gesammten Helkunde, May, 1826.

[2] Commentar. Bononiens. pag. 130.

[3] Impetum faciens dictum Hippocrat per corpus consentiens. Lugd. Batav 1745. 8.

[4] Memoire per les part sens. et irritab. du corps animal. Laus. 1760.

[5] Experimenta quædam circa corpus callos. cerebellum, etc Gotting. 1749.

[6] Dissertatio de irritabilitate.

[7] Versuche uber das Gehirn und Rückenmark. Gotting. 1787.

[8] Acad. des Sciences. Memoire de Savans etrang. iii.

[9] Acad. roy. de Chirurgic. Prix. iv.

[10] Saggio sopra la vera struttura decervello. etc. Sassari 1801, and Magen.

Legallois,[12] Magendie,[13] Flourens,[14] and Krauss.[15] By the experiments of these different inquirers, we have obtained considerable information respecting the functions of the cerebrum, cerebellum, corpora quadrigemina, pons varolii and medulla oblongata, and are, in fact, as far advanced in our knowledge of the uses of these parts, as of many organs of the human body. Some points, however, still remain involved in obscurity, and this has arisen, in a great measure, from contrary results being obtained from experiments apparently the same. The cause of this difference is not difficult to detect, it lies partly in the mode of making the experiment, as well as the unavoidable difficulty attending the experiments themselves. Of all the experiments made on this subject, those of Flourens afford the most important, and, perhaps, the most decisive results. The manner in which this physiologist conducted his experiments is peculiar to himself, and one great cause of his success; he separated, for instance, the part of the brain on which he was going to make the experiment, as completely as possible from the surrounding soft and bony parts, so that its boundaries could be observed without any of the neighbouring parts being injured. After the whole brain, or the part only destined to be experimented on, had been laid bare, Flourens confined himself, in most of the cases, either to its entire removal with the knife, or its removal layer by layer; in a few cases he irritated the brain by punctures. The most important results which Flourens obtained from his numerous and various experiments are as follow: each particularly developed or formed part of the brain is destined for the performance of particular functions, the hemispheres of the cerebrum being the organ of the mental faculties, (understanding, memory, and will,) and the centre of all the perceptions. The cerebellum is the organ in which the different muscular motions are ordered for a particular purpose, and directed to one common object. In the corpora quadrigemina, the original active principle of the iris, the retina, and optic nerves, is placed. Irritation only of the corpora quadrigemina, medulla oblongata and spinalis, are capable of exciting muscular contractions: the power of sensation is essentially a single one, and resides in a single organ. Injuries of the lobes of the brain, of the corpora quadrigemina, and cerebellum, when they do not exceed a certain point, deprive these organs of their different functions, merely for a short time.

Although these, and a few other results at which Flourens arrived, are not entirely new, but, in part, complete, and confirm the experiments of earlier physiologists; although these results are not in opposition to most of our established pathological and physiological principles, but confirmatory of them, still a few are so extraordinary and striking, that they have naturally excited doubt as to their accuracy. These doubts will also be increased in the minds of all who have made such experiments, from the difficulties attending their performance. The chief cause of the difficulty is the bleeding, which, in some cases, produces death before the essential part of the experiment is terminated or even begun. Even if the bleeding should not cause death, symptoms of debility come on, and a kind of paralysis, which may be mistaken for the effects of injury of a particular part, whilst they are only produced by causes unconnected with the function of any one organ. The blood, when it collects in the brain or skull, acts prejudicially by pressure and irritation, so that the symptoms produced by these causes must not be mistaken for the consequences of the injury. Flourens was obliged to contend against these impediments, and, in order to avoid them as much as possible, he performed his experiments on young animals only, because the skull in these was soft and tender, and the sinuses, in proportion, less developed. But all this is not sufficient to prevent the hæmorrhage and its bad consequences, for in young animals, and particularly young dogs, cats, and pigs, there is no part of the skull which, on being wounded, does not bleed. I will now proceed to the detail of my own experiments, and confine myself at first to those which were performed on particular parts of the cerebrum.

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die's Journal de Physiologie. April, 1823.

[11] Recherches experiment. sur le système nerveux; in Magendie's Journal de Physiologie. 1823. No. 2.

[12] Experiences sur le principe de la vie.

[13] Memoire per quelques découvertes recentes rélatives aux functions des système nerveux, and in different parts of his journal.

[14] Recherches experim. sur les propriétés et les functions du système nerveux dans les animaux vertebrés. Paris, 1824.

[15] Dissert. de cerebri læsi ad mot. volunt. relatione, Vratislaviæ, 1824.

First Chapter.—On the Mode in which the Experiments were made.

Mr. Flourens has not given the mode in which he has performed his experiments, and considering this a point of great importance, it remains for me to enter into those details which he has omitted. In the majority of cases the hair or feathers were first shaved off from the greater part of the head; then the skin was cut through from before backwards, and the muscles on the front and back side of the head dissected away. After the bleeding attending these steps had ceased, the skull was opened; in young and small quadrupeds, birds, fishes, and frogs, the opening was carefully made with a a simple knife; in the older quadrupeds, however, always with the saw or trephine. In using this last instrument, I was obliged, in the larger animals, to employ two or more crowns. I always endeavoured to avoid the sinuses, and frequently left, where I laid bare the two hemispheres from above, an arch of bone over the falx major; the lateral and occipital sinuses were also avoided. After the removal of the bone, the membranes of the brain were cut through in a crucial direction, the largest vessels being as much as possible avoided. Notwithstanding this precaution, the bleeding unavoidably consequent on this step of the operation, was so great, that I endeavoured to still it by pressure with a sponge, or the application of cold wet cloths. If left to themselves several animals perished, and others were so much weakened, that the experiment could not be completed then. In most cases I found this delay of advantage, because, on the following day, the wounded vessels had closed, and thus the flow of blood into the cranium prevented. Chemical agents for the suppression of the bleeding were not employed. The hæmorrhage was most profuse in dogs and cats, less so in horses and rabbits, and least of all in mice and birds. In the experiment on the cerebellum, the bleeding was always the greatest; in those on the hemispheres of the brain it was the slightest. Prior to the experiments, every precautionary measure was taken about the health of the animal to be experimented on; and, after them, the parts were covered, and then protected from the effect of any accidental cause. I found Flourens's remark that animals with an overloaded crop did not stand the experiment well, quite true, and therefore always let them fast a little before the experiment. The instrument which I used, independently of those employed in opening the skull, were, 1st, a thin straight scalpel; 2d and 3d, two small spoons, with small handles for the removal of the cerebral substance from the cranium; the one had obtuse, the other sharp edges. In using the first, the wounding of the large vessels at the base of the brain must be avoided; in using the latter, great care must be taken not to use any undue pressure on the parts in the neighbourhood. 4th, a curved needle cutting at both edges. 5th, a needle of the same shape, but provided with a knob at the point. These two instruments were used in the experiments on the internal and deep situated parts.

Second Chapter.—Experiments on the Hemispheres of the Brain.

1. A thin superficial layer, about a quarter of an inch in thickness, was removed from the right hemisphere of a middle sized dog. The animal manifested no signs of pain; but in its walk there was a slight degree of weakness to be observed on the left side of the body. All the functions were undisturbed.

2. But, on removing from the same dog a thick slice from the substance of the right hemisphere, so that the right ventricle was only covered with a thin layer of medullary matter; the animal showed, it is true, no distinct marks of pain, but the whole left side of the body was evidently lamed, and all the motions followed, in a half circle, to the side where the injury of the brain was situated. Vision of the right eye was undisturbed, but, in the left, quite gone. The iris in the left (blinded) eye, on being touched or suddenly exposed to a strong light, was just as sensitive as in the sound eye. Hearing appeared to have suffered very little since the animal knew when its name was called out. The power of smell, and taste and touch, had suffered just as little; since caustic ammonia, and fœtid animal oil, held under the nose of the animal, or dropped on the tongue, excited sneezing and a great aversion to these substances. No change whatever could be observed in the pulse, pulsations of the heart, respiration, or temperature of the animal. The animal seemed very weak, and on the first day ate nothing; on the second he was rather cheerful, but still lay down a great deal. On the seventh day the dog was quite restored, and all interruption to vision, as well as the voluntary motions, gradually disappeared.

3. After nine days I removed from the same dog the remaining portion of the right hemisphere close to the base of the skull. Even now the animal exhibited

no mark of any peculiar sensation; it twitched a little, and showed some signs of pain on the removal of the last layer. The same effects followed when the dura mater was touched. In the other particulars the issue of this experiment was almost similar, the effects being only a little more marked than in the preceding. The animal was, for instance, completely blind on the left eye, and the muscles of the left side were nearly entirely paralysed. It lay on the right side, bent nearly double, and could not stand without help; and when supported could not walk straight, but always moved on in a circle to the right side. The motion of the right fore and back feet was quite normal, but, on the opposite side, neither flexion nor extension could be properly performed. The other functions were not disturbed, merely weakened.

I now took from the left half of the cerebrum sufficient to lay open the ventricle on this side. The dog then became stupid and deprived of all the senses; he could not move from the place where he lay; but if powerfully pushed or painfully irritated in some other way, it went, or rather stumbled for a few steps to the right side, but as soon fell to the ground, and relapsed into its former state of insensibility. The animal could be very easily turned from one side to the other; he lay chiefly in the bent position on the left side; and if placed on the back or the right side, convulsive contractions of nearly all the muscles followed, and continued till he were again turned on the left side, or placed on the back. The extremities were deprived of all strength, and the joints very flexible. The heart's pulsation and the pulse were diminished five or six beats in the minute; the breathing and the warmth of the body were not materially changed. The animal refused all nourishment, and died on the following day of convulsions.

4. From another dog I removed the left half of the cerebrum, close to the base of the skull. In the destruction of the brain the animal did not manifest the slightest pain, but became immediately blind on the right eye, and completely paralysed on the whole right side of the body. The motion of the right iris was not impaired. The power of hearing appeared weakened, but not in one ear more than in the other. In order to be certain on this point, I stopped up alternately each ear, but perceived no difference in the hearing of either. I could not either accurately ascertain whether the taste and smell were similarly affected or not; but certain it is, that these senses were not destroyed, for some hours after the experiment the dog found a piece of flesh wrapped up in paper, which it devoured. Afterwards, however, it took no more nourishment, and died on the fourteenth day from convulsions.

5. I removed from the left hemisphere of the brain of a horse, as much as laid open the lateral ventricle from above. The animal appeared so much weakened that it could scarcely stand. When it contrived to support itself it was always with the body bent to the left side, and all the motions were made to that side. The animal did not exhibit the slightest pain in the operation, nor were any convulsions to be observed. The right eye had lost its power of vision, but the motions of the iris were not in the slightest affected. No disturbance to any of the other functions could be perceived. In consequence of hæmorrhage and accumulation of blood in the cavity of the cranium, convulsions occurred on the second day, from the effects of which the animal died.

6. Both hemispheres were removed in a rabbit, layer by layer; and in proportion to the quantity of cerebral substance removed, the animal was more and more stunned. It sat six hours in succession without moving or making any noise, and neither saw the flame of a wax light brought close to its eyes, which were open, nor felt it when the hair by the nose was absolutely singed. No noise was capable of rousing this animal, which, under ordinary circumstances, is so very timid. It appeared to smell no strong substances, which were brought under the nose; and neither ate nor drank. The iris was sensible to the light. If the animal were pushed, it could, although weak, run and spring without impediment. In the space of six hours the rabbit moved of its own accord, and went a few steps, but struck its head against every thing which was near it, and then relapsed into its former state. After twelve hours time it appeared to perceive a strong smell, and the sensitiveness of the skin was greater; but still the vision was gone. Whilst going forwards it struck itself violently, then making a loud noise, it fell to the ground, where it remained paralysed on the left side, and in forty hours died.

7. The anterior part of the left hemisphere in a pigeon was removed down to the lateral ventricle of that side; the corpora striata, the optic thalami and the under part of the root of the olfactory nerve being avoided. No indication of pain was manifested. The vision of the

right eye was gone, but the motions of the iris were unimpaired. The power of the muscles on the injured side was not affected, but that of the opposite side was very much lessened. The pigeon began to eat, and was on the whole very lively, and in the space of five days, recovered the sight of the right eye. The other senses remained unaltered.

8. In another pigeon I cut away the posterior part of the left hemisphere, taking care to avoid the optic nerve. The result was quite the same as in the other case.

9. A third pigeon, from which both hemispheres close to the lateral ventricles were removed, so as to lay open the lateral ventricles, appeared quite stunned, and deprived of the power of hearing. It sat just as if it were in a gentle sleep. As the bird took no food, I gave it some pease, of which it swallowed only those which I had thrown over the tongue into the pharynx. Those which were merely introduced into the beak fell out again, or remained within it. The pigeon sat for ten or twelve hours in the midst of a heap of pease, without taking one from them, and often stood longer than 12 hours in water without even tasting it. The muscles appeared in these birds to have suffered but little, since they were able to stand firm on their feet, walk forwards, and when thrown into the air could move their wings with ease. The pigeon lived three months, and became very fat. On being killed, a thin layer of a yellow mass was found on the divided surface of the brain of the bird, which I would not however take for reproduced brain.

10. In a hen both hemispheres were cut off close to the base, the optic thalami, and nerves, and the corpora quadrigemina being avoided. It was immediately deprived of all the senses; it sat continually in one spot, as in a deep sleep, and manifested no wish for anything around it. It never moved of its own accord, but only when irritated, and then but for a few steps. The motions of the iris were unimpared, and those of the extremities in the natural state. The hen took no food, it merely swallowed a few pease which I put into its beak. On the second and third day after the experiment, a violent fever came on, which went away without any bad consequence. The hen lived three months, in a state of stupefaction.

In several rabbits and pigeons, sometimes one, at other times both hemispheres were removed lengthways from before backwards, sometimes only superficially, at other times close to the base. The disturbance in the power of the senses, and the muscles, was just the same as that which followed the transverse divisions. But still it is very remarkable that all the symptoms sometime afterwards always disappeared, and the use of the senses was generally restored between the sixth and sixteenth day, in proportion as the incision was superficial or deep. The experiments were repeated on different animals, and if under favourable circumstances always with the same results. I think myself warranted with Flourens, in drawing the following conclusions:

1. That the hemispheres of the cerebrum are the true seat, or the central point, of all the perceptions, of consciousness, of understanding, and of the will.

2. That the so called powers of the mind and of the senses, have a common seat in the hemispheres; for when one of these functions is either weakened or entirely destroyed, the others suffer in the same proportion, and when one is restored the others return.

3. That a portion of the hemispheres may be taken away, without their functions being entirely destroyed.

4. That the power lost by the partial destruction of their mass gradually returns.

5. But that this restoration of power only follows, when the destruction or injury has not gone beyond a certain point, for then this power remains for ever destroyed.

6. That this annihilation of the power of the brain, or of the functions, manifests itself stronger in proportion as the destruction of the hemispheres has been carried low down or not.

7. That a transverse incision carried through the hemispheres to a certain depth, destroys the functions of these parts just in the same degree as their removal would do; and that when the injury is carried to the base, it is followed by a total loss of the functions.

8. That a longitudinal incision through the hemispheres, carried from before backwards in proportion to the depth, impairs the function in the same way as the transverse incision; but that these functions, even after the injury has been carried deep down, are again restored.

9. That the substance of the hemispheres, although these are the centre of all the perceptions, are insensible to external irritations.

10. That irritations and even injuries of the hemispheres produce no involuntary motions of the muscles, merely weakness and paralysis of them, which are always shown on the side opposite to the one on which the injury was inflicted.

11. That the operation of the hemispheres follows in a crossed direction.

12. That the *consensus communis*, or the conästhesis, as it has been termed, is not dependant on the hemispheres alone, since it remains after they have been destroyed.

13. That the respiration and circulation are independant of the action of the hemisphere, since no important change in these two functions was perceived during the experiments made with these parts.

[*Continuation of these Experiments next week.*]

PATHOLOGY.

In some recent numbers of the *Revue Medicale*, a good deal has been said about a disease to which the term *dothinenteritis* (δοϑιην, glandular swelling, furunculus and εντερον) has been given. Landini,* a young physician, has designated under this name the inflammation of Peyer's and Brunner's glands, which, on repeated examination, he has found more frequently affected than has ever been supposed to be the case. But the fact is that this appearance, of the frequent existence of which we do not doubt, has been taken as the leading pathological character of several diseases of which it was only a small, and perhaps unimportant part. Thus, for instance, Laudini has given the name dothinenteritis to every possible kind of typhus.

SURGERY.

De Scirrho et Carcinomate uteri, adjectis tribus totius uteri extirpationis observationibus. Auct. Ed Casp. Jac. de Siebold. Berolini, 1826, cum tab. æneis.

The author of this dissertation has given an account of three cases of total extirpation of the uterus, two of which he saw performed at Gottingen, in 1825, by Langenbeck, and the third by his father, at the lying-in institution, in Berlin. The nature of the operation was different in the three cases. Langenbeck performed one by the linea alba, the others were performed the same as those formerly done by Langenbeck, Santer, Siebold, and Holscher, namely, per vaginam. The result of the operation was the same in the three cases; the patients all died and neither one survived the third day. The author's own opinion appears to us rather against the performance of the operation, since so many have already fallen a sacrifice to it. This was formerly the opinion of the author's father; he afterwards saw reasons for changing it but whether he has again altered it, we are unable to say.

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* Vid. Revue Med., May, 1826.

THE LANCET.

London, Saturday, Sept 23, 1826.

If it be true that "conscience is our coin," and that "he thrives best who has the most to spare," the Council and Court of Examiners of the Royal College of Surgeons in London are, we should suppose, in a most thriving condition. We will not say that they "are rogues by nature," but do not hesitate to assert that their proceedings are characterized by a most roguish aspect. They have been once more at their dirty work, and have sent forth a new batch of Regulations.

The immoral conduct of a dishonest man, when it is known, brings upon him a far greater portion of reproach and disgust, than can be produced by the observations of another party. Such is the case with the Council of the College; their measures have been watched, investigated, and exposed. As literary, professional, and corporate tyrants, they have been brought to the bar of public opinion, where they have received that execration which the evil tendency of their practices was so well calculated to produce. And now that their conduct is about to undergo a further scrutiny before the highest tribunal of the Country, and dreading the loss of that detestable instrument, their Charter, under the protection of which so much injustice and tyranny have been perpetrated, they come forward with a view to prevent their exposure and degradation before the legislature, and mock the profession and the public with a *pretence* of liberality, whilst there is concealed the most gross injustice; and in the hope of being absolved from further punishment, they have cancelled a law which they *dared* no longer enforce. A thief at the Old Bailey, with a pretty keen eye to self interest, would act in a manner precisely similar, and claim praise for such magnanimous efforts: but in consequence of this, would a discreet jury and judge allow the wretch to go unpunished? If they did so, there would be no security for character or for property; and where is *our* security for the *future* good conduct of the Council of the College, even admitting, for the sake of argument, (but which, in fact, as we shall presently show, is most untrue,) that their *present* conduct is such as to merit our approval. Are we to permit them to hold a *law*, which they can at all times exercise as an instrument of vengeance against their professional brethren? Are we always to be at the mercy of *such* legislators as the present Council of the Royal College of Surgeons? God forbid! And it shall not be our fault, if the system which has so long obtained in this Institution be not entirely—radically changed. Before we make any further remarks, we will insert the new Regulations, and when we have done so, we will insert likewise the *Regulation* which the funking, whining Council adopted in March 1824, and which these liberal, kind-hearted gentlemen have now benevolently omitted. But before giving the Regulations, let us once more record the *names* of our munificient benefactors—they cannot be seen too frequently; General Practitioners, and the Surgeons of Provincial Hospitals and Infirmaries, who have been so frequently *complimented* and *benefited* by their owners ought constantly to keep them in grateful remembrance! Once more, then, renowned, thrice renowned Council, stand forth at the head of your newly created monster, whilst, as usual, Edmund Belfour constitutes its *tail!*

MEMBERS OF THE COUNCIL.

Messrs. Lynn—Forster—Lucas--Blizard —-Cline—-Heaviside—-Cooper—-Abernethy—-Carlisle—-Hawkins—-Home—-

Vincent — Knight — Wadd — Cline — Thomas—Headington—Keate—Norris—Harvey—and last, though not least,—Author Guthrie.

" ROYAL COLLEGE OF SURGEONS IN LONDON.

By-law, Sect. xvi. § 1.—No person under twenty-two years of age shall be admitted a member of the College.

Standing Order.—1. The only schools of anatomy and surgery recognized by the Court are, *London*, *Dublin*, *Edinburgh*, *Glasgow*, and *Aberdeen.*

2. Certificates of attendance upon the chirurgical practice of an Hospital, will not be received by the Court, unless such Hospital be in one of the above recognized Schools, and shall contain on an average one hundred patients.

3. The court will, however, receive as testimonials of education, certificates of attendance on provincial Hospitals, containing, respectively, one hundred patients; provided a student shall have *previously attended* two courses of anatomical lectures, and two courses of dissections, in any of the recognized schools of anatomy. But the Court require, that the term of attendance on such provincial Hospitals shall be of twice the duration of that required at Hospitals in any of the recognized schools.

Candidates will, conformably to the above by-law and standing orders, be required respectively to produce, prior to examination, certificates,

1. Of being twenty-two years of age.

2. Of having been engaged six years, at least, in the acquisition of professional knowledge.

3. Of having regularly attended three winter courses at least, of lectures on anatomy and physiology, delivered at subsequent periods; and also one winter course, at least, of lectures on surgery.

4. Of having performed dissections during two or more subsequent winter courses.

5. Of having diligently attended, during the term of at least one year, the chirurgical practice of one of the following Hospitals, viz.—*Guy's*, *St. Thomas's*, *St. Bartholomew's*, *St. George's*, the *London*, the *Westminster*, and the *Middlesex*, in London: The *Richmond*, *Steeven's*, and the *Meath*, in Dublin: the *Royal Infirmary* in Edinburgh; the *Royal Infirmary* in Glasgow; or the *Royal Infirmary* in Aberdeen, or of twice that term in any of the provincial Hospitals, conformably to the above standing order, No. 3.

Such certificates must also express the dates of the commencement, and of the termination of attendance on each course of lectures, and of dissections; and the periods of the commencement, and of the termination of attendance on hospital practice.

The required certificates must be delivered at the College ten days at least prior to the day on which candidates shall respectively be desirous of admission to examination.

Candidates under the following circumstances, and of the required age, are also admissible to examination.

Members of any of the legally constituted Colleges of Surgeons in the United Kingdom.

Graduates in Medicine of any of the Universities of the United Kingdom, who shall have performed two or more courses of dissection, as above specified, No. 4, and who shall have regularly attended the chirurgical practice of one of the Hospitals, as above described, No. 5.

Edmund Belfour,
Lincoln's Inn Fields, Secretary.
8th Sept. 1826.

Such, then, are the Regulations which have been just issued; and now let us record the one which the Council have omitted:

" That certificates of attendance at lectures on anatomy, physiology, the theory and practice of surgery, and of the performance of dissections, be not received by the Court, except from the appointed professors of anatomy and surgery, in the Universities of Dublin, Edinburgh, Glasgow, and Aberdeen; or from persons teaching in a school acknowledged by the medical establishment of one of the recognised hospitals, or from persons being physicians or surgeons to any of those hospitals."

Did the Council suppose that we had forgotten this Regulation? if we had, we believe they have not forgotten what we said of it in one of our Numbers for January 1825;* lest, however they should have done so, we beg once more to call their attention, and that of the Profession to our denouncement of it, at the above period: " Pray read this Regulation again and again, and *curse* it with each reading; curse the man who framed it; and curse the men who adopted it;

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* Vol. vi. p. 91.

let the College Examiners be henceforth spoken of only in conjunction with deeds of infamy, arrogance, injustice, and folly; let them be held up to public reprobation, to public—to universal scorn."

Did not the partial operation of that law warrant the above unqualified language? Was a more disgraceful edict ever vomited forth by any set of tyrants in any country?—Never The obvious *tendency* of that Regulation was to enrich themselves, their relatives, and their toad-eaters! What circumstances called for the framing of that law in March, 1824, which do not exist NOW? If the law WAS THEN enacted upon sound, upright, honourable principles, why is it NOW abandoned? It is the duty of a legislator to lose his head, rather than assist in the abrogation of a just law—popular clamour should never influence, in the slightest degree, the decisions of a senate. If this Regulation of the College had been founded on just principles, they need not have dreaded Parliamentary inquiry. If their reasons for enacting it would have borne examination before the Legislature, some portion of that immense blot which now degrades their legislative robes, might possibly have been wiped away. Let them not think that by rescinding this Regulation, by this act of sycophancy, cowardice, and meanness, they will be absolved from an appearance in the House of Commons; let them not suppose that the cause of the surgical reformers is, in any degree, weakened by this their concession; on the contrary, it adds incalculabl to its strength, as they now stand before the public the acknowledged confessors o their own misdeeds. They have struck out this Regulation not as a boon to the profession, but in the hope of its proving ultimately the source of a most valuable boon to themselves. But they are by far too deeply immersed in the despondency of difficulty to be so easily extricated, and no shallow, lame trick of this description, will have the effect of deceiving a single member of the College; indeed, whilst their floundering imbecility will stimulate the Surgical Reformers to new exertions, and inspire their minds with the most perfect confidence of ultimate success, it will, on the other hand, throw the supporters of the Council, the "Hole and Corner" gentry, upon the horns of a dilemma, from which it will be a long time ere they will be enabled to extricate themselves. These slippery reptiles, who are continually floating in their own slime, supported the "Regulation," and applauded the College during its existence, and now, doubtless, these sycophants approve of its abrogation, and still uphold the College; but at last these creatures are looked upon by the intelligent portion of the profession with the utmost contempt; they are mere maggots, engendered by hospital corruption.

Without attributing bad motives to the "ruling powers," we cannot avoid referring to the fact, that of the ten examiners who framed this "Regulation," directly in favour of the LONDON Hospital Surgeons, seven of the said Examiners were at that very moment, THEMSELVES LONDON Hospital Surgeons!! Here they are—Messieurs ABERNETHY—COOPER—LYNN—CARLISLE—BLIZARD—HOME, and (oh! hydraulics!) HARVEY; and of the other three, Messieurs CLINE, FORSTER, and DUNDAS, the nephew of the first, Mr. J. H. GREEN, was surgeon to St. Thomas's Hospital; and the second of these *disinterested* legislators, Mr. FORSTER, was, at that very time, PARTICIPATING in the *fees* paid by the students to the Surgeons of Guy's Hospital.

These facts are certainly very curious; but no one, of course, would assert, or, indeed, could any one believe that these Gentlemen framed the "Regulation" from motives of self-interest, and we are sorry that the facts above stated should have been so connected with the transaction, as to have warranted any suspicion of the uprightness of their intentions. The facts, however, are as they stand; it is not our business to alter them, and we rejoice that we have not to endure the odium which they have cast upon the public conduct of the parties implicated. Once more we ask, what circumstances existed in 1824, which called for the adoption of the "Regulation," which do not exist NOW? Was it because there were too many Anatomical Teachers in 1824? That cannot be, as there are more—many more Teachers NOW, than there were *then*. Has it been abrogated from a conviction of error, and from a sincere desire to act liberally and justly towards their professional brethren? No; for a confirmation of our assertion, we appeal to the "Regulations" as they at present appear in their *liberal* dress. Mr. Abernethy is reported to be the *tailleur*, but he has again made "short work of it;" this gentleman's extreme liberality might be inferred from his declaration four years ago to one of the present Examiners: "There are already eleven Lecturers on anatomy in London," said he, "and it is high time that we should begin to take care of OURSELVES;"—thus it is reported by persons whom we believe; we hope Mr. Abernethy will authorize us to deny its truth, should he not do so, HIS *disinterestedness*, at least in adopting the late "Regulation," will be very equivocal.

Although the College on this occasion has been lauded by a portion of the Press, by some venal scribes who would betray their friends, sell their country, or deny their God. for a mess of pottage; and although the "Hole and Corner" maggots twist themselves into all sorts of contortions, in approval of the conduct of their masters, upon whose cheese-parings they feed, yet a careful examination of the "Regulations," as they now stand, clearly shows that they have been at their old game of *vingt-un*, and that their proceedings have been nothing but shuffle and trick; in fact, taking all the circumstances into account, we think the present regulations are *worse* than any which have preceded them, inasmuch as the Ruling Powers had better information to work upon than at any former period; had better *data* on which they could ground their measures; and yet, still bearing the stamp of narrow-mindedness, they are ushered into the world as a testimony of their condescension and liberality—liberality! thus adding the hellish sin of cant to the crime of injustice. We beg to call the reader's attention to the following clause, when he will at once discover that our strictures are well merited.

> "The Court will however receive as testimonials of education, certificates of attendance on provincial hospitals, containing respectively one hundred patients; provided a student shall have previously attended two courses of anatomical lectures, and two courses of dissections in any of the recognized schools of anatomy. But the court require, that the term of attendance on such provincial hospitals shall be of twice the duration of that required at hospitals in any of the recognized schools of anatomy."

This Regulation was first issued in March last, and on the present occasion, three little words, which immediately succeeded the word "patients," are omitted, so that the first sentence then stood thus,

> "The Court of Examiners will, however, receive as testimonials of education, certificates of attendance on provincial Hospitals containing one hundred patients UNDER CHIRURGICAL TREATMENT."

Such was the "Regulation" when issued in March last; but in this shape it was so FLAGRANTLY UNJUST, that the

Court has thought proper to erase "under surgical treatment." Thus these worthies, two of whom are surgeons to the Westminster Hospital, required that a pupil should attend *one hundred patients* for TWO YEARS in a country hospital, whilst an attendance on FORTY-TWO patients for ONE YEAR in the Westminster, was sufficient to gratify their scientific appetites; this is another portion of their game of *vingt-un*—more of their justice—more liberality! Pretty legislators! What alteration, either in the *spirit*, or in the *operation* of the "Regulation," does the omission of the three words "under surgical treatment" effect? None whatever; it was at *first* a proscription of students' certificates from Provincial Hospitals and Infirmaries, and *so it is now*—it was at first a robbery of provincial surgeons, and *so it is now*. In the first place, it requires *two years'* attendance on a country hospital, whilst *one year's* attendance on the Oyster's and Gaffy Lynn's Hospital, is deemed sufficient. Two years at the Manchester, Birmingham, Exeter, Liverpool, Lincoln, Leeds, or Norwich Hospital—all of which contain *more* patients than the Middlesex and Westminster, and yet *one year's "walking"* is enough at this latter humbug Institution, which contains only FORTY-TWO BEDS FOR SURGICAL PATIENTS—more liberality! But this is not all; there is another portion of the Regulation which requires some little notice—another gem from which the rays of impartiality and liberality shine forth in real splendour. After "patients," as the Regulation now stands, come these words, "Provided a student shall have previously attended two courses of anatomical lectures, and two courses of dissections in any of the recognized schools." Well, these certificates on provincial hospitals, such as we have above named, will be received by the Court, if the student can produce certificates of having PREVIOUSLY attended in *London, Dublin, Edinburgh, Glasgow*, or *Aberdeen*, TWO COURSES of Lectures on ANATOMY, and TWO COURSES of DISSECTIONS.

We do not know how to designate this edict, otherwise than by saying that it is most diabolical—a more barefaced or more infamous injustice we never beheld; and this Regulation, if it were to continue in force, would plunder many of the most deserving and talented Surgeons in this country. It is, we repeat, a PROSCRIPTION of the Country Hospitals, inasmuch as it is impossible that the provisions of the order can be complied with. How is the apprentice, whether residing ten or two hundred miles from London, to attend two courses of Lectures and Dissections, previously to his attendance on provincial hospital practice;—will any prudent parent allow his child to be on the pavé of this metropolis without a protector, at the age of 15 or 16? Certainly not; and this the Examiners well know. They also know, that the Regulation is a mere deception—a cheat independently of the two courses of Lectures. WHY should the attendance on a provincial hospital be of *twice* the duration to that of the Hospitals in London? Good heavens! twice the attendance on the Country Hospitals above named, to that on those wretched places, the Middlesex, the St. George's, and the Westminster.

Let it not be supposed that we deny the *legality* of the College regulations; on the contrary, their present CHARTER empowers them to rob with impunity every member of the College; it is the Charter which it is the object of the surgical reformers to abrogate; and our cause, although it did not require to be strengthened, is now a thousand times better than it was a fortnight since.—It is impossible that this College, constituted as it is, can stand; its conduct degrades the medical profession from one extremity of the kingdom to the other; and whilst it is permitted to issue laws, disgraceful to the profession, and injurious to society, it will be in vain for its Members to look for the respect or the confidence of the public.

Referring to the case of costiveness, published in No. 158, p. 753, of this Journal, Mr. Williams, the surgeon of Aberystwith, writes that he is "now informed, upon unquestionable authority, that the patient's bowels were not opened from the 23d of July to the 8th of September, 1826, being a period of *seven weeks and five days.*" In other respects there is no alteration.

Mr. Ollard, of Upwell, Norfolk, has sent us the case of a man who had taken six drachms of laudanum, which was removed by the stomach pump, after three hours and a half had elapsed, to the recovery of the patient.

Mr. W. Kingsley, of Valley House, Roscrea, Ireland, surgeon, writes as follows:—

Sir,—I beg leave to draw your recollection to two cases of diseased bladder, related in the 154th Number of the Lancet, page 633; and I do so with the hope of being able to alleviate the misery of their situation, by transmitting through you two popular receipts which I have lately had an opportunity of trying with the most happy effects, in two nearly similar cases. Both the patients I allude to are nearly 70 years of age. The first labours under disease of the prostate gland, and has done so for many years, sometimes causing retention of urine, abscesses about the neck of the bladder, considerable muco-purulent discharge in his urine, which used to be voided with considerable pain, and very frequently, particularly by night. The second gentleman used to pass red gravel* for thirty years, and occasionally blood, upon any severe exercise. For some years past, he had frequent occasion to make urine, which he did with difficulty and pain, and very little at a time. About two years ago complete retention took place a couple of times, which was relieved by the catheter, in passing which, considerable enlargement of the prostate gland was discovered, particularly of Home's lobe. In August, 1825, the catheter could not be passed, and the bladder was tapped above the pubes; abscesses formed at the neck of the bladder, and in one testis; his bladder became most irritable, so as to compel him to make urine every hour at night, with very severe pain; both these cases were relieved by the following receipts, after trying several remedies in vain, viz. decoct. fol. uvæ ursi cum tinct. hyos.; infus. fol. buchu et tr. buchu; liquor potassæ; mur. hyd. dissolved in æther nitros; leeches to perineum; balneum tepid, &c. &c. No. 1. Boil four* branches or stems of meadow sweet, for ten minutes, in three pints of water, add a tea-spoonful of nitrous æther, and sweeten with honey; half a pint to be taken three times a day. The root dried like coffee, and ground, may also be used, by adding an equal part of brown sugar to it, a tea-spoonful to be taken three times a day. No. 2. One handful of parsley root, one do. of marsh mallow root, one do. of water parsnip root, one do. of red nettle root, two ounces of liquorice root, boil them slowly in a close covered earthen vessel to three quarts, putting them down in six quarts of water, a quarter of a glass to be taken night and morning; if found to agree with the bowels and stomach, half a noggin may be taken. Both those gentlemen have continued many months in great comfort, free from pain and irritation: they use the receipts *alternately*, and consider the last most astringent. It is the top and not the root of the water parsnip *they* employ in making the decoction.

The meadow sweet, (spirœa ulmaria of Linn. Sp. Pl. 702,) was formerly held in great repute. "I can solemnly affirm," says S. Pauli, "that queen of the meadows (ulmaria, regina prati) has had surprising effects on a girl who had a mortal wound in the bladder." *Raii Hist. plant.* The water parsnep (pastinaca aquatica of the second formula, and the *nettle* (urtica dioica) are extolled by the same author and by Dioscorides, 2. 154, for their properties in calculous complaints. The same of the parsley. We rather think asparagus also exerts a particular influence on the kidneys and bladder.

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* The constant use of calcined magnesia for some months, very soon removed every symptom of red gravel, which he had been passing for thirty years.

* These receipts were obtained from a French surgeon, attached to the French expedition that landed at Killala.

A Correspondent complains, that an "implied contract" at Bartholomew's Hospital, by which gentlemen are to "observe that the area of the operating theatre is for the surgeons and *dressers of the operator only*, the first row (of benches?) for the other dressers, and the remaining rows for the rest of the pupils," is most shamefully disregarded.

> "The whole of the dressers," he says, "impact themselves with the surgeons in the area; the first row is entirely forsaken; the mass of pupils are prevented having even a tolerable view of the operation, and the surgeons are indisputably inconvenienced."

Why may not the pupils follow the example of the dressers, and "impact *themselves* in the area?" We should be very much disposed to disregard all orders or implied contracts which have the effect of giving to a few the privileges of the many. Upon what principle is a dresser to A placed in a better situation with B, than the pupil of both?

We fully concur with the gentleman who thinks a syllabus of the lectures he attends a desideratum. If there be any catenation of ideas in the discourses, it must enable him to make notes with greater facility, regularity, and order. The trifling expense should be borne by the lecturers. Sir A. Cooper had such a syllabus, and Messrs. Lawrence and Wardrop have followed the example.

An Inaugural Dissertation on the Properties of the Apocynum Cannabinum (Indian Hemp); submitted to the Trustees, President, and Medical Faculty of Jefferson College. By M. N. KNAPP, Licentiate of the Chenango Med. Soc. N. Y.

APOCYNUM, called also *cynocrambe*, *cynomoron*, *cynanchon*, and *dog's bane*, from its effects on that animal, and *hippomanes*, because it is said to produce madness on horses, (Theocrit. Idyl. 2,) is a term so confusedly employed by the ancient writers to designate a variety of plants, that little certain knowledge of its identity can be gleaned from that source, although it will appear by a reference to Hippocrates, Dioscorides, Theophrastus, and Pliny, that the properties of some of the species which Dr. Knapp has undertaken to describe, were not unknown to the earliest practitioners of physic. Boerrhaave enumerates twenty-two species of the apocynum, but is silent respecting their virtues. The apocynum erectum minus latifolium Americanum, flore umbellato aurantio, petalis reflexis radice tuberosa, Brey. Prod. 2. 15, which, according to Dale, was imported from America under the name of ipecacuanha, corresponds with the plant in question. Dr. Harris says, that it comes from Jamaica, Porto Bello, and Virginia, and that it vomits and purges excessively, "even to exhaust the strength." The filament or fibre which runs through the meditullium of the true ipecacuanha, being of a whitish ash-colour, while that of the bastard species, or apocynon, is yellow, sufficiently distinguishes the roots, which, when powdered, are often confounded with each other. It is not improbable that the anomalous effects which the ipecacuanha of the shops has often produced, may be referred to this circumstance, and the impunity, in the present instance, with which unprincipled druggists may indulge their darling propensities; and it is more to put our readers on the guard against this, than for any very high expectation we entertain of the virtues of apocynum, that we have noticed the present thesis.

Under the genus *apocynum*, Michaux has described only two species, the *androssæmifolium* and the *canna*binum[*]. Pursh[†] and Barton [‡] mention a third, which they call *hypercifolium*; and Nuttall [‖] says there are other species indigenous to southern climates, but has not stated their characters. The first species has received the attention of Dr. Bigelow of Boston, in his work on Medical Botany, Vol. II. 148. The cannabinum, the plant which has engaged the attention of our author, is the second species of the genus apocynum, class pentandria, order digynia; natural order contortæ of Linné.

The characteristics of the genus are,

" *Calyx*, very small, five-cleft, persistent. *Corolla*, campanulate, half five-cleft, lobes revolute, furnished at the base with five dentoid glands alternating with the stamina. *Anthers*, connivent, saggitate, cohering to the stigma by the middle. *R. Brown.*

Style, obsolete; *stigma*, thick and acute; *follicles*, long and linear; *seed*, comose. *Nuttall.*

The first and second species resemble each other so much, that a careless observer might easily mistake one for the other. I have therefore given the description of both, that the specific difference may be the more apparent.

1. Apocynum androssæmifolium. *Leaves*, ovate, glabrous; *cymes*, terminal and lateral; tube of the corolla longer than the calix. *Brown.*

Common dog's-bane, tutsan-leaved dog's-bane. From two to three feet high. Flowers, pale red and striped. On the borders of cultivated fields, frequent. Perennial. July. *Barton.*

2 Apocynum cannabinum. *Stem*, upright; *leaves*, oblong oval, with hoary pubescence underneath; *panicle*, pubescent; the limb of the corolla erect. *Willd. and Pursh.*

Indian hemp. Resembles No. 1, easily distinguished, however, by the leaves and flowers, which are greenish white, or yellowish green, and smaller than those of No. 1. In similar places with the preceding. Perennial. June, July. *Barton.*

Its sensible properties are the following: it bleeds freely if wounded, and the concrete juice exhibits the properties of gum elastic. It has a strong odour, and a nauseous, subacrid, lasting bitter taste. The colour of the young roots is similar to that of the Irish potatoe, but the old roots are of a dark chesnut colour, approaching to black. It looses 45.8 parts in a hundred by drying, fractures transversely in its certical portion, shrivels, and assumes a darker colour. When fully dried, it is extremely *spalt*, breaks short, and is easily reduced to powder, in which state *it very much resembles ipecacuanha.*

Determined to " a trial of its powers on his own system," Dr. *Knapp* " weighed two powders of xv. grains each, mixed one with a teacupful of warm water, and commenced taking it in the morning at a quarter before twelve, fasting; in usual health, pulse 70."

" I began," he says, " with two tablespoonfuls; in fifteen minutes felt a slight nausea, took two spoonfuls more, and in another fifteen minutes took the remainder, which provoked efforts to vomit.

After fifteen minutes more had elapsed I mixed and took the other powder, with a difficulty, however, unpleasant to reflect on. At one o'clock I vomited slightly, felt weak and sleepy, and went to bed. Drinking warm water would then doubtless have provoked full vomiting, but I chose to wait the effects of the medicine alone. After getting quiet in bed, I examined my pulse, and found it fifty strokes to the minute.

I had some headach, felt bewildered, drowsed, and fell asleep. I slept for more than an hour; was then awakened with extreme sickness, followed by two spells of full vomiting, in the interim of which, I examined my pulse, and found it forty-five to the minute. About a quart of fluids, together with the powder and some bilious matter, were thrown off. I felt the stimulus of it passing onward into the intestines, and judged that it would also prove cathartic; which it did on the following morning, in a gentle way, without any griping, and kept the bowels in a soluble condition for a day or two. While under its immediate effects I noticed a very considerable increased secretion of mucus and saliva from the mouth and fauces, which kept me constantly spitting, and also an augmentation in the secretion of urine. Upon the whole, relative to its operation, although it produced a very great diminution in the frequency of the pulse, yet it occasioned none of that death-like prostration I have aways experienced on taking the tartar emetic; and although its bitter sub-acrid taste is very persistent in the fauces, yet I think it no more disagreeable to take than the ipecacuanha, while at the same time it operates as effectually as either. It will, however, perhaps, be objected to on account of the tardiness of its operation: on this score it requires further trial, and in larger doses, before determining. Relative to myself, I can remark, however, that I have been obliged to take as many as sixty grains of ipecacuanha, with a less speedy, and less efficient operation than I experienced from this potion. I never to my recollection took an emetic that had so tranquillising an effect, operated so fully, and at the same time produced so little debility. Its operation in my case would at least suggest an inquiry into its properties, whether it may not unite an anodyne principle with its emetic qualities?"

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[*] Flora Boreali Americani, tom. I. p. 122.

[†] Flor. Americ. I. 179.

[‡] Flor. Philadelph. I. 130.

[‖] " Of this genus there are several other species in South America, India, and the Cape of Good Hope; and one species *A. venetum*, said to be indigenous to the islands of the Adriatic."—*Gen. of North Amer.* plants, I. 162.

The properties of the apocynum so nearly resemble those of ipecacuanha, that we do not think it necessary to quote from the other cases which the author has related. "It is inferior to ipecacuanha," says Dr. Ives, an American, "requires larger doses, and is not so much of a diaphoretic." There is a case of ascites, however, in which

> "Its effect was that of a hydrogogue cathartic, producing as many as forty copious watery stools, in twenty-four hours. It also occasioned great sickness and vomiting. The system was soon relieved of all dropsical effusion, and in two months time, without the aid of any other *remedy whatever*, the patient's health and strength completely re-established. This gentleman has since recommended it to some of his acquaintances labouring under dropsy, and, in general, with the happiest effects."

This accords pretty well with the statements of an old writer. "Having directed half a drachm of ipecacuanha," says Dr. James, "the patient vomited excessively, and thin watery stools came from him insensibly for several days This made me think he had taken apocynum instead of ipecacuanha." It seems then, that the former is inferior to the latter in emetic, and diaphoretic properties, but that it acts more on the bowels, for which reason it may be worth the trial on few dropsical patients.

NEW SURGICAL OPERATION.

THERE is, in the middle of each tooth, as every anatomist knows, a little cavity, in which the fine branches of nerves passing through the roots of the teeth are expanded. This expansion of nervous matter is the seat of sensation in the teeth; and when, by caries or decay of the enamel, it is exposed to the influence of external agencies, the patient is generally obliged, on account of violence of the pain, to have the whole tooth pulled out.

An ingenious surgeon from America, lately settled in London, has satisfactorily shown that the diseased part of the tooth, including the cavity above described, may be cut off with the greatest ease and celerity, and that the sound root or roots may be allowed to remain in their sockets. This mode of procedure has been shown and explained to the most scientific surgeons of this city, who have, without exception, expressed their conviction of its utility. The operation has been performed on more than two hundred members of the profession, and they have invariably declared that it occasioned no pain, and that it could scarcely be felt; as their own certificates show. The instruments used for this purpose, are very simple; they are a few plain forceps, right angled and straight, with cutting edges, like the common surgical bone forceps; but these edges are made accurately to fit the necks of the teeth, and only the necks; so that, however decayed a tooth may be, the forceps may be safely and easily applied, without any risk of breaking the tooth. Having been thus carefully applied on the neck of a tooth, the edges of the forceps should be held parallel to the edge of the gum, and should be made to press it down a little, in order to get at the neck about a line below the usual height of the gum; the handles of the forceps are then pressed gradually but firmly together, and in a moment the upper part of the tooth snaps off, including the cavity containing the expansion of the nerve, and thus in an instant permanently relieves all pain.

The advantages of this operation are—1st. It is painless, and instantaneously performed.—2d. The surface of the sound stump remaining in the jaw presents a firm base for mastication, or for the fixing of an artificial tooth.—3d. What is of greatest moment, the stump or stumps left in the jaw afford a firm support to the adjoining teeth; without which support, the alveolar process, corresponding to the part before occupied by the diseased tooth, and a part of the insterstial structure of the jaw, become absorbed; the adjoining teeth in a few years become loose, and ultimately prematurely fall out, as daily experience shows.

Mr. Fay has, for his improvement in this branch of surgery, and for other forceps for the perpendicular extraction of teeth, when extraction may be absolutely required, received the large silver medal from the Society of Arts; and the instruments, with engravings, will be published in the next volume of the Transactions of the Society.—*Morning Herald.*

We deem this a very ingenious and safe operation, and have no doubt that it will be generally adopted. It is not intended entirely to supersede extraction, as there must occasionally be cases in which, in consequence of diseased *fangs* or jaws, that operation will be required: such cases, however, are very rare, in comparison with those of diseased *crowns;* consequently, the procedure above described, is applicable to the great majority of cases of carious teeth.

BARON LARREY'S VISIT TO DUBLIN.

Dublin, Sep. 2, 1826.

The announcement of Baron Larrey's intention of visiting Great Britain during the present Autumn, by your correspondent in Paris, inspired us here with some hopes that the "distinguished foreigner," as the newspapers phrase it, would include the Irish Metropolis in his trip of observations. His great professional celebrity, his long and laborious services as a military surgeon, added to the character for honour and disinterestedness bestowed on him by Napoleon in his "Memoirs," excited the public curiosity not a little to see a man, whom so many and such rare qualities naturally rendered an object of interest. Every person, in short, wished to behold an individual whose talents and integrity had been so highly valued by so excellent a judge of both as Napoleon; and even private parties had been concerted for the better enjoyment of his society. The abruptness, however, of his arrival, and the shortness of his sojourn, completely disappointed these expectations, and but few had an opportunity of gratifying their wishes by a glance at the survivor of the Egyptian and Russian campaigns. Without his approach being in the least suspected, he stopped but one day, and so far escaped the annoyance of being stared at like a wild beast, as his deceased master used to say at St. Helena, and probably evaded the misfortune of being *dinnered* into a dyspepsia, by the importunities of Irish hospitality. This, it appears, was not his object; for having sailed from Havre to Southampton, where he forgot his letters of introduction, he proceeded direct to inspect that wonder of the age, the chain bridge at Menai, and pursued his course to Dublin; so that on landing here, he found himself in rather an awkward predicament, without his credentials, or as much as knowing the names of one of our Provincial Stars, except that of Mr. Cusack, of whom he had heard something from a pupil in France. The short time which he remained here, was principally occupied in visiting a few of our medical establishments, and the College of Surgeons. He was accompanied on the occasion by a Dr. Law, as interpreter, a necessary sort of companion to a Frenchman, in going through the hospitals, as few, if any, of the gentlemen in these institutions, speak the language of that country with any degree of perfection. He seems to be no niggard of his information, having given his opinions on every case presented to his notice without the slightest reserve. While passing through one of the wards in Stevens', an incident sufficiently characteristic of the Baron's practice, and Mr. Colles' *crassâ Minervâ*, occurred, to merit publicity. The former being asked what he thought of a case of aneurism under cure there, he replied, "he would treat it successfully by the application of ice and the subsequent use of moxa." "Eh!" said the latter, who had been walking behind him at some distance, and overhearing the conversation, "what's that he says? may be he wants a little ice to cool his lips this hot day, for he seems greatly fatigued," and was forthwith dispatching a messenger for a glass or two to the next confectioner's shop, when being informed of the real import of the Baron's observation, the learned professor of York-street, gently titilated the broad disk of his inexpressibles, and assuming a most menancing aspect, exclaimed, "Oh! by J——s, he lies," Most fortunately the point of this impetuous sally was unintelligible to the illustrious stranger; the one being as ignorant of English as the other was of French. He had the misfortune of differing a second time in opinion with Mr. Colles while in this hospital, about a case of cancer, when the latter prefaced his exclamation by one of his solemn apothegms, and remarked, "that whatever it might be called in France, it was cancer sure enough in Ireland." From Stevens' he proceeded to some other institutions, and expressed great pleasure at the arrangements of the Foundling, and the Fever Hospitals. He next visited the College of Surgeons, where he spent about an hour in the Library, and examining the preparations of that sepulchre of useless curosities, the Museum, unapproachable to all, save a few members and licentiates. What his reflections must have been at hearing the key revolve in the ever-closed door of this Tartarus of morbid anatomy, I must leave the corporate Cerberus which guards it to conjecture—well might he have said on passing its gloomy threshold, "they order these things better in France." Having seen every thing worthy of notice, he was conducted to Mercer's Hospital, where he exhibited his mode of cupping. His method has at least the merit of being extremely simple. He first marked out the place of the operation by burning some tow under a glass, and taking an instrument out of his pocket, resembling a horse phleme, scarified the part within the circle, with a lightness of touch and velocity of movement that indicated great manual dexterity. The blood, however, not coming freely on the reapplication of the ignited tow and receiver, he observed, that the subject of the experiment was too fat. A severe case of depressed fracture of the frontal bone, in which the membranes were perforated, afforded him an opportunity of recommending in such cases the application of moxa to the pit of the stomach, and cupping along the course of the spine; a species of surgery which might naturally excite the smile of every British practitioner. He also recommended the use of moxa in a case of ascitis in this hospital; so that we must conclude that the moxa is one of his favourite remedies, though it has been almost entirely abandoned in Ireland.

Thus ended the visit of Baron Larrey to the Hospitals of Dublin, to the great disappointment of our operators, who calculated on the hopes of entertaining him with some dramatic exhibitions of their art. To Mr. Cusack his sudden *exit* was particularly painful, having procured several cases for operation on the occasion; and Mr. Cramptom is almost inconsolable, having anticipated a triumphant revival of his "net," before the illustrious Baron. ERINENSIS.

To the Editor of THE LANCET.

SIR,—You have, much to your credit, advocated the cause of the medical students in the schools of this great metropolis; boldly and fearlessly resuming the subject from time to time, and manfully fighting for them, whenever circumstances called for your aid; for which they have not a little reason to be thankful: at the same time, you must acknowledge, on your part, that in more ways than one, they have assisted you in vanquishing some of your great estenemies, and rejoiced with you in the victory obtained.

Although some change for the better, something like reformation and improvement for the advantage of students, has taken place in one or two solitary hospitals, yet, even there, much *remains* to be done. In others, a thorough revolution is wanting; for such is the present wretched system and management,—such is the want of plan and punctuality to time in attendance, on the part of some of the hospital practitioners on the taking-in days, and on other days when the greatest number of patients attend, that the diligent and conscientious student is kept waiting by the hour, wasting his valuable time in learning nothing, while the moment for his anatomical lecture is fast approaching, and he is at last unjustly compelled either to leave the hospital before one half of the patients have been seen and prescribed for, or stay and lose a part or the whole of his lecture. Again, there is such a total want of arrangement, of method, of design, of studious contrivance and agreement, so little proof of a hearty desire on the part of the hospital practioners to manage the whole of the hospital practice in such a way, that the students shall reap the greatest possible advantage during their attendance; there is, I say, such a lamentable defect in these respects; so little pains taken, and so little bed-side instruction given, that it is neither more nor less than downright injustice to the pupils. What with the system altogether, they often run the risk of losing, and, doubtless, do actually lose opportunities of acquiring a correct knowledge of many cases, which, in their practice in after life, would be of the greatest importance to them.

It would take up more of my time than I can prudently spare, to enter into an enumeration of all the defects in hospital instruction, which have, from time to time, forcibly struck my mind. As the season is now fast approaching for the re-opening of the medical schools, and for the attendance of an increased number of students on hospital practice, I hope, Mr. Editor, you will have a *watchful eye* over things; and, in regard to the hospitals in particular, let the profession throughout the kingdom know those of them which are *best* managed, and those the *worst*. I have forborne for the present from naming one of the latter description, which I have particularly in view. Let those persons, whom it more immediately concerns, look at the picture, and they cannot mistake the original. If amendment follows, well; if not, something may hereafter be said, which will draw the curtain aside, and expose *that* original to public view.

I shall now close these observations, by suggesting the propriety of opening a subscription for the purpose of raising a certain sum (and let it be a *handsome* one) to be given to the writer of the best essay on hospital instruction. By whatever means an improvement in these important matters can be effected, it will be productive of great good; and if once a spirit of emulation to excel was begotten among the hospital practioners, the happiest results must follow.

With a sincere desire for the increasing utility of the Lancet. I remain, Sir,

An Advocate for Justice, and
A Friend to Improvement.

[*From our Correspondent.*]

LETTER FROM LEYDEN.

Magni nominis umbra. Lucan.

Leyden is now only the shadow of its former greatness; it is commercially rich, but poor in reputation—poor, when compared with the times of Boerrhaave, Albinus, and Camper. There is no bustle in the streets, no throngs of students, no hum of merchants; the great gates of the University look melancholy, and the huge houses, now thinly peopled, only remind the traveller of the former splendour of the town.

The Chinese allow no books to be brought within the great empire of the sun; the Dutch, on the contrary, receive all, but of late years have sent none out. It is almost as rare to see a new Dutch book as a Swedish or Norwegian; and only six medical works were published last year in the two kingdoms of Norway and Sweden. The booksellers in Leyden are, for the most part, antiquaries, but they do business after a bad fashion; they have no fixed price for their book, but according as they know the works bargained for to be scarce, so they set a high price upon them. Here again the stranger must be careful not to give what they ask, but usually a third less. They have no catalogues, and indeed it would be difficult to make one where the stock is changing almost daily.

Sandifort, as an anatomical teacher, is well known; he is an ingenious, well-read man, and is very skilful in the putting up of his anatomical preparations. It is impossible to see even the skeletons of animals prepared in a neater way: there is, for example, the perfect skeleton of an enormous snake, excellently shown; the arrangement shows the extreme flexibility of the spine very accurately; it is the same with the other skeletons, they are made to represent the natural actions of the animal, whilst in the museums of Brugmann and Vrolik. every thing looks stiff and unnatural The old Sandifort was a very learned man, and collected a great many rare and curious works.

The original work of Aselius on the lymphatics, Dr. Lactic's Venisque, with illuminated plates, and the rare work of Wirsung, describing his discovery of the pancreatic duct, are among some of the biblical curiosities of Sandifort. The attention of the medical traveller is soon arrested by the museum of the celebrated

Albinus; it was purchased of his widow for six thousand guldens. It is an object of great curiosity. The whole of his preparations are enclosed in two small cases; in the one are the dry preparations, almost all of which are bones: there are many specimens of anormal formations of the teeth, particularly in the upper jaw, which Albinus has described in his Annotationes. There is an excellent series of preparations to show the formation of bone, and the separate bones of the fœtus are put up with greater elegance than I have any where seen; they are preserved in spirits of wine. The injections of the blood-vessels of the pia mater, and of the peritoneum, are very beautiful; the other injected preparations are good certainly, but not very superior to such as are usually found. Having been made by Albinus, however, they are much esteemed. The great art in putting up wet preparations, is to macerate them a sufficient time, *gradually increasing* the strength of the spirit, until all the blood be extracted. The preparation should then be put into pure spirits, and be firmly secured. Sandifort tried to keep this method a secret, and for a certain time succeeded in doing so, much to his discredit. There should be no secrets in science; and particularly in those connected with physic. We should remember that we owe to the labours of our forefathers, most of what we now know of the healing art; and if chance or research have thrown ought in our way likely to benefit mankind, we ought to esteem it our duty to make it known,—we ought, in short, to conceal nothing. The motives of a man may always be regarded with suspicion, who tries to keep any supposed or real advantage a secret. The Dutch are justly celebrated for the neatness of their museums, and this is the principal cause of their spirituous preparations looking so well.

The annual expenses of the student at Leyden are high. I was informed, by one of them, that it requires economy to come through the year with 800 guldens, about 74 *l.*—a much larger sum than would be necessary in any other than an university town. In the Peterschurch are two monuments which no medical man would omit to see; the one is erected to the memory of Boerrhaave and the other to Camper. Boerrhaave's is an urn of white, placed on a pedestal of black marble: on the pedestal hangs a medallion of white marble, with the inscription, "Sigilum veri simplex," and in front is the dedication "Salutifero Boerrhavii, Genio Sacrum, natus d. 31 Dec. 1668, Denatus d. 23 Sep. 1738. The urn is entwined by a wreath of heads, in bas relief, which gives the whole a too overloaded appearance. Camper's monument is simple and neat; his bust in white marble, *à l'antique*, is placed on a pedestal of black; on the front of which is this inscription:—"Peterus Camper, geboren te Leyden, den 11 May 1722, overleden den 7 April 1789. This bust is said to be a striking likeness of Camper; it was sculptured from his celebrated portrait by Runhard Vinkelis. Camper, although very much respected in Holland, was a very vain man, but his arrogance was almost insufferable after he became a member of the States' Assembly. It used to be a favourite expression with him when pointing out any thing he supposed new, "people will always say, that Camper observed this." Boerrhaave was certainly a very rich man, but he did not gain all his wealth by physic; he partook of the commercial spirit of his countrymen, and was at one time a large speculator in wool. His favourite residence was at Lond, just a short distance from Leyden, which he purchased of an Englishman; it was here that he spent so much time in the cultivation of tulips. Brugmann, one of the Professors, is in possession of many of the letters of Boerrhaave; among others is one to a student, who aped Boerrhaave in his slovenly manner of dress. The old gentleman did not like to be mimicked, so he told him, "that although slovenness might become an old man, it was not fitted for a youngling." He was very avaricious, and old Gaubius was still more so; neither of them would give their advice to persons not well known without first having the fees. A nobleman of Mecklenburgh requested Boerrhaave's advice, by letter, respecting his wife; he wrote him twice but got no answer. He sent him a third letter, with 100 ducats, and Boerrhaave, in return, told him that his wife must ride. Now as the Mecklenburghers have very fine horses, they understand by riding, exercise *à cheval*; the noble lady was put on the back of a fine roadster, and in a short time was jolted to death. The husband was very wroth, and wrote Boerrhaave a furious letter, but the old physician sent word, that by riding, in Holland people meant sailing on a canal. He had forgotten, however, that there were no canals in Mecklenburgh.

To the Editor of THE LANCET.

While the profession at large acknowledge the importance of your services, in leading to a reformation of the College of Surgeons of London, an expectation not less general prevails, that you will direct your attention to the Army Medical Board, where your correcting hand may also be usefully applied. Among subjects demanding reprehension, is the countenance they give to contributions among medical officers, for pieces of plate and portraits for the Director-General and his Colleague; which, among all the abuses alleged against the late Mr. Keate, is equalled by none. It is burdensome to the junior officers; it is highly objectionable as leading to, and engendering corruption; and it is but of recent origin, arguing a feebleness in the Board requiring this frail support, which would be spurned by the Board in Ireland, and which is unknown in every other branch of the service. It is incompatible with military usage, it is sordid in the extreme; and it is oppressive on many, who are afraid to refuse, lest they should be visited by neglect. As it is well understood in what manner and by what description of persons, those apparent testimonies of respect are got up, (for they never originate in Commands or in Regiments, but in *London*, nay, even in Berkeley-street, and under the same roof with the Board are the meetings held,) they cannot be considered as expressive of the real sentiments of the great number of the donors; and it is a stale artifice, unworthy of men in public office.

Yours, &c.
SITURUS

P.S. I shall hereafter call your attention to other defects of this Board; and as the Irish Board seems to have been the model after which it was formed, I shall exhibit in what respects the copy falls short of the excellence of the original.

Dublin, July 20, 1826.

To the Editor of THE LANCET.

SIR,—As I understand from a medical friend that THE LANCET is always willing and even anxious to expose any abuses which take place in the Hospitals of London, I beg leave to bring under your notice *one* which is grievously felt by *those* who are chiefly concerned in them, viz. the patients seeking relief. It is not at all an unfrequent thing, for the poor who apply at St. George's Hospital to be kept for a period of five or six hours before they are attended to. Now considering that the majority of these belong to the working class of society, who can ill afford to loose half a day's employment, and who apply, perhaps, merely to be bled, or for any other operation which might be performed in a few minutes by one of the dressers, it is surely a cruelty, (and I should conceive a very likely means of increasing their malady,) to keep them waiting so long, exposed to the currents of air passing through the various passages in the Hospital. I am induced to bring forward this subject from having lately sent a boy, who was very unwell (seemingly from a great fullness of blood in the head) to apply for advice, and to get bled if necessary. He was there by ten o'clock, and not having returned by four, a person who was sent to inquire what could be the reason of his long absence found him still patiently waiting, as nothing had been done for him. A person was at length got, who cupped him to the extent of *two ounces*, which I understand was nearly useless, as he has since had to loose ten times that quantity elsewhere. He says, that several other patients who were with him, after waiting for three or four hours, went away without any relief being afforded them. Another case was mentioned to me by a friend who sent a servant girl, with inflammation of the lungs, to the same Hospital (who eventually died in Queen's Ward,) and who was kept four hours before being admitted. I would wish to learn, Sir, also, through the medium of your excellent publication if it is true that all the clothes of a patient deceased are kept for the benefit of other patients, as was the case with those of the girl above mentioned, even to her bonnet, shawl, &c. Of what utility THEY could be to patients I know not. Trusting that as the motives of this communication are for the benefit of others, they will not be deemed useless as coming from one little acquainted with the regulations of the London medical establishments.

I remain, Sir,
Yours truly,
LONDINENSI.

Tuesday morning.

THE LANCET.

LECTURES
ON THE
THEORY AND PRACTICE OF PHYSIC.

By DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

Lecture XLIII.

On the Treatment of what is called Rheumatic Fever.

Gentlemen,

The treatment of this variety of rheumatism is less satisfactory than that of most other inflammations. If we were to take our indications from the violence of the pain, the heat of body, the strength and fullness of the pulse, and the buffy state of the blood drawn, (all of which are greater and more strongly marked than in any other disease,) we should be led to employ *blood-letting* to the greatest extent, and with the most confident expectations of success. But experience proves, that *blood-letting* is less to be relied upon, and far less successful, than in other inflammations where the indications for its use are not nearly so strong. It not only fails to cure in many instances, but when carried to a great extent, seems even to retard recovery. This anomaly, as we might call it, can no otherwise be explained, than by referring to the fact I before stated to you, namely, that the treatment of inflammation is modified by the nature of the part affected.

But although *blood-letting* is by no means a certain remedy for acute rheumatism, it is nevertheless, in many cases, of great and decided advantage. In the onset of the disease, in strong subjects, it perhaps should never be omitted: for though it may not cure, it serves both to relieve the present sufferings of the patient, and to lessen the danger of the disease altogether, making it less likely to be followed by inflammation in other organs. Sometimes one or two large bleedings in the beginning, will take off the disease entirely; and the chance of its doing this, is a sufficient justification of the practice. If, in spite of these, the disease seems inclined to run its course, you are to consider what other means you have in your power, that are calculated to give relief.

Sudorifics have been recommended, especially the *Dover's-powder* in large doses, and, no doubt, have sometimes succeeded in carrying off the disease sooner than would otherwise have been the case. But, (besides the objection to remedies of this kind, from their stimulant and narcotic properties,) the practice has more frequently failed than succeeded while the chilliness that is almost sure to follow profuse sweating, is very likely to aggravate the disease. I have found it more useful to keep the skin moderately cool; so, however, as not to make the patient feel chilly, for this endangers *metastasis*. Some have given large doses of *calomel*, as five grains or more, every four hours, till the mouth becomes sore, or till the symptoms are relieved: others combine the *calomel* with a grain or more of *opium;* and it is said that the disease is thus speedily removed. I have no doubt of this having sometimes been the case, but I know also that such a favourable result is not always met with; and you are not to forget, that such powerful remedies are capable of doing harm. I have seen large doses of calomel when given in this disease, apparently excite fatal inflammation in the intestines where its purgative effect was restrained by the combination of opium with it: and I have more than once seen reason to believe, that opium in any form given to relieve the pain of rheumatism, brought on inflammation of the brain, so as to prove fatal.

Active *purging*, and also *vomiting*, are probable means of cure in this, as in other inflammations, upon the principle of

[No. 161.—Vol. X.] 3 I [Sept. 30, 1826.]

counter-irritation. The *elaterium*, I have certainly found answer the purpose; but it requires to be used with caution. There is some danger, perhaps, of its occasioning *metastasis*, though I have not observed such an effect from it.

Topical remedies to the inflamed parts, are either of little use, or are at best equivocal, and sometimes positively injurious. *Leeches* sometimes mitigate the pain and swelling, but this is not always the case. The same may be said of *blisters* and stimulating applications in general. The disposition to the disease appears to be most effectually worn out or overcome, by the continuance of the inflammatory action for a time. Whatever means are used therefore for taking off quickly the local inflammation, by leaving the disposition behind, do but increase the chances of relapse.

Some practitioners have employed *cold*, and that to a great extent, as a remedy in acute rheumatism, wrapping the limbs, for example, in sheets wrung out of cold water. The reports that have been made on the subject, leave no room to doubt that this has been done both with safety and with advantage in many instances. I consider the practice, however, upon the whole, as dangerous, and therefore improper; for I do not hold it to be justifiable to employ means of cure that are attended with even occasional danger, in the treatment of a disease that in itself is not of a fatal tendency.

When the disease [illegible] a decidedly remittent character, [illegible] *cinchona* has been used with evident advantage, and appeared to shorten the disease. In feeble subjects, who are scarcely less liable to the disease than strong ones, the *ammonia* is admissible; and also *opium* in moderate quantities, in order to procure sleep.

In the case of internal organs becoming affected during the course of acute rheumatism, (as is not unfrequently the case with the lungs, heart, or brain,) these secondary affections, consisting as they commonly do in inflammation, must be treated as such, though with due attention to the circumstances. In strong subjects, immediate recourse must be had to *blood-letting*, and the other means adapted to the relief of inflammation in those organs. In weak ones, *blood-letting* may either be dispensed with, or (which I believe is better) employed to a limited extent. In the management of such cases, you are not to forget the tendency of the disease to shift its seat, and you should endeavour to bring back the inflammation to the parts first affected, by local treatment, as *heat* or *blistering*; and the object may be promoted by the internal use of *ammonia* or other stimulants, in order to excite the general vascular action of the system.

The affections of the heart that often follow acute rheumatism, must be treated as *chronic* inflammation; by small occasional bleedings, blisters, and the digitalis. On some occasions, the disease is as it were protracted for years, the joints becoming enlarged, contracted, and incapable of motion. Judging from my own observation, I should say, that the art of medicine is of very little avail in these cases. They have at times appeared to be benefited by a long course of warm bathing, assisted by frictions. But much more advantage is to be expected from residence in a warm climate.

Of the Gout.

This opprobrium of our art, as it has been called, is but a variety of ligamentous inflammation; differing, however, in several respects from rheumatism, as you will perceive from the description I am about to give.

Symptoms of Gout.—The inflammation usually commences in the ligaments of the smaller joints, and most commonly in the ball of the great toe; but why it should make its attack in this part in preference, we don't at all know. In many instances it proceeds no further, and goes off after a short time, as a day or two. When the inflammation is a little more violent, the integuments covering the part participate in the disease. The skin becomes intensely red, shining, and exquisitely tender to the touch. The attack mostly takes place in the night after sleep; and towards morning sweating ensues, with an abatement of pain, which returns again the following night. In this way the disease continues for several days, and then gradually goes off; the part itches and the cuticle scales off, leaving the patient well, and often in better health than before the attack. When the inflammation is of this active kind, it is generally attended with a considerable degree of *pyrexia* or symptomatic fever.

Frequently, for some days or weeks before the inflammation appears in the foot, the patient is languid and troubled with headache, loss of appetite, and indigestion; and hence Dr. Cullen considered the disordered state of the stomach, as a primary and essential link in the chain of phenomena; but these symptoms are not invariably present in cases of gout, and, therefore, cannot be essential to it.

This constitutes what is termed a paroxysm or fit of the gout. But sooner or later the disease, in almost all cases, recurs again. At first, the intervals are usually long, as perhaps three or four years; but afterwards they become shorter, so that the attacks take place annually, or even twice in a year. As the patient advances in life, they generally become more frequent; till, at last, he is seldom free from it. At first, only one joint is affected, but as it becomes more frequent and severe, it attacks other joints in succession, or at once, like rheumatism.

After the first attack, the joints recover their former suppleness; but by a repetition of the disease, they become stiff and rigid, and in some cases depositions take place under the skin, called *chalk-stones*, but which consist of *uric acid* and *soda*. These sometimes are discharged by suppuration.

Causes.—The exciting causes of *gout* are often imperceptible, the inflammation appearing to arise spontaneously; but oftentimes the paroxysm can be traced to a particular source; as, for instance, any general derangement of the system, the taking cold, a debauch, or the use of tart wines, especially claret. Mechanical violence also, as sprains or other injuries, and violent exercise, are among the causes of the disease.

The action of these causes is very uncertain; they require that a *predisposition* to the disease should previously exist, in order to their producing the effect. This *predisposition* is often connate and hereditary; but it may also be acquired, as by excess in eating and drinking, especially the free use of vinous liquors, and those of a thin and tart nature. Great mental exertion, accompanied with anxiety, and, in short, excess and indulgence of all kinds, tend to form the predisposition to gout, and upon which the disease apparently depends more, than upon the exciting causes; for these, as far as we can judge, never act without predisposition; while, where this is strong, the disease seems often to arise spontaneously, or without any obvious exciting cause.

The predisposition to gout appears to be very long in being formed, sometimes a generation or two; and it is equally slow in being removed. The disease rarely appears before puberty, except where the predisposition is very strong and hereditary. It seldom also occurs in females but under similar circumstances, and then only in masculine habits. There are, however, exceptions to all that I have now stated, the gout sometimes appearing in weak and delicate subjects, and in persons not at all addicted to excesses of any kind.

Theory of Gout.—There is probably no disease upon which more speculation, with regard to its nature or essence, has been employed; and I need not say more to convince you of the obscurity and difficulty of the inquiry. You must not expect from me a satisfactory elucidation of the subject, and certainly none has hitherto been given. It is easier to show what is not true with regard to it, however confidently advanced, than it is to give an adequate and satisfactory theory on the subject. We must submit, therefore, to be governed in our treatment by the light of experience, which is here our only safe guide.

It was formerly supposed that the *gout* depended upon the presence of some morbific matter in the system, and which, when deposited upon the joints or other parts, gave rise to the symptoms of the disease; and which might be taken up again and carried to other parts of the body, so as to produce the various forms of the disease. The chemists went farther, and pretended to assign the precise nature of the offending matter; which was sometimes supposed to be of an *acid*, sometimes of an *alkaline* nature, and appropriate means were suggested for the purpose of counteracting these supposed morbific changes in the fluids. But, unfortunately, when experience was appealed to, it soon demonstrated the fallacy of these notions, by showing the total inefficacy of such means of cure.

All these notions, founded in the supposed presence of a *gouty matter* in the system, were most ably and satisfactorily refuted by Dr. Cullen; but I fear it must be admitted, at the same time, that he was not himself successful in his endeavours to substitute a theory of his own, and to connect the disease so essentially as he has endeavoured to do with the state of the stomach, which, in a great number of instances of gout, evinces no particular sign of disorder. These opinions of Dr. Cullen, modified in various ways, have made the basis of numerous other theories down to the present period, but which have had no greater success than their predecessors. The only purpose they appear to have answered is, the obtaining a short-lived celebrity for their authors, but without any real benefit to the sick themselves.

All that we really know of the nature of *gout*, lies within a very small compass, and is far from satisfactory. The disease itself, as far as it is open to observation, is evidently an inflammation of the ligamentous structure, differing in degree at different times, so as to extend more or less to the surrounding parts; liable also to shift its seat, and that very suddenly, from one part to another, generally of similar structure, but occasionally other organs, particularly the kidneys, stomach, or brain. In all these respects, the *gout* bears a striking resemblance to rheumatism, the seat and general nature of the two affections being nearly the same. But there are likewise several points in which they differ, so as to give a specific character to gout, and which I believe cannot, at least in the present state of our knowledge, be satisfactorily explained.

The chief distinction between gout and rheumatism, may be gathered from attending to the peculiarities of the former as compared with the latter, and thus the *diagnosis* may be formed. *Gout* then is peculiar in being confined to certain ages, and to the male sex; in its hereditary nature; and in the way in which the predisposition to it is formed; in making its first attacks on the smaller joints; and, lastly, in the character of the inflammation itself, which, when the skin is affected, presents a peculiar glossy appearance, with a degree of tenderness to the touch, far exceeding what is observed in rheumatism or any other inflammation. The *gout* also is more frequently (though by no means universally or necessarily) found in connexion with a disordered state of stomach and of general feeling. By these discriminating marks, rheumatism and gout may generally be distinguished from each other: there are, however, many instances in which the distinction is less easy: such cases have been usually designated by the compound term *rheumatic gout.*

Varieties of Gout.—You will often meet with the terms *retrocedent*, *misplaced*, *atonic*, as well as others, applied to *gout*; as if these were so many distinct species of the disease. Now it will be proper for me to explain to you what is to be understood by these terms.

Gout, like rheumatism, is subject to *metastasis.* Thus, after appearing in some part as usual, the inflammation suddenly and unexpectedly disappears from the joint, and immediately pain or some disturbance of function takes place in some internal organ, as the stomach, lungs, heart, or brain; so as sometimes to end fatally, and that very quickly. To such cases, the term *retrocedent* or *repulsed* gout, is applied. This has often been the consequence of the sudden application of *cold* as a remedy for gout, a practice which some have been bold enough to advocate. Other causes besides cold, occasion at times such a shifting of the disease, as I have now described; such as terror or other mental emotion, and all great and sudden disturbance taking place in the system.

Next, it sometimes happens that, accidentally or otherwise, in persons subject to *gout*, though not suffering from it at the time, inflammation of apparently a common kind, arises in some part of the body, not usually the seat of gout, and which then is commonly supposed to be of a *gouty nature*; for no other reason, as it would seem, than that it takes place in a gouty subject—as if the gout were to exclude all other diseases from the system. Such cases have been called *misplaced gout.*

Again, when the *gout* arises in old and debilitated subjects, the local inflammation is of a very inactive kind, and continues a long while, without shewing much disposition to terminate, as it usually soon does in strong persons and in the prime of life. This has been called *atonic gout.* How far these distinctions influence practice, I shall presently shew you.

Other varieties of *gout* have been noticed. Thus when really gouty symptoms appear in combination, or alternating with other affections, it has been called *irregular gout.* Like rheumatism too, it has received different denominations, according to the part in which it is seated; as *podagra* in the foot, *chiragra* in the hand, and *arthritis* as affecting any joint indiscriminately. Such distinctions you may safely disregard, as too minute and trifling.

Prognosis in Gout.—It is a very prevalent opinion, that the gout is an incurable disease. This however is too general: in numerous instances, the disease has gone off and never returned, even without remedies being employed for the purpose. It has often been permanently removed also by regimen; but very rarely by the use of medicine of any kind.

Treatment.—I have already remarked, that in many cases, though not in all, previous to an attack of gout, the general health has been observed to be more or less impaired; and that upon the occurrence of gout such disorder has disappeared. It is commonly observed also that in ordinary and mild cases after an attack of gout, the patient enjoys a long interval of perfect health. Hence the idea of the salutary nature of gout, the belief in which has been so strong as to deter the greater number of practitioners from at all interfering with its progress, leaving it rather to run its course, without interruption. As a general principle, I am much inclined towards this negative treatment of gout, believing it to be the safest and most beneficial to the patient; and I have come to this conclusion in consequence of the numerous disappointments I have met with in attempting an active mode of cure. It is not necessary, however, to go the length of encouraging the disease—in other words, of increasing its violence, as is often done by the exhibition of cordials, wine, and external heat. On the contrary, much may be done to palliate, where it may not be thought proper to attempt a cure of the disease.

The *treatment* of *gout* may be divided into two parts: 1st. That which is applicable in the paroxysms, either with the view of taking off the disease at once, or else for the purpose merely of moderating the symptoms. 2dly. That which is to be used in the intervals, the object of which is to prevent the recurrence of the paroxysms, or, in other words, to cure radically the disease. These will require to be separately discussed.

1. Now the paroxysms of gout may, in general, be cured without difficulty, by the common means for subduing inflammation; as by venesection, and the application of *cold* to the part. Violent remedies of other kinds, or, in short, any very powerful impression on the system, whether mind or body;—as violent vomiting or purging; narcotics of various kinds; the *eau medicinale*, the *colchicum*, &c. will often cut short the paroxysm; but the question is, can this be done with safety? To determine this point, we must appeal to experience, the only safe guide on this occasion. Now the most cautious and observant practitioners in all ages, with very few exceptions, are agreed as to this point. They have expressed in the strongest terms their conviction, that the paroxysm of gout cannot be hastily removed, like other inflammations, without danger to the patient. We are bound in duty, therefore, to be influenced by testimony so extensive as this, and not to set up our own opinion in opposition to such authority. We have no right, in fact, to hazard the safety of our patient upon speculative grounds, and especially where the disease itself can hardly be said to be dangerous.

In every age there have been found practitioners, who, from self-conceit or the affectation of singularity, have been hardy enough to employ some or other of the active means of cure above enumerated; and, no doubt, on some occasions with safety and success. The practice indeed is very ancient. It has been a hundred times tried and abandoned again, in consequence of some unfavourable and even fatal results. It has never permanently stood its ground, although individual instances have not been wanting in its favour. The great Harvey, the discoverer of the circulation, who was subject to the *gout*, was accustomed to plunge his foot into a pail of cold water when he felt the fit coming on, and he always put a stop to it by this means. Yet he lived to more than 80 years of age. This however ought to be looked upon as an exception to the general rule, and is by no means fit to be followed as an example.

The practice of putting a sudden stop to gout, either by the application of cold or any other means, is objectionable on more than one ground. Though it should not be productive of immediate danger, it renders the disease irregular. The inflammatory action in the part may be checked or removed for a time, but the disposition may be left behind; the disease in consequence soon recurs again, and commonly in an irregular way, so as to continue longer than before, or than it would have done if left to itself. In the latter case, the disease wears itself out, and that commonly in no long space of time, and carries off the disposition with it. The interval is commonly longer and more perfect, while the general health is improved. Many gouty persons I have met with, who, after having used both the *eau medicinale* and the *colchicum* with all the temporary advantage possible, have at length abandoned them upon the ground I have stated. Another still more weighty objection is, the chance of *metastasis* to the stomach or brain, by which life itself is immediately endangered.

The safe, and therefore the proper, treatment of the paroxysm I consider to be the following:

Where the patient is in the prime of life, and vigorous, and where the local inflammation and the attending pyrexia are considerable, much may be done to alleviate and even shorten the fit. Blood may be drawn to a moderate extent, as ten or twelve ounces, with perfect safety. If it be a first or second attack, there is a great chance of the disease being thus permanently removed. Mild cathartics will also be proper. The part should be kept comfortably cool, without inducing a feeling of chilliness, for that might dispose to *metastasis*. Where the inflammation is very violent, leeches may be sometimes employed with advantage; but the practice is equivocal. I knew a gentleman who had the gout in both feet, and being fond of experiments, he blistered one foot and let the other alone: the pain was relieved by the blister, but the disease was twice as long in going off in this foot as in the other.

When the disease occurs in persons advanced in life, and whose constitutions are much broken, evacuations are not required, nor indeed any active remedies. In such cases, a generous diet, with wine, or even spirits, may be employed; and there is probably no better guide on these occasions, than the appetite and feelings of the patient. Light and palatable *bitters* or *astringents*, may be properly enough used, provided they do not destroy appetite: and in case of flatulency, *ammonia*.

When the *gout* is made irregular by combination with other diseases, the most urgent symptoms must be relieved. But it is generally proper in such cases to encourage the gouty inflammation in the extremities. This is more especially to be attended to in the *retrocedent* form, where the inflammation has wholly left the extremities.

When *metastasis* takes place, we are to consider the part affected, and the nature of the affection, which may be either *spasmodic* or *inflammatory*. If the stomach should be the part affected, it will be more likely to be *spasm*, from the muscular structure of this organ. In these cases there is pain, but with a sense of coldness in the stomach, and generally sickness, if not actual vomiting. Here the most powerful *stimulants* and *cordials* are required; and also *opium* if the pain is considerable. On the other hand, if there should be a burning heat felt in the stomach, with great tenderness to the touch, and a general febrile state of body, such symptoms would indicate inflammation, and must be treated accordingly, but with great attention to the age and habit of the patient.

Should the brain be the part disturbed, the affection would be probably of an inflammatory nature, or at all events a state of increased arterial action there, which would be indicated by the heat and throbbing of arteries about the head. The degree of urgency of the symptoms must determine the treatment. In extreme cases, where *stupor* or *delirium* take place, showing the brain itself to be suffering, *bloodlettting* would be called for. In simple head-ach, without any disturbance of the sensorial functions, bleeding might probably be dispensed with.

A painful and disturbed action of the heart may also be either inflammatory or spasmodic, and must be treated accordingly, care being taken to ascertain the real nature of the case.

Counter-irritation, by blistering and the like, is of the greatest importance in all these cases of what are called *retrocedent* and *misplaced* gout. But you must bear in mind that no kind of *counter-irritation* is likely to be so serviceable as that which is applied to the gouty limb in order to reproduce the disease.

Wherever we find the pulse feeble, or the extremities cold, it is necessary to give *wine* and *ammonia* or other general stimulants, in order to excite and equalise the circulation altogether.

2. The *second* general head of treatment in gout, is that which is employed in the intervals of the fits, with the view of preventing their recurrence, and consequently of curing the disease altogether. Several years ago there was a practice of giving *bitter* and *astringent* medicines for the purpose, and a particular compound of this description under the name of *Portland powder* was in great vogue, and implicitly believed to have the effect of radically curing the gout. It was continued for a year or more with great constancy, after which it was found that the fits did not recur. It was however remarked, that in many of these cases said to be thus cured, the patient, within a short period, fell into other diseases, such as dropsy, asthma, or apoplexy, which soon proved fatal. And this being attributed to the suppression of the gout, the *Portland powder* fell into disgrace, and its use has not been since revived. I do not know that we have any experience upon this subject in modern times, but the belief in the power of *bitters* and the like to cure gout, is of very ancient date, and is probably therefore well founded. But I can say nothing on the subject from my own experience.

That the *predisposition* to gout is capable of being overcome by diet and regimen, is sufficiently established by experience, and many instances of the sort have come to my knowledge. When we consider in what way the gouty habit is acquired, namely, by indulgence in eating and drinking, and by other excesses, it is quite reasonable to believe that abstinence may remove it again, or overcome the predisposition. Accordingly, instances abound where by a chiefly vegetable diet, and a total abstinence from vinous liquors, continued for two or three years, the gout has ceased to recur, and the disease been effectually eradicated, and that without injury to the general health.

Such a change in the usual mode of living is, however, not proper, nor perhaps safe, in all circumstances. But if entered upon before an advanced period of life, and while the vigour of the system is unimpaired, I believe the practice to be both safe and effectual. It requires however more firmness of purpose than is ordinarily found, and a greater sacrifice of present feeling than most men are capable of. But even from the adoption of a middle course, much advantage may be derived; the fits by continued temperance in living, becoming gradually milder and less frequent: that is, the disposition to this peculiar form of inflammation is by degrees lessened, though it may not be so entirely destroyed, as by a more vigorous adoption of the plan.

The use of *alkalies* has been most insisted upon by some, as being absolutely curative of gout. This however is a mere suggestion of theory, and that doubtless an unfounded one, as I before mentioned to you. And as a matter of experience, I can say positively, that they have no such power. At the same time, they are occasionally useful for the correction of acidity in the stomach, a state to which gouty subjects are very much disposed; though such a state has no essential connexion with the disease.

As I observed with respect to the other form of ligamentous inflammation, (rheumatism) more benefit is likely to be derived from a warm climate, than from either the use of medicine or any particular regimen.

FOREIGN DEPARTMENT.

PHYSIOLOGY.

Experiments on the Brain. By Dr. Hertwig, Berlin.

[*Continued from* p. 818, *last week.*]

As we have already remarked, the experiments made on the cerebellum are, of all others, the most difficult to perform. During the operation the bones of the skull in this place bleed freely, as do also the occipital artery and occipital sinuses. It is indeed almost impossible to avoid this, on account of the injury done to the surrounding parts, and the deep incisions into the muscles of the neck. Here also, as often happens with the experiments made on the cerebrum of quadrupeds, a kind of paralysis follows the laying bare of the brain, which frequently changes the result of the experiment and renders it altogether uncertain. In many cases the life of the animal is brought into danger, more particularly when an effusion of blood, even in a small quantity, takes place. These consequences followed in birds as well as in quadrupeds; and as one might be very easily deceived under such circumstances, the greatest foresight became necessary. In order to avoid error as much as possible, my conclusions are drawn only from experiments that were frequently repeated, and those only are given which, according to my conviction, perfectly succeeded.

Experiment 1.

A cat, four months old, was taken; the greater part of the muscles on the back part of the head was detached, and the tuberosity of the occiput removed. A crucial incision was made in the dura mater, and the animal allowed to walk about. In a quarter of an hour it appeared to be quite recovered from the injury. The half of the cerebellum or more was taken away in thin slices. In proportion to the quantity removed after the first slice, the irregularity in the movements of the animal increased, and it seemed to be more affected in its back than fore-feet. The head appeared to be too heavy, hanging towards the earth. It could not walk straight forward, but waddled from side to side, and lastly fell very suddenly, as if it had been pushed from behind forwards. The animal appeared sensible of weakness in the limbs and its inability to walk, for as often as it began to totter to one side it endeavoured to support itself. The movements of the limbs were very irregular and uncertain. At certain times the cat could not go forwards, and this happened most frequently when it appeared to wish to move, for instance, after a great noise had been made, or when pushed by a stick. It stood then for a minute, or half a minute, with its body turned to one side and the head and neck bent backwards; the fore-feet were spread out, but the hind feet lay under the belly; in this position it went some paces backwards. Neither convulsions, change in the senses, voice, or other functions in the body, were to be perceived. The animal lived nine days; ate and drank on the second day after the injury had been received with voracity. After this it wasted away to a skeleton and died apparently of consumption.

Two days before death the movements were more active than they had been. The senses remained unchanged. On inspecting the rest of the cerebellum it was found to be much loosened, and the surface of the injured part covered with pus. All the other organs were completely sound.

Experiment 2.

A hen, which had the cerebellum gradually removed almost close to the spinal marrow, manifested no signs of pain.—When the upper slices were removed, it moved about pretty well, but flew with difficulty. On being cast up in the air it moved its wings like the flies, but speedily fell to the ground. It was not until the lower slices had been taken away that it became unable to walk steadily or stand on its feet. When it did stand, the toes were spasmodically contracted and the legs drawn up to the body. On attempting to walk, the animal had the appearance of being drunk, reeling from one side to another, falling at one time on its beak, at another time on its tail, and attempting to support itself partly with the wings, partly with the tail. When it was laid on its back it had not the power to turn round on its feet. After the deeper slices had been removed, the hen could neither walk nor fly. When it was thrown up in the air it came tumbling down sometimes with the head, sometimes with the belly uppermost. At this time there were neither convulsions nor any disturbance of the senses; the respiration and state of the circulation were natural; food was eaten with avidity. The bird was at first pretty cheerful, but died in eight days from suppuration of the brain.

Experiment 3.

In a grown up cat, the cerebellum was longitudinally divided into two equal parts. The animal walked in a peculiar manner, so that it appeared as if it were pushed by some unseen power, turning sometimes to the right, sometimes to the left side. Occasionally it stretched out the fore feet on the ground, as if it wished to move backwards; a thing which frequently occurred. The senses were proper. There were convulsions of no part, excepting the ball of the eye. In three hours the animal became very weakly, and death followed on the same day.

Experiment 4.

The cerebellum of a pigeon was cut in a similar way by a perpendicular section, which was gradually carried down to the bone, until the cerebellum was completely divided. The deeper the incision went, the greater the difficulty in walking: at last the power of flying was completely taken away. When thrown in the air, the body turned from one side to the other, and sometimes went completely round. It could not stand for any length of time without the support of the wings and tail. The head always hung as if it were drawn by a wire, being inclined sometimes to the right, at others to the left side, and *vice versa*. It walked some steps backwards, turned sometimes one way, sometimes another, and finally fell down. Whilst in the recumbent posture, the pigeon turned itself round on the body several times. It then tried a great deal to assume its natural position, fluttering with the wings, stretching its tail upwards and downwards, and drawing its feet towards the belly. All these exertions were, however, made in vain. When placed on its feet, it would go several paces backwards, and again turn round. The senses, as far as it was possible to ascertain, were unchanged. On the first day it ate nothing, on the second it devoured some food, afterwards it picked up some pease that lay on the ground. It fell, however, often on the snout on picking them up. It was killed on the eighth day.

These experiments were repeated in various ways on rabbits, mice, birds, and frogs, and always with the same or similar results. It is a curious fact, that among the animals on which I experimented, the birds only survived longer than fourteen days, and in these alone I observed, that after the healing of the wound of the brain, the disturbed locomotive powers were restored to their original strength. The results of these experiments accord almost entirely with those obtained by Rolando, Magendie, and Flourens, and the following conclusions may, I think, be very fairly drawn from them.

1. That the substance of the cerebellum is not sensible to immediate external irritations.

2. That from such irritations acting on the substances of the cerebellum, no motions of the muscles are produced.

3. But that the undisturbed operation of this organ is necessary to the production and co-operation of the motions of the muscles for a particular purpose, for instance, as flying, going, &c.; for in the

same proportion as the injury of the cerebellum is great or slight, the pre-existing balance and power in the muscular strength of the body is destroyed, by the effects of which the motions of the different limbs to one common object, as walking, for example, are prevented.

4. That the disturbance in the power of the cerebullum, by a partial injury of this organ, gradually goes away, if the injuries have only penetrated to a certain depth, and are perfectly healed.

5. That the action of the cerebellum on the voluntary muscles follow in a crossed direction, i. e. in the side opposite to that in which the action is excited; and,

6. That the uses of the senses, and all the other functions of the body, depend very little, or not at all, on the action of the cerebellum.

Fourth Chapter.—Experiments on the Corpora Quadrigemina.

The experiments on these parts are also extremely difficult, because the corpora quadrigemina are so circumscribed in their extent, and lie so deep under a large mass of brain, which in the majority of cases must be removed before these bodies can be arrived at with certainty. These experiments are almost always necessarily connected with important injuries of the neighbouring part, by which the effects of the experiments are very much obscured. This is the case in the experiments on quadrupeds, in which, on account of the large mass of the cerebrum, it is extremely difficult to get at the corpora quadrigemina with a curved needle introduced between the dura mater and the external surface of the hemispheres from above, or by the side of the skull. One succeeds much better if after the skull has been opened low down, one of the hemispheres is removed close to the base, or if the corpus callosum in its whole length, and particularly at its posterior portion, be completely divided. In the first mode the corpora quadrigemina will be perceptible to the touch, and in part to the sight, both from the sides and above. In these cases the animals, after this step of the experiment, must be watched some time before the corpora quadrigemina be irritated or injured. In birds, these bodies appear as if they were compressed into one pair, but the two, in comparison with the size of the rest of the brain, are very large. On account, therefore, of the extent of the circumference of these bodies to get at them without injury to any of the surrounding parts, I cut through for this purpose, the cranium, some lines behind the orbit; and in a horizontal line corresponding to it, divide the membranes, and the moderately thin substance of the hemispheres, when I reach immediately the corpora quadrigemina of this side. The hæmorrhage is always very moderate.

1. I irritated with a curved needle the right pair of the corpora quadrigemina of a pug-dog. The only effects observed were a convulsive motion of the feet and head, moaning and restlessness, and a remarkable contraction of the pupils of the left eye. Repeated irritations of these bodies were followed by the same effects. Both corpora of the right side being removed, the animal appeared very sensitive, and became immediately blind on the left eye, and somewhat weak on that side of the body. The dog walked very often in a circular direction from the left to the right side for about four or five minutes a time, and then lay down as before. After some rest, the same motions were repeated, and continued for the same length of time. Whilst the dog lay on the ground, it frequently put the fore feet to the left eye, as if it wanted to wipe something away. In other respects, neither the senses nor instinct of the animal were disturbed. On the second day after the experiment, the circular motions were scarcely perceptible, but the loss of the vision of the left eye still continued. On the fifth day violent inflammation of the brain came on, of which the animal died on the eighth.

2. In a rabbit, on which I had several days before removed the greatest part of the right hemisphere of the cerebrum from the skull, and whose left eye had in consequence become blind, I extirpated the right pair of the corpora quadrigemina, close to their basis. During the experiment, the whole body was very much convulsed, and the animal uttered a squeaking noise. The left side of the body, which was previously weak, now became weaker, and the dog always turned round towards the right side. The sensibility of the iris of the left eye against strong light, was gone. The other senses appeared less disturbed; but on this point I cannot be positive, because the animal

was very gloomy. On the day after the experiment, the animal appeared quite lively, and with the exception of the sight of the left eye, none of the senses were disturbed; it ate and drank, and lived twelve days, at the end of which time I killed it.

3. I removed from a pigeon the right pair of the corpora quadrigemina. The animal manifested at this part of the experiment, by resistance and restlessness, a good deal of pain; became quite blind on the left eye, the iris of which was at the same time quite insensible to all external irritations. There was also a very evident weakness of the left half of the body, so that the animal could not stand on the left foot; the left wing hung loosely by the side, and in walking or going it always turned to the right side. The other senses and the functions were not disturbed. On the following day these appearances existed, but on the third had completely disappeared, and on the fourteenth day the vision of the left eye had returned.

Besides these experiments, a great number of similar ones were performed on the same parts, and on different animals, and these were always followed by the same results when the corpora quadrigemina alone were injured. We omit, for the sake of avoiding repetition, the details of each. From these experiments the following conclusions may, we think, be drawn.

1. That the partial injury of the corpora quadrigemina on one side of the brain, is connected with diminution, or total loss of the vision of the opposite eye

2. That in such a partial injury of these bodies, the vision is not destroyed, but only temporarily suspended.

3. That the power of vision is essentially dependant on the corpora quadrigemina.

4. That on a mere partial wounding of the corpora quadrigemina, on one side of the brain, the sensibility and irritability of the iris of the eye on the opposite side, is in most cases diminished, but not in the same degree as the power of vision.

5. That on a complete destruction of the corpora quadrigemina of one side, the vision, as well as the irritability of the iris of the eye on the opposite side, are also completely destroyed.

6. That (as Herbert Mayo has already remarked,) the consequences of injury of the corpora quadrigemina on vision, are the same as those produced by the division of the optic nerves.

7. That after wounds of the corpora quadrigemina, a weakness of the muscles, corresponding to the degree of the injury, is perceived on the opposite side of the body, but soon disappears.

8. That, together with the weakness of the muscles, an irresistible propensity of the animal or bird to move in a circle, when the corpora have been injured on one side only.

9. That the action of the corpora quadrigemina on the eyes and the voluntary muscles, take place at the same time, and in both in a crossed direction.

10. That the corpora quadrigemina themselves, are sensible to external irritants, and that by such irritants (from the pain perhaps,) convulsive muscular motions follow.

11. That at the same time, by irritation of the corpora quadrigemina, a sympathetic or peculiar irritation of the nervus sympatheticus is produced, which manifests itself by moaning, screaming, &c.

12. That from irritation or wounds of the corpora quadrigemina, excepting that of vision, no other sense is destroyed, and in such cases both consciousness and memory are unimpaired.

Fifth Chapter.—Experiments on the Tuber Annulare or Pons Varolii.

The experiments on the pons varolii are still more difficult than those on the corpora quadrigemina; partly because this part of the brain lays concealed under the cerebrum and cerebellum, and, partly, because injuries of this part are dangerous to life, and generally fatal within a short time after their infliction. From the first of these causes, it is impossible to get at the pons varolii, without simultaneous and serious injury of the neighbouring parts, by which the essential appearances are confounded with the accidental ones, and thus confusion produced; and from the last cause one is prevented from observing the later consequences of this injury. These are, perhaps, the causes which prevented Fodera and Magendie from arriving at any thing definite on the uses of this part of the brain: and Flourens from relating, out of his numerous experiments, a single one on this part. I must confess that I have endeavoured, in different ways, to overcome these difficulties, but almost always with bad success. Those experiments succeeded the best, in which I opened the skull on one or both sides, close behind the ears; and when, after opening the membranes, I endeavoured with a moderately curved needle to get to the pons. I had, however, on several occasions, to contend against profuse hæmorrhage. As the pons is much less developed in birds than quadrupeds, I tried the greater part of the experiments on the latter.

1. In a large healthy poodle dog, I made on the right side of the pons an incision in the direction from before backwards, and about one third deep into its mass. The animal began immediately to turn from the left to the right side; the eyes were brought out of their natural direction; one being turned upwards, the other downwards, and fastened on some fixed object. On cutting into the pons, the dog was attacked with some convulsive motions. In the course of about five minutes the animal appeared very quiet, and as if it were stunned. On being pushed forwards, it struck its depending head several times against the ground. It repeated twice on that day the turning round on its own body, which did not appear to be the consequence of any convulsive motions of either side of the body, but of a disturbance in the balance of the halves of the body. The dog died on the following night.

2. In another dog I made a superficial incision on the left side of the pons, and, as in the preceding experiment, from before backwards. On the incision into the pons being made, the animal became convulsed in the feet, turned itself around for a few minutes from the right to the left side, and lay thus some time quiet, then again turned round, as if he had been irritated from some cause or other to do it. The senses and consciousness of the animal were quite undisturbed with convulsions, nor could interruption in the breathing or circulation be observed: the eye-balls were turned in a contrary direction. The animal took no food, but drank several times.

As the dog manifested, on the second day, no other symptoms than those just mentioned, a second incision was made on the opposite side of the pons, but in the same direction as before. The rotatory motion had now disappeared, and the dog could, although apparently weakened, perform all the motions with moderate regularity. It did not move, however, but when it was pushed, or teased in some other way. The senses and the functions of the body were, up to the present time, undisturbed. On the fourth day the animal was pretty well, but appeared very stupid; and, on the sixth day, died of inflammaton of the brain.

3. After many unsuccessful attempts, I succeeded in dividing the pons varolii in a dog from the under surfaces. The incision had gone (as we soon afterwards had an opportunity of seeing) through more than three-fourths of the substance of the pons from above upwards. After the operation the dog could stand moderately well and firm on the fore feet, but could not advance a single step without falling. It tottered with the whole body sometimes forwards, at other times backwards, and it was very evident that the balance between the fore and back parts of the body was disturbed. The particular motions of the limbs were in the natural state. The senses, the breathing, and circulation, were not in the least disordered. In a short time (seven minutes) after the experiment, convulsions and hæmorrhage from the wounded basilar artery came on, from the effects of which the animal soon died.

[The experiments were repeated several times and with nearly similar results, from which Dr. Hertwig draws the following conclusions: they, of course, require to be confirmed by farther experiments, and by pathological observations, before these conclusious can be generally admitted.]

1. The pons varolii belongs to those parts of the brain which are sensitive to the action of immediate external agents.

2. On mechanical irritation and injuries of the pons, moderate but temporary muscular contractions are excited.

3. Superficial irritation, or wound of the pons, produces in the animals some pain and temporary convulsions; but deep, penetrating injuries cause, independant of the other effects, a permanent irregularity in the voluntary motions of

the body, which are not, however, convulsions, but the effect of a disturbance in the balance of the powers between the two sides of the body, or between its anterior and posterior parts.

4. Longitudinal incisions into the pons appear to disturb the balance between the two lateral parts; transverse incisions, on the contrary, the balance between the front and back part of the body.

5. The pons also exerts a very essential action on the voluntary locomotive organs for the preservation of the balance between them, which Rudolphi has also mentioned.

6. The action on these parts follows in a crossed direction, and is not very different from that of the cerebellum.

7. As by wounds or other injuries of the pons the senses and consciousness are but little disturbed, so it is fair to conclude that this part of the brain exerts little or no influence on them.

Sixth Chapter.—Experiments on the Medulla Oblongata.

Although in all animals the medulla oblongata is more easily accessible than the tubercula quadrigemina and the pons varolii, still the experiments on the medulla oblongata are always very tedious, and in general highly dangerous to the life of the animal. In most of the experiments I divided the muscles on one side of the occiput sufficient to admit of the application of a crown of a trephine. I then sawed through the bones and the membranes, and performed the experiment on the medulla by means of a double sharp-edge, straight or curved needle, introduced under the cerebellum; but as the hæmorrhage was very great in this mode, I attempted in a few other cases to bring the curved needle through the foramen magnum, but this way is always very uncertain, because it is nearly impossible to avoid wounding at the same time the cerebellum and pons.

1. I made several superficial punctures with a needle quick after one another on the right side of the medulla oblongata of a dog. These were immediately followed by violent and frequently repeated convulsions of all the muscles on the same side of the body, which lasted for five minutes. The animal exhibited signs of pain by its tone; it then lay quietly down without manifesting any other inconvenience. In the space of three hours the left side of the medulla oblongata of the same animal was irritated with a needle, by which that side was completely shaken by the convulsions. The senses, instinct, and all the functions were undisturbed, and no signs of paralysis were to be observed.

2. I made, on the following day, on the upper or back surface of the medulla oblongata, in the same dog, a transverse incision, by which about one-third of the thickness of the medulla was separated. During the division the whole body, and the extremities, were attacked with convulsions, from the effects of which these parts had become stiff and extended. The animal screamed also very much. The convulsions abated a few minutes afterwards, but very soon increased, although not so strong as at first, and in about ten minutes totally disappeared. The sensual functions of the animal were not disturbed, but the respiration and the pulse were quicker than in the natural state. In walking, the animal moved the limbs with great regularity, although slowly and feebly; it became gradually weaker, and gradually died in about 24 hours after the experiment, in convulsions from hæmorrhage, and effusion of blood into the vertebral canal.

3. In another dog I divided nearly the whole right half of the medulla oblongata, by a transverse incision. The most violent convulsions of all the muscles of that side came on, which continued without any change for three minutes. After this the body was bent to the left side, and the right half was deprived of all power of motion, but was nearly as sensitive as before the experiment; with the two left feet also the animal could move but very feebly. The senses were altogether undisturbed; there was a rattle, and sometimes snoring in the breathing, which was performed by great exertion of all the ribs and abdominal muscles. The motions of the heart were quicker and stronger than in the natural state. The animal continued in this state for half an hour; the convulsions then returned, and the animal soon expired.

These experiments were several times repeated, both on quadrupeds and birds, with the same results. I endeavoured to maintain life in some cases by artificial respiration, as Flourens attempted, but my attempts were all unsuccessful. The animals with me died in the space of about twenty to thirty minutes from hæmorrhage, which was not to be stopped by any remedy.

From these experiments I have arrived at the following conclusions:

1. That the medulla oblongata is very sensible to external agents, and that from the irritations and injuries of these parts the consciousness of the animal is never disturbed.

2. That according to the degree of the external irritations and injuries affecting this part, not only pain, but convulsions and paralysis are produced.

3. That from the medulla oblongata, and by means of it, certain effects proceed forwards immediately to the cerebrum, and backwards more mediately through the nerves to the muscles.

4. That these last effects are produced on the same side as that on which the irritation of the medulla oblongata takes place.

5. That the medulla oblongata exerts a very considerable influence on respiration, and in part on the circulation of the blood.

6. That the complete division of the medulla oblongata immediately destroys life; not, however, by the extinction of the vital power (Lebenskraft), but by the interruption to respiration.

7. That in injuries of the medulla oblongata the functions of the senses are not disturbed, and therefore this part has no influence on them.

In conclusion, I will observe, that I have tried, on more than fifty animals, the interesting experiments of Flourens on the action of narcotic poisons on the brain, but have as yet not been able to arrive at any satisfactory results.

MR. NEWINGTON'S INSTRUMENT FOR ADMINISTERING FOOD, &c.

An Instrument invented for administering Food and Medicine to Maniacs by the mouth, during a closed state of the Teeth. By Charles Newington, Member of the Royal College of Surgeons in London, and a Proprietor of an Establishment for Insane Persons at Ticehurst in Sussex.

The frequent occurrence of cases in which maniacs obstinately refuse sustenance, has contributed very materially to increase the trouble, and burden the responsibility of those to whose care the management of insane persons is intrusted; and I can truly aver, from the experience afforded by an establishment to the duties of which I have been accustomed for many years, that no part of actual and personal superintendence can be more disagreeable or revolting, than the task of forcing food upon a contumacious patient by the methods usually pursued. The utter unfitness of the vessel in common use for this purpose, technically called the "boat," imposes upon the attendant a duty at all times productive of dissatisfaction, if not disgust, and what is worse, generally involves the patient in a series of unpleasant, and painful efforts, among which, injury to the mouth and teeth is a frequent occurrence. It is in the hope, therefore, that a simple plan which I have devised may be acceptable and useful to the profession, and more particularly to those engaged in similar occupations with myself, that I am induced to recommend to their attention, a method which I have now pursued during ten years, with a facility and an efficacy equal to my wishes.

Upon examining the anatomy of the mouth, we perceive that the rami of the inferior maxilla, in their ascent to the articulatory cavity of the temporal bone, are placed behind the tuberosity of the superior maxilla, leaving a space between the last molar teeth (of the upper and lower jaw) and the coronoid process of the inferior maxilla, sufficiently large to admit of the passage of a hollow metallic pipe, bent at the extremity, into a crescentic curve. Midway between the turn and the point, is an opening communicating with the cavity of the instrument. The other end of the pipe screws into the top of a syringe, and this forms the apparatus and means of introducing liquids into the mouth, *without unclosing the teeth.* The patient should be placed on a bed, an assistant inclining the head backward, and keeping it steady, at the same time compressing the nostrils with the finger and thumb. The pipe having been screwed to the syringe, its joint is to be immersed in the liquid to be injected, (whether food or medicine) and the syringe charged, by drawing up the piston. It is then to be introduced into the corner of the mouth, and passed along between the teeth and the cheek, the shaft of the pipe parallel to the front teeth; the point inclining downwards towards the gums, and in this direction the extremity slides into the space behind the last molar tooth, and is projected into the mouth by the pipe being brought to a right angle with the lips; a slight elevation of the instrument fixing the hook firmly behind the dens sapientiæ of the upper jaw. The fluid propelled by the syringe striking upon the velum pendulum palati, falls upon the root of the tongue, near the glottis, and the nostrils being closed, the patient is driven to the necessity of breathing by the mouth, previously to which, the fluid must be projected, by the action of deglutition, beyond the epiglottis into the pharynx. The fluid should be injected in small quantities, not exceeding a table-spoonful at a time, the operator waiting between each jet until he has ascertained that the previous portion has been swallowed; and of this he may be assured by observing the elevation of the larynx, as also by a slight murmuring sound, occasioned by the act of swallowing. In this cautious manner, a pint or even a quart of fluid if necessary, may be administered in a very short time, unaccompanied by pain or nausea, and without affording the patient the capability of rejecting any part of it.

In cases of trismus, the employment of this instrument would be often desirable; and in the administration of medicine to refractory children it may be rendered subservient to the object desired.

After repeated trials with various syringes. I find none so eligible as those furnished me by Mr. Read of Newington Causeway, the patent air pipe of which gives the operation a desirable cleanliness, facility, and power.

ACUPUNCTURATION

BY

MR. WANSBROUGH OF FULHAM.

Having witnessed the instantaneous, and, I may add, astonishing effect of Acupuncturation as a remedial mean, in the first case that came under my notice, I resolved to give the operation a fair trial in every instance wherein its use should be indicated.

I was fortunate enough to meet with the cases here detailed, and the results of my practice have convinced me that acupuncturation, under certain regulations, and in the hands of a skilful surgeon, is a powerful agent in the practice of surgery, whilst it conveys to the *liberal* mind, the pleasurable gratification of affording to human suffering instantaneous relief, by a more expeditious and efficacious mode than any other remedy in such cases hitherto known and employed. The introduction of the needle is seldom felt after touching the cutis, and then only when, perhaps, it encounters a filament of a nerve; the pain, in that case, is sometimes acute, but it is only momentary, and immediate relief is the result, at least I have found it so. I have never ventured beyond simply introducing the instrument, nor have I ventured near the trunks or larger branches of nerves. I confess, that with all my zeal for the remedy, I should not like to risk the pricking of either with an acupuncture needle; neither have I ventured to apply galvanism as an auxiliary; my cases prove successful without its aid, and I therefore leave that part of the subject to more experienced surgeons than myself.

Case 1.—Mr. A. W., aged 50, a very corpulent subject, of about eighteen stone weight, was violently attacked by lumbago; after undergoing the ordeal of bleeding, purging, and embrocations without relief, on learning that I possessed the means of affording him immediate ease, sent for me to come to him immediately, and bring my "needles" with me. I found the poor fellow writhing with pain, beneath three blankets and a thick counterpane, under which he had been kept until he was bathed in perspiration. The seat of the pain was precisely over the whole of the sacrum, and extended to the alæ ischii. I introduced *three* needles into the part, to the bone, immediately over the centre of it, each two inches apart; the pain was instantly transferred to the left gluteus. I suffered the needles to remain half a minute, and then inserted them into that fleshy muscle, three-fourths of an inch deep, where the enemy had made a stand. *Two* needles routed him thence into the biceps, whence he finally posted himself in the gastrocnemii in the line of attack. *One* needle ultimately expelled him from this last position, and freed my patient from all pain. The operation lasted about five minutes. Mr. W. then got up and dressed himself, expressing the greatest astonishment at what he termed the "magical effect of the needles"!!!

Six hours after the enemy made a faint attack, but was instantly repulsed by one needle, and the patient left in quiet possession of the field, which he has enjoyed uninterrupted ever since.

CASE 2.—I was called to a poor woman, who had been confined to her bed three days by a severe attack of lumbago, suffering the most acute agony upon the slightest movement; the pain was referred to the back, on which she had lain since the attack.

With some difficulty and suffering she was turned on her face, and, on examination, the seat of the disease was ascertained to be in the *lower third* of the longissimi dorsi. I introduced three needles, an inch deep, into those muscles, two into the right and one into the left. The first needle was scarcely felt; the second occasioned acute pain, which excited a piercing cry; the severity of the pain, however, subsided entirely in a few seconds, and the third needle was passed insensibly; the distances observed in this case was the same as in the last, viz. an inch. In less than four minutes the needles were withdrawn, the patient no longer experiencing any inconvenience, save stiffness from having laid so long on her back. Although perfectly freed from pain, it was enough to excite a smile to witness the woman's scepticism on the success of the operation; she could scarcely credit the evidence of her senses, for when desired to turn on her back she obeyed with hesitation and doubt, dreading least she should encounter the "pain." She, however, at length succeeded, not only in turning, but sat up in bed, to the great joy of herself and her anxious husband, who witnessed the operation, and its happy effects, in breathless expectation. It was very gratifying to see the poor creature sit up; her countenance beamed with delight, equalled only by her astonishment and grateful thanks for the "wonderful cure" I had wrought in her!

I saw her the next day up and about, attending to her family of six infant children. The pains had not returned.

CASE 3.—An old man, 70 years of age, came into my surgery, his body bent immoveably to almost a right angle, and walked, or rather hobbled, with difficulty; I at first attributed his appearance to the infirmity of years, but was surprised to learn from him, that he had come nearly a mile "to be relieved by my needles." He was suffering under a severe attack of lumbago in the longissimi dorsi.

Three needles introduced, as in the former case, performed a cure, and in five minutes the old man became again erect, and could stoop to the ground, which delighted him exceedingly. He walked out a very different being to what he was when he entered, and departed, leaving me his blessing.

CASE 4.—This old man, a few days after, met another in the same plight, whom he recommended to me for relief. The operation was performed on him in the same manner as his predecessor, and with the like result. He also left me his blessing!

I was sent for to another old man, 70 years of age, affected in the same manner I succeeded with him in an equal ratio with the others, and left him to pursue his avocation as a labouring gardner.

In all these three cases, the attacks were occasioned by cold, from getting wet.

CASE 6.—A gentleman of strong muscular fibre, applied to me on account of a severe and distressing pain in the right hypochondrium, which affected his respiration. As the affection seemed purely muscular, I introduced two needles over the region of the right hepatic lobe; the second needle entered beyond the muscle into the peritoneal cavity. The patient felt a very acute pain for a moment, which rather alarmed me; I, however, suffered the instrument to remain about twenty seconds, when it was withdrawn, and all pain ceased. No unpleasant symptom has since occurred.

I know, if we are to credit the statements to that effect in the French Journals, that the abdominal cavity, in fact, almost *all* the *cavities* have been pierced, not excepting the pericardium, nay, even the heart has come in for its share; but this is nothing in an age of miracles: but —verbum sat.

The wife of the last mentioned gentleman complained of a pain in her shoulder, which prevented her from using the arm. I found the subscapularis muscle affected; a needle was passed obliquely up to the hilt, under the posterior inferior angle of the scapula, and into the muscle; a sharp pain was felt; an instant after the patient declared herself quite well, and moved her arm about with perfect ease. The needle was withdrawn at the end of half a minute: no further inconvenience was felt.

Case 8.—A lady applied to me, suffering under violent pain in the deltoid, which had deprived her of appetite and rest for three days and nights. She had used embrocations without having received any benefit from them. Two needles introduced into the muscle, performed a cure in three minutes. She raised her arm to her head, and turned it about in every way, in wonder and astonishment, at the sudden and effectual relief she had so unexpectedly received.

This brief detail will, I trust, recommend acupuncturation to the timid practitioner, with a success equal to my own. As respects the modus operandi, I have proceeded in every case according to the recommendation of Mr. Churchill, in his useful little work on acupuncturation, to which I beg to refer the readers of The Lancet for further information on the subject. I may just observe, that the cases on which I so successfully operated were all simple local rheumatism; in only one case did blood issue from the punctures made by the needles, and that but a small drop. I shall not here hazard an hypothesis of the modus operandi of acupuncturation on the animal economy; but, at the same time, I am free to confess myself sceptical on the creed, that its effects are produced by the *escape* of *air* from the cellular membrane through the punctures made by the needles! This conclusion is not proved, neither do I believe it can be. The very *form* of the instrument is a barrier to the escape of air, and, moreover, the cure is often performed *before the needles are withdrawn*, and frequently by causing *acute pain in the act of introducing them*. These are premises that warrant a very different conclusion in the rationale of the effect of acupuncture, than the escape of air; but *what* that conclusion *is*, I know not, but I believe it to depend on some of those mysterious operations of nature that will ever be beyond the reach of human ken, and which by consequence constitute the *ne plus ultra* of physiological research. This may be considered a gratuitous assumption, but is, nevertheless, true.

So much for "the magical effects of the needles," and their antipathy to the enemy—pain; which, being driven from the sacrum, flew to the gluteus, to the "imminent breech," there making "a stand." Two needles "routed him thence into the biceps," whence he finally posted himself in the bastion of the gastrocnemii, in the line of attack. Expelled from this position also, the victory seemed complete. "Six hours after," however, the enemy made another attack, but was soon repulsed—hastamque receptat ossibus hærentem, "leaving the patient in quiet possession of the *field!*" Doubtless, the author receives all the "blessings" and thanks which successful generals are wont to receive. We only doubt, whether he ought not to have a corona muralis. His despatches are interesting.

TO SIR J. M'GREGOR, M. D., &c.

Sir,—In a late number of the *Morning Herald*, I observe a letter, signed Senex, addressed to you, complaining of the very long period that surgeons of the army have to serve before they can retire. Senex deserves your thanks, and those of all army surgeons, for having brought the matter before the public; however, I must say, although his statement is incontestably true, it is rather short; the subject ought to have been treated more in detail. He truly states that the military officer may sell his commission and retire, after having served 21 years; but he might have added, that the surgeon with a broken constitution cannot retire until he attains the age of 53, while the military man may retire still in the vigour of manhood, at the age of 37; and I leave you, Sir, to consider, the expenditure of time and money which must have accrued during the acquirement of classical and medical knowledge, as Senex truly observes, unassisted by any "public institution."

It is not too much to assert, that no army in the world can boast of a more efficient and intelligent body of men than our army surgeons. You, Sir, have witnessed in the field, and have often expressed in terms of becoming eulogy, your entire satisfaction of their conduct. The medical officers have presented you with testimonials of esteem and friendship, and have, to your utmost wishes, given their full support to your benevolent views, without which assistance you could not have carried into effect the Fund for the relief of Medical Officers' Widows, an institution which affords ample proof of your solid judgment and philanthropy.

After all, what has been done for the medical officers? Senex, in his laconic way, ridicules the brevet, and trusts to his readers for reflections on this new species of medical distinction.

Senex entreats you to seek information respecting the sentiments of medical officers in a very proper quarter, where I have not the smallest doubt you will find his statement verified.

What the army surgeons expect, and trust you will obtain for them, is, either the option of retiring after 25 years service, or, that two years service in the East or West Indies, or coast of Africa, should be rated as three years with a view to retirement.

It is generally considered, that a disinclination exists in the *head* of a certain office, to extend any further advantages to medical officers; this I cannot believe, nor shall I ever give credit to such a groundless conjecture, until it shall have been clearly ascertained that a proposition has been submitted for the relief of medical officers and rejected.

I entirely agree with Senex, that from the benevolent disposition known to prevail in the highest quarter, there is every reason to suppose that an application from you, on behalf of your medical brethren, would not be fruitless; and though it were unsuccessful, you could not fail to receive the most sincere return of gratitude from those who look upon you as their friend and protector.

I remain, Sir,
Your obedient servant,
A Medical Officer.

P. S.—Allusion is made in the Letter to the *head* of a certain office; at the Board, should a surgeon ask any favour, the ready answer is,—You know Lord P. opposes me in every thing.

VISIT OF BARON LARREY TO THE HOSPITALS.

GUY'S.

The veteran Larrey visited Guy's Hospital twice during the last week; on Tuesday, and again on Saturday. On the first occasion he was accompanied by Sir Astley Cooper, and spent a considerable time in viewing the preparations contained in the New Museum; which, by the bye, we may remark, bids fair to excel the one Sir Astley has been *robbed* of. The Baron, afterwards, passed through a few of the wards; he made many inquiries on the different cases, and commented on them with great freedom and frankness. A case of spasmodic wry neck was shown to him, in which he recommended ice to be applied to the head, and the moxa to the neck. This proposed plan of treatment threw a sarcastic smile on the face of the English Baronet. It being intimated to Baron Larrey, that a general wish prevailed to see him apply the moxa, he appointed Saturday for that purpose; and on that day, at noon, he came in a coach, accompanied by his friend Dr. Wade. The patient selected on this occasion, was a man labouring under chronic disease of the knee-joint. As a great number of pupils had assembled, it was determined to perform the operation in the theatre. The cone of moxa used by the Baron, was composed of lint or cotton, dipped in a weak solution of nitre; it was of about three quarters of an inch in length, and of the same thickness. The instrument called the porte-moxa, employed to fix the cylinder on the spot where it was to be applied, consisted of a metallic ring, which was fixed by means of a screw into a wooden handle, about four inches long. There were three small knobs of ebony on the lower part of the ring on which it rested, and it was, consequently, prevented from coming in contact with the skin. (The ebony is used on this occasion, being a bad conductor of caloric.) The upper extremity of the cone, held in the porte-moxa, was now set on fire, and the lower end placed on the fore part of the knee, which it was intended to cauterise. The combustion was kept up with a large blow-pipe, until the whole of the moxa was consumed; it had occasioned an eschar of the size of the finger nail. The Baron immediately applied some spirit of wine to the knee, which, he said, would prevent the surrounding inflammation. The patient did not express much pain during the operation.

So much for the application of the actual cautery, by one of its *warmest* admirers and patrons; in this country its use has lately been revived, after having been abandoned for a long period, and used only by farriers, to whom it will again revert, we doubt not, ere many years have passed away, having nothing in our estimation to recommend it in preference to other counter-irritants, which are less painful and formidable.

Baron Larcy remained a long time in the Accident Ward of the hospital, shewing to the pupils his method of treating compound fractures.

It appears to us very simple, and at the same time ingenious. In cases of fracture of the tibia, for example; he places the foot on the heel, and supposing a wound to exist on the fore part of the leg, he applies over it a piece of linen rag, with numerous holes cut in it to allow of the discharge of the matter. Over this a quantity of charpee or tow is put, and on this a piece of linen rag, doubled and made wet with a lotion composed of the whites of three eggs, a pint of camphorated spirit, and two pints of the lotio plumbi.

Previous to this, however, we should observe, he places under the limb a large square piece of strong linen cloth—sheeting, for instance; and on each side of this cloth he puts a quantity of straw firmly bound together with twine, so as to form a body of about three inches in diameter, and somewhat longer than the limb. He next puts a three tail bandage under the limb*; the transverse pieces or tails of the bandages are very broad, and consist of three layers.

With respect to the order in which these things are applied, the square piece of cloth with the straw splints, is first laid on the bed, and on this is placed the tail bandage. The cloth with holes, the charpee and rag wet with lotion, being then put on the limb, the tail bandage is tightened, and the straw splints are firmly rolled in the cloth, until they approach each side of the limb; broad tapes passed under the limb, and tied on the side, render the "pulling up" of the fracture complete. The Baron stated that he never afterwards interfered with the limb, until it was quite well, and, *that he had never lost a case thus treated:* The patient chosen for the Baron to exhibit his mode of practice on, was a tall Irishman, who is in the hospital under treatment for the cure of ague. The poor fellow became so dreadfully alarmed when a portion of the apparatus only was on the limb, that it was with great difficuly he was kept in bed; and he roared out with true Hibernian accent: "Bad luck to ye all, its my leg you are going to be after cutting off. Blood and ounds! I'll have none of your *expariments* done on myself."

ST. BARTHOLOMEW'S.

On Monday last, this veteran of the Republican medical staff made a hasty and unexpected visit to St. Bartholomew's Hospital, with which he appeared to be pleased. From the manner in which he delivered his opinions, however, respecting several cases, it appeared that he was not quite satisfied with the treatment adopted: indeed, the worthy Baron is inclined to quarrel with every body who does not use moxas, ices, and cupping-glasses precisely in his own way. He presumes a little upon his age and long experience, but his zealous exertions in the early part of his life entitle him to the respect of all surgeons. Larrey has now reached the age in which the fire of intelligence begins to burn dimly, but the sun of his reputation will go down unclouded; and few men will close a long professional career with fewer enemies, although, like Larrey, they may outlive the greater number of their friends.

THE EPIDEMIC AT GRONINGEN.

The mortality which has reigned at Gröningen, and its neighbourhood, during the present autumn has been immense; and by a letter received from Rotterdam, so late as the 23d of this month, we find that the state of the surviving inhabitants is truly pitiable. The fair usually held there at this season of the year, will not take place; and the magistrates have applied to the government for medical officers, and some will, no doubt, be sent from the Medical Staff. An appeal has been made to the profession throughout the country, claiming their assistance; but the offer of 100 guilders* per month, is certainly not likely, in itself, to attract men of any eminence to the place. The heat is now succeeded by dry and cold weather; and whilst disease continues to spread in the interior, we are all healthy (says our correspondent) at Rotterdam.

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* What, but the old junks?—Ed.

* A guilder is worth about 3*s*.

THE LANCET.

London, Saturday, Sept. 30, 1826.

Those persons who imagine that we have been too severe in our strictures on the conduct of the Council of the College, are not acquainted with, or have not duly considered those acts of cruelty and oppression of which they are the authors. The Regulations of the College for a long time past, have been a series of tyrannous restrictions on the energies and rights of the Members of the surgical profession; restrictions which have been borne by the suffering parties with a much greater portion of patience than judgment. The Members of the College have now ample testimony of what they might have long ago achieved, had they but acted in that judicious and spirited manner which has of late characterized their proceedings. The Council (with every disposition, we believe, still to pursue their intolerant path,) have in their late Regulations thought proper to relent in one or two trifling circumstances, from which some have been silly enough to entertain a notion that we should be satisfied with their concessions, and should no longer persevere in the attempt to obtain an investigation of their conduct before the Legislature. In this the Council will be most wofully deceived; we have already received at their hands, more of insult and persecution than is sufficient to prevent us from placing the slightest confidence in any assertions which they may advance of their upright intentions for the future; and it should be remembered, that in the late discussions at the Freemasons Tavern, the illiberal regulations of the College were not so much the subject of complaint, as the defective state of the constitution of the College, that is, the charter under which the Council are elected, and under the authority of which, they now exercise their official functions; if the Members of the Council *could* have remedied the defects of which we have repeatedly complained, we should, notwithstanding our contempt of that body, have been amongst the first, to support a "Remonstrance," or a "Petition" to them, with a view to procure a modification of the objectionable by-law. Such an application, however, in the existing state of things, must have been ineffectual, and would have been sad proof of our own ignorance, because the Council of the College have no power to alter the Charter, and if they had, it would not be well for us, perhaps, to be under the necessity of abiding by such alterations as they might think proper to make. We are no advocates for applications to the Legislature, in questions which can be determined in the common law courts; and here, it should always be borne in mind, there had been no violation of a law, but merely the exercise of a law; it is the law itself which is defective, and Parliament is the only body which possesses the power to effect that alteration in the law which shall prevent a recurrence of those evils of which the Members of the College so justly complain; and if the charter of the College be not re-constructed, so as to alter the manner in which the Members of the Council are elected, and thus place them in some measure under the control of the great body of the Members, we shall always be at the mercy of the "Ruling Powers." Mr. Lawrence, whose efforts in our cause, entitle him to the admiration and gratitude of the profession, has taken a similar view of the subject, and it is with pleasure that we record the opinions of this gentleman, taken from his speeches, delivered at the Freemason's Tavern, on

February last, which we published in our Numbers at that period, and which Mr. LAWRENCE has since re-published* in an excellent little volume, with a most instructive appendix. At page 49 Mr. Lawrence says:—

> "The CAUSE of the grievances which we have to complain of, seems to me, Gentlemen, *clearly and directly traceable to the originally defective constitution of the authority from which they have proceeded.* Self-elected and irresponsible bodies have always been found the most unsafe depositaries of power; if, moreover, the members hold their offices for life, all the elements of misgovernment are combined, and we may safely anticipate that the public good will be sacrificed to private interests. *Under the* PRESENT CONSTITUTION, the Council have the power of filling up vacancies in their own body, and are thus enabled to admit or exclude particular descriptions of persons, *to indulge friendly or unfriendly feelings.* These appointments, in which, not only the whole profession, but the public are interested, take place in secret conclave; thus every facility is afforded for the exercise of favour or prejudice, and all the checks against abuse are entirely neglected.
>
> A body thus constituted, is particularly unfit to preside over a liberal profession; and to exercise, without control or appeal, acts of legislation directly involving the pecuniary interests of themselves as well as of the subject members. *The ruling authority in the surgical profession* WILL NOT FULFIL THE ENDS OF ITS INSTITUTION, unless *it possess the good opinion and confidence of the body at large;* AND THESE THEY CANNOT HAVE, UNLESS THEY ARE NOMINATED BY THE MEMBERS. *In any new constitution, then, it will be necessary that the general body should elect those who are to be at their head.* - - - - - - - - - - - - - - It will, therefore, be proper for this Meeting to delegate to a committee, perhaps to the one already chosen, the power of doing what, in their opinion, and with the aid of professional legal advice, may appear best calculated to promote our object, that is, *such a reform in the* CONSTITUTION *of the College as will not only remedy the grievances we* NOW *complain of*, BUT PROVIDE AGAINST THEIR RECURRENCE."

These observations are excellent; and it affords us the highest gratification to be enabled to adduce such high authority in support of our present and future efforts to obtain a NEW CHARTER. Whatever concessions the College *now* make, we must regard as tokens of fear, and not as marks of respect to the Members at large, or substantial emblems of their desire to promote the interests of science. They well know that their Charter gives them a most improper and unconstitutional authority: they are well aware that it enables them to enact laws directly in favour of themselves, and that it indemnifies them against every act of injustice, oppression or insult which they may offer to their professional brethren. They dread an investigation of their conduct before the Legislature, lest it might terminate in the loss of their constitution, and will be prodigal in their concessions and liberality now, so that they be enabled to retain their Charter for future acts of tyranny and aggrandizement. To shew the kind disposition of the Council, and their steady adherence to their *just* regulations, we will here insert the case of Mr. BENNETT, as published by Mr. LAWRENCE in the Appendix to his Speeches.

Mr. Bennett's Letter to the President and Members of the Court of Examination of the Royal College of Surgeons, London.

SIR, AND GENTLEMEN,

In consequence of the Court of Examiners having, by their by-law of March, 1824, evinced an intention not to receive thenceforward the certificates of attendance on lectures delivered by persons unconnected with certain hospitals as physicians or surgeons, I take the liberty of respectfully submitting to your consideration my claims to be recognized as a teacher of anatomy and surgery in London, feeling that my application is fully justified by the numerous exceptions already made to the operation of that law.

In the first instance, it may not be altogether unnecessary to state my pretensions to undertake the arduous duties of a teacher. I beg leave, therefore, to direct your attention to the accompanying documents, which I have the honour to transmit for your inspection. You will thereby perceive, that I have graduated in the University of Dublin, and that having fulfilled the necessary medical exercises, I await but two years to complete the ten years required, in order to be admitted to the degree of Doctor Medicinæ. This entitles me to a similar rank in the Universities of Oxford and Cambridge, and would enable me to become a Fellow of the College of Physicians, were I disposed to discontinue the practice of surgery.

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* Corrected Report of Speeches delivered by Mr. Lawrence, with an Appendix. Callow and Wilson, 8vo. 1826.

I commenced the study of anatomy and surgery in 1815, and having followed, during five years, the courses of lectures delivered at the Royal College of Surgeons in Ireland, and attended during the same period the practice of the Richmond hospital, I received, in 1820, the diploma of Member of that body; on which occasions I submitted to two public examinations. I have since had the honour to be admitted a Member of the Royal College of Surgeons, London.

In the year 1822, I went to Paris, in order to improve myself further, and with the repeatedly avowed intention of subsequently establishing myself in London as a teacher. I spent three years there as the pupil of such distinguished characters as MM. Blainville, Beclard, Laennec, Dupuytren, &c. &c; and during the same period was employed in teaching, to a considerable class of British students, anatomy, physiology, pathology, and surgery. I should further observe, that those who honoured me by being my pupils were not ordinary students, but men far advanced in their studies, seven-eighths of them, at least, being Doctors of Medicine, or Members of Colleges of Surgeons.

With such testimonials, therefore, and such opportunities of acquiring a knowledge of my profession, I confidently trust the Court will deem me competent to teach anotomy and surgery. If they require a further test of my ability, I shall willingly submit to a public examination. I now most respectfully beg leave to state, that I conceive my case to be as worthy of exception to the operation of the bylaw, as that of two-thirds of the teachers now recognized in London, who do not conform to its provisions. They are acknowledged in consequence of having been teachers prior to its promulgation. I have also a similar claim, having begun teaching in 1822. It is further said, that their certificates having been admitted by the Court before the by-law was passed, gave them an indisputable right to the continuance of that privilege. I take the liberty of stating two exceptions, in the cases of Mr. G—— and Mr. S——. The first of those gentlemen gave certificates, it is true, but it was merely by procuration from his brother, during the illness of the latter. Had he given them in his own name, the objection which the Court certainly at first made to admitting them, after the passing of the by-law, would have been wholly inapplicable.

Mr. S—— commenced teaching but four months prior to the promulgation of the by-law, and therefore could not have given any certificates. Still both those gentlemen are now recognized by the Court. The exception in their favour is fully warranted by their abilities and attainments; but it is an exception which, I submit, I am fully entitled to share.

Such are the claims I have to urge upon your attention; and the only objection that can be offered, viz. that of my not being a member of your College during the two first years I lectured in Paris, is rendered perfectly nugatory by the fact, that the Court of Examiners admitted the certificates of private teachers, members of the Irish College, equally with those of the English, before the existence of the present by-law.

I have now to state, that the College having last year interfered to prevent Mr. Canning from procuring me, and the English students in Paris, an establishment there, and the French authorities having since deprived me of the few facilities I enjoyed, constitute a strong claim upon the consideration of the Court. As my interests were then sacrificed to considerations of public policy, I appeal to your justice not to add to the severe injury I have thereby sustained, the farther one of withholding from me a privilege you have accorded to others. I appeal to you as individual members of a liberal profession, and as a public body to whom not only its interests and advancement, but its character are entrusted, whether a regulation of little more than a year's standing should be applied to crush the only prospects in life of a man who shaped his education, for several years previously, upon the faith that future regulations would not interpose for his ruin.

I have the honour to be,

Sir, and Gentlemen,

Your very obedient and humble servant,

James R. Bennett.

London, September, 1825.

As explanatory of the last paragraph, it may be necessary to state the following circumstances. An English class, pursuing the study of anatomy with Mr. Bennett in Paris, having rapidly increased in numbers towards the year 1824, excited some angry feelings on the part of the French students, in consequence of the number of subjects they were supposed to consume. This led Mr. Bennett to apprehend the probability of some serious impediments being thrown in his way, during the subsequent winter; and under these circumstances he came to London in August 1824, and had the honour to address Mr. Canning upon the subject. He pointed out to that Right Honourable Gentleman, the great advantages presented by the Paris school to English students, at the same time expressing his apprehensions that the French authorities would interrupt his labours, prayed his interference with the British ambassador at Paris, in order that the latter should apply to the French Government, and obtain its protection for the English class. Mr. Canning seemed fully disposed to admit the justice of the request, but, unfortunately, he transmitted Mr. Bennett's letter to the council of the College of Surgeons for their opinion. Mr. Bennett, dreading the consequences of such a reference, addressed individually the members of the council, and entreated their favourable consideration of the subject. He described to them the valuable opportunities of acquiring medical science afforded at Paris, where nearly 50,000 patients pass annually through the vast hospitals, (gratuitously open to students,) and where subjects for dissection can be had at the trivial expense of a few shillings;—he appealed to them as individuals, who, in their official characters, should permit no other motives than those suggested by the interests of science to influence them; and finally, he insisted upon the fact, of their having no right to counteract the kind disposition of Mr. Canning to protect him, inasmuch as seven-eighths of the medical students, in Paris, were persons who had already graduated in medicine, over whom they had no control, and with whose pursuits any interference of theirs would be cruel and unjustifiable. In spite of this remonstrance Sir Astley Cooper and Mr. Abernethy, with other members of the council, formed a deputation, which waited on Mr. Canning, and successfully dissuaded him from affording to his countrymen the protection they solicited. In the mean time Mr. Bennett returned to Paris, and resumed his courses in September. In the following January his apprehensions were realized; the French students, instigated by interested individuals, commenced a clamour against the English, on the supposed scarcity of subjects. At length their hostility proceeded so far, that the French authorities interfered; they compelled the English to surrender the private dissecting rooms they had previously hired at a great expense in the public establishment, and required them to pursue their labours in conjunction with the French students. This was difficult, as they were exposed to great inconveniences; and positive insult finally precluded its possibility. Thus was the English class in Paris (originally formed by Mr. Bennett, at a sacrifice of much time and great labour) broken up, and thus was he deprived, by the conduct of the council of the College of Surgeons, not only of a considerable income, but of what was of more importance to him, the opportunity of pursuing his studies in such a school as Paris. In September, 1825, Mr. Bennett, finding all his hopes crushed in Paris, came to London, and addressed the foregoing letter to the Court of Examiners. He confidently anticipated that, as individuals of high rank and great wealth, their honour and honesty would prompt them to make some requital for the cruel injury they had previously inflicted on him. They, however, rejected his application—their motives for doing so, they have not thought proper to communicate to him.

Let us now insert the letter which Mr. Bennett received on the 9th instant.

Royal College of Surgeons in London,
9th of September, 1826.

"Sir,—In reply to your letter of the 25th ultimo, I am directed to inform you, that the Court of Examiners of this College WILL RECEIVE *Certificates of attendance on your Lectures on Anatomy and Surgery.*

I am, Sir,
Your most obedient, humble Servant,
Edmund Belfour,
Secretary."

To Mr. Bennett, 17, Great Russell-street, Bloomsbury.

Thus we perceive that the the College refused Mr. Bennett's certificates, while he lectured in Paris—interfered with Mr. Canning, to prevent government from aiding his establishment with its support, (in consequence of which, he was compelled to leave Paris,) and finally refused to receive his certificates during the past year, although he resided in this metropolis—one of the recognised schools, and as will be seen by his letter to the Court of Examiners, notwithstanding he offered to undergo a Public Examination; yet, on the ninth of September, 1826, after two years of most intolerable persecution, the Council of the College, without offering any explanation of their past refusal, announce that they will receive Mr. Bennett's certificates. Such conduct requires no comment. We perfectly agree with Mr. Lawrence, that "*there can be no security for the profession, until the* COUNCIL *shall be* ELECTED BY THE MEMBERS AT LARGE!"

Mr. Bennett has been injured by removing from Paris; but the loss to him will be gain to the West-end students, who will be benefited by his anatomical and pathological lectures, which are enriched with all the recent discoveries of the most celebrated Parisian pathologists, with whom for several years he constantly associated, assisted, and taught.

It is now some months since Case Books were introduced into Bartholomew's Hospital by Mr. Lawrence, whose solicitude for the improvement of the pupils entitles him to their respectful gratitude. It was intended that every interesting case should be recorded by the dresser under whose care it might fall. For some time after their introduction, cases, which Mr. L. pointed out, were taken down by the dressers, giving the history of the case previous to, and its state at the time of admission, together with the mode of treatment pursued; thus affording to the industrious student an opportunity of improvement he had not previously enjoyed, and imposing on the dresser a duty which, if properly executed, would have been attended with material advantage to him. The present dressers have become exceedingly remiss in the discharge of this duty. Within the last few weeks, Mr. L. has scarcely gone round the hospital without having occasion, repeatedly, to desire the dresser to enter such and such cases, (in some instances without effect,) to notice the complete absence of every wish for improvement, and the utter carelessness which they exhibited in the performance of their duty. As an instance of Mr. L.'s mode of reproof upon these occasions, we may mention a case (of phagedenic ulceration of the penis, the penis itself being in an excessive state of inflammation) occurring a short time ago in one of the Syphilitic Wards, which had been ordered to be taken down; it had been treated successfully, Mr. L. making many excellent observations on the different modes of treatment to be adopted, when the disease depended on venereal infection, or, when merely on excessive inflammation of the penis. When Mr. L. looked in the Case Book, he found no record of it; he observed to the pupils around, in a very ironical cutting manner, that the present was a case which had interested *him* very much, and which had shown him the necessity of active measures, and had confirmed him in opinion as to the propriety of the mode of treatmen which had been adopted; indeed, it had been *to him* a very interesting and *instructive* case, and *he* should have imagined it worthy the notice of any dresser, who was not of very *superior* attainments, and who did not profess a greater degree of experience and discrimination, in cases of that doubtful nature, than was usually met with; and yet, on examining the book, he found that this case had not even been mentioned.

Such conduct is to be attributed either to negligence or ignorance. We are aware that some of Mr. L.'s dressers may be exculpated from the latter charge, and, consequently, their inattention to that gentleman's wish, and their own improvement, can only arise either from a very superior idea of their own attainments, or, from a degree of carelessness and negligence which will effectually prevent their attaining any eminence in their profession; but the majority, we are afraid, must plead guilty to the charge; they are aware of their ignorance of the first principles of their art, and are afraid of exposing their incapacity to the pupils. To prove that their fears are just, that this is not a mere assertion, we may bring forward an instance or two, out of many, calculated to show how well fitted the Bartholomew's dressers are for their office; with what implicit confidence the pupils may consult their Case Book; in what an accurate and scientific manner they, from knowledge and experience, are enabled to mention any common occurrences, not to notice any phenomena that may occur.

A case occurred some weeks ago, of fungoid disease of the testicle, of the nature described by Mr. Lawrence in the 4th vol. of the Edinburgh Medical and Surgical Journal; the disease commenced by a considerable enlargement and hardness of the gland, accompanied by thickening and induration of the integuments; by degrees the scrotum became thinner at its inferior part, and an insensible and firm fungus protruded through the opening; this protrusion gradually increasing, it was excised, and the surgeon examined the tumour, and spent a considerable time in explaining the nature of the fungus, observing, that it consisted of the substance of the gland and interstitial deposition, the excision giving no pain. The case remained in the hospital six or eight weeks, and several excisions were made, and explanations given of the nature of the disease. One of the assistant surgeons casually going round, inquired of the dresser the nature of the case, whether the disease was external to the tunica vaginalis, or, in the testicle itself? The dresser replied, "I don't know, Sir!!!" We are inclined to doubt, whether he had ever heard of the tunica vaginalis.

Another instance occurred about the same period. A man came into the hospital with syphilitic iritis, and ulcerations affecting the upper part of the trunk, head, and face. The iritis was subdued, and the ulcers healed, with the exception of one on the eyelid, which, by its situation, was excluded from the benefit of the application employed (mercurial fumigation); the dresser was desired to apply the red precipitate ointment on a piece of fine linen, shaped exactly to the size of the sore; two days afterwards the surgeon found, that instead of the sore alone being covered by the application, a large plaster of this ointment had been laid, for 48 hours, *over the eye that had been lately suffering under syphilitic iritis!* Another instance, and we have done. A dresser, a partizan of Mr. Abernethy's, ridiculing the manner in which Mr. Stanley interlards his Lectures with Mr. A.'s jokes, instanced a story which that gentleman tells of a boy who had such a constitutional predisposition to formation of bone, that if he received a stroke on any part of his body, that part was immediately changed into bone; the dresser called the disease *Mollities Ossium!!!* This man has been dresser for two years. We should imagine, that these instances would suffice to show what dependance surgeons can place on their dressers; with what reason the dressers consider the office of house surgeon as an encroachment on their privileges. We are quite of opinion, that if dressers were elected from amongst the pupils by examination, as they are at the Hotel Dieu, at Paris, house surgeons might, indeed, be dispensed with; but, as long as the present regulation exists, it would be worse than injustice to the patients.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

PURULENT OPHTHALMIA.

Mr. Peach, surgeon of the 52d regiment, published a paper in the Edinburgh Medical & Surgical Journal twenty years ago, in which he makes the following observation:—

"It is in the commencement of the disease, that a very large quantity of blood should be extracted; in that stage large venesection, even ad deliquium, is almost an infallible remedy. It is not sufficient to extract 20 or 30 ounces of blood. I have taken 60 ounces very frequently, enjoining perfect rest, avoiding the smallest portion of animal food, and putting in practice every other part of the antiphlogistic treatment. This practice, I fancy, would astonish the experience of civil life, but the fullest trial of it has demonstrated to me its propriety. In many of the cases which occurred to me, the progress of the inflammation was so rapid, as to threaten the total destruction of the eye, if only the *ordinary* mode of treatment in ophthalmia was resorted to."

H. B. æt. 21. There is considerable œdema of the palpebræ of the left eye. On separating them, the sclerotic conjunctiva is much swollen, of a florid red colour, with great muddiness of the cornea. From the internal surface of the eyelids, there is a discharge of a thin puriform matter. Great intolerance of light, and constant acute pain in the eyeball, with a sense of distention; complains also of pain of the head. Skin hot; pulse hard; bowels not regular.

Says that his eye has been in this state for a week, and that it came on from having caught cold. He consulted a surgeon some days ago, who ordered him to apply *two* leeches to the temple, and gave him some eye water, from neither of which he obtained the slightest benefit.

To be cupped on the temple to ℥xx., and to take

Sub. hydrarg.
Pulv. antimon.
Ext. rhei aa. gr. ij. Ft. pil.

every three hours.

Second day. Returned this morning; better, but still complaining of pain in the eye. The œdema of eyelids has much subsided, but the internal parts are highly inflamed, and impatient of light.

To be cupped to ℥xx., and to continue the calomel pill.

Third day. Not so well this morning. The eye has become more painful, with an increase of the œdema of eyelids. Admitted into the Hospital. The temporal artery was opened, but not bleeding freely, ℥xxv. of blood were taken from the arm, and 12 leeches applied to the forehead.

He now became perfectly free from pain, and remained so until the evening, when there was a slight accession of the symptoms. He was again bled to ℥xx., with the same good effect.

He was ordered

Calomel, gr. iij.
Pulv. opii, gr. ij. Ft. pil.

Fourth day. Passed a better night than he has done since the commencement of the attack. Still he complains of violent pain in his eye, and his pulse is not compressible. Œdema of eyelids continues. To be bled *ad deliquium.*

Eight o'clock, p.m. About ℥xx. were taken away; as the blood flowed, the pain of the eye gradually subsided. The blood exhibited the buffy coat, and was cupped.

Repeat the calomel and opium.

Fifth day. Was easy during the first part of the night; but, this morning, he is not so well, and complains of acute pain in the eye and forehead. He attributes this to having caught cold, the window being left open during the night. Pulse very frequent and hard; bowels not open. Mr. W. ordered him to be again bled, until the pulse was subdued, and to take small doses of calomel, and James's powder (2 grains) every 3 hours.

Sixth day. About ℥xviij. of blood were taken away yesterday, which completely removed the pain; but towards evening it had partially returned, when he was again bled to ℥xvj.

Seventh day. Is much better this morning, and has very little pain in his eye or forehead. Œdema of eyelids, and inflammation of the conjunctiva, diminished. He can now open his eye, and begins to see clearly. Pulse accelerated; skin hot. Mr. W. ordered him to be bled, and to take a dose of senna mixture.

Eighth day. Since last bleeding, which amounted to ℥xij., he has had no return of the pain, but continues to improve. Bowels not open; pulse soft.

Rept. mist. sennæ, ℥iss.

Twelfth day. Since last report there has been no recurrence of the inflammatory symptoms. His vision is quite restored, and there remains but slight redness of the conjunctiva.

Since writing the above report, this patient has had a slight relapse, occasioned by his having taken, for two days, some *rich* broth. The symptoms, however, assumed a very different character, and were easily relieved, by losing a small quantity of blood, and the exhibition of some purgatives.

ACUTE INFLAMMATION OF THE UTERUS AND PERITONITIS.

Ann G., ætat. 25, married, and has had four still-born children. Complains of constant pain in the hypogastric region, which is increased on the slightest pressure, or on making a deep inspiration. Has considerable difficulty in making water, which comes away in small quantities, attended by severe scalding. She is of a sallow complexion, with countenance expressive of acute suffering. Bowels irregular; tongue white; pulse small and wiry.

She states, that two years ago, when confined with her last child, she had a very difficult labour, and the child was brought away still born, by the assistance of instruments. After this she had a prolapsus of the uterus, which, from a dislike to apply for advice, she allowed to remain unreduced for six months. She now consulted a medical man, who introduced a pessary. Soon after the womb was returned, severe hæmorrhages came on, frequently to the extent of a pint, or a pint and a half in the course of the day, and continued until a fortnight ago, when, on its ceasing, the pain of abdomen commenced. During the hæmorrhage, she consulted an old woman, who advised her to drink the fluid discharged from the uterus, which she did regularly for nine days!!

On coming into the Hospital, she was bled at the arm to ℥xvj., and ordered a pill of

Submur. hydr.
Pulv. antimon.
Ext. rhei, aa gr. ij.;

to be taken at bed time.

Second day. Felt immediate relief after the bleeding, and has since remained much freer from pain. Bowels opened; abdomen less tender to the touch.

Third day. Is in more pain this morning, and cannot bear the slightest pressure on the abdomen. Pulse very small, but sharp; ℥xviij. of blood taken away, with decided relief.

Fourth day. Is much better to-day; her countenance is improved, and she is in better spirits. Tenderness on the region of the uterus still remains, although very much diminished. Her water is now passed freely, and without pain. Eight leeches to be applied to the hypogastrium, and gr. v. of calomel to be taken at bed time.

Fifth day. Does not feel so well this morning, and complains of pain in her left side, increased on the slightest exertion. Bowels not open; was bled to ℥xiv., and the calomel pill repeated at night.

Eighth day. Has been improving since last report, but last night, feeling herself so well she got out of bed, and walked up and down stairs, talking to the other patients. During night, the pain of abdomen and other symptoms returned, and she is this morning in great agony, unable to move in bed. The pulse is small and wiry; her countenance indicates great suffering. To be bled from the arm.

Eight o'clock, p.m. Upwards of ℥xl. of blood were taken away before the pulse fell. As the blood flowed, the symptoms gradually yielded, and immediately afterwards, she could turn on either side without the least pain. She has slept for several hours, and is now easy.

Twentieth day. Since last report, there has been no recurrence of the symptoms. She is perfectly free from pain, and feels better than she has done for the last two years. Her only complaint now is a slight prolapsus of the vagina, which takes place at every attempt to make water, or on straining at stool. This, however, gives her little inconvenience, and she refuses to make use of a pessary. To leave the Hospital.

TUMOUR OF OVARIUM CURED BY COPIOUS BLEEDING.

Margaret B———, æt.   mother of two children. There is a tumour of the size of a child's head, occupying the left lower region of the abdomen; it is of a soft and elastic feel, with a distinct sense of fluctuation, giving most acute pain on the slightest pressure, or on making a full inspiration. She complains much of pains extending down both legs, but particularly on that of the left side; has a constant shortness of breathing, with a peculiar anxious expression of countenance. Tongue white; bowels disordered; pulse very small, but firm; catamenia regular.

She states, that six years ago, after a very difficult labour, she completely lost the use of her lower extremities, which, however, she gradually recovered in two months. It is about four years since the tumour suddenly appeared, and it was then the size of a large orange, but has been gradually increasing. She has been in an hospital at different times, when leeches and blisters have been employed, with relief from her suffering, but without producing any change in the size of the tumour.

To be bled at the arm to ℥xii. and to take two grains of calomel at bed time.

Second day. Felt some relief from the bleeding; could breathe with less difficulty, and bear the tumour to be gently pressed upon.

Third day. Is not so well this morning, having suffered a great deal of pain during the night; has a very anxious look; pulse quick and sharp.

Ven. sect. ad. ℥x.

Fourth day. Felt the same relief from the bleeding as on the preceding day; but in the evening she was suddenly seized with a convulsive fit, during which the muscles of the chest were strongly affected. She remained in this state for two hours, recovering and relapsing, her pulse sometimes scarcely to be felt, while at others it beat firmly. At times she talked incoherently; there was also slight stertorous breathing; her abdomen was tense, and could not bear the slightest pressure. Mr. Wardrop, on seeing her, ordered a vein to be opened in the arm; her pulse began to rise, and ℥xxx of blood were taken away with decided benefit. She now talked sensibly, and said that she was perfectly free from pain.

Fifth day. She remained in a dosing state till early this morning, when she became restless, and began again to talk incoherently. Pulse upwards of 100, and firm; skin hot, and she complains much of pain of the abdomen and head; breathing difficult: ℥xxv. of blood have been taken away with the same relief as last night; the blood is buffed.

To take calomel, gr. v.

Eight o'clock, p.m. Has remained quiet, and pretty easy during the day; her bowels have been freely opened, and the stools of a natural appearance. To night she is again restless, and complains of pain over the abdomen, which is much increased on the slightest pressure. Skin very hot; pulse 120, not compressible. The bandage having been removed from the arm, ℥xxv. of blood were taken away, with immediate relief.

Repeat the calomel.

Sixth day. Passed a quiet night, and feels much easier this morning; the abdomen can be gently pressed without pain; bowels have been frequently moved and are at present very uneasy; skin cool and moist; pulse small and soft.

℞ *Tinct. opii*, gts. v.
Sulph. magnes, ʒ. v.
Aq. menth. piperit. ʒx. M.
to be taken immediately.

Seventh day, eight o'clock, p. m.—Has continued pretty well till this evening, when she is again restless, and complains of acute pain of the head. Skin hot; pulse quick and hard. Has been again bled to ℥xviij.

Repeat the calomel.

Eighth day. Was much relieved by the bleeding, and feels herself better this morning than she has yet been. Pulse soft and compressible; skin cool, and she is free from pain.

In the evening, having had a return of the pain in the head and abdomen, she was again bled to ℥xviij.

Ninth day. Is much better this morning, but passed a very restless night. On examining the abdomen, no remains of the swelling can be detected, nor has there been any preternatural discharge from the rectum or vagina.

GUY'S HOSPITAL.

SINGULAR CASE OF HERNIA STRANGULATED WITHIN THE INGUINAL CANAL, NOT DENOTED BY ANY EXTERNAL TUMOUR.—NON-PERFORMANCE OF THE OPERATION IN CONSEQUENCE THEREOF, AND FATAL TERMINATION OF THE CASE.

David James, ætat. 48, a man of spare habit, was admitted into Cornelius Ward about eleven, A. M., on Monday, Sept. 11, under the care of Mr. Morgan, but, in consequence of his indisposition, the case was attended to by Mr. Callaway.

The man stated that he had been ill since the preceding Thursday evening, that he was attacked, when lying in bed, with pain in the bowels and sickness, which symptoms had continued without intermission. The bowels he said had not been relieved since Thursday morning; he had occasional hiccup, with tenderness of the abdomen, and a pale and anxious countenance, with a small thready pulse. On examining the scrotum, there was found to be a very large swelling on the left side, extending some way up the chord, and giving the appearance of oblique inguinal hernia. This swelling was found, on handling, to be principally occasioned by a collection of fluid within the tunica vaginalis. It was supposed, however, from the symptoms enumerated above, that a portion of intestine had descended and was strangulated. The man stated, that he had had a swelling on the left side of the scrotum for several years, which, he had been informed, was hydrocele; he was not aware that he had rupture, and had never worn a truss.

He was put in the warm bath, bled from the arm, and the taxis attempted for some time; but these failing to produce any alleviation of the symptoms, or diminution of the tumour, he was removed from the bath and put to bed.

The great distention of the scrotum by the fluid, rendering it impossible to ascertain with precision whether any or what portion of intestine had descended, led Mr. Callaway to the determination of drawing off the fluid, which was done to the amount of thirty ounces.

The scrotum was now (12 o'clock) carefully examined by Mr. Callaway, and also by Mr. Key, neither of whom could discover any portion of intestine, nor was there any swelling perceptible in either of the inguinal canals.

The left external abdominal ring was enlarged, and readily admitted of the passage of the finger to some extent upwards.

Notwithstanding that the symptoms clearly indicated some mechanical obstruction to the bowels, yet, as there was no swelling manifest, which alone could warrant the performance of an operation, Mr. Callaway determined on treating the case as inflammation of the bowels.

Half past twelve. A purgative enema to be administered immediately, by means of Read's syringe, and *two grains of calomel, with a grain of opium*, to be taken every four hours.

Two, P. M. Symptoms unrelieved. Twenty leeches applied to the abdomen, and a dose of calomel and opium administered.

Eight, P. M. The occasional vomiting and hiccup continue; the pulse is small, and the countenance exceedingly anxious. The bowels have not been relieved. At five o'clock, he was bled from the arm to the amount of fourteen ounces, and a second purgative enema administered. He was also directed the following mixture:—

Sulphate of magnesia;
Manna, of each an ounce;
Infusion of senna, eight ounces. Mix
three table spoonfuls of this to be given every two or three hours.

Sir Astley Cooper was expected to see the patient this evening; he did not, however, attend.

Tuesday, Sep. 12, Noon. The stomach rejects every thing which is taken, the hiccup is frequent and distressing, the abdomen is tympantic, the bowels remain unmoved, the pulse very small, and the countenance indicative of great distress. Ordered twenty-five leeches to the abdomen; he continues to take the calomel and opium pills, and sulphate of magnesia in mint water, in lieu of the aperient mixture prescribed yesterday. At one o'clock, the patient was visited by Sir A. Cooper, in company with Baron Dupuytren. Having ascertained the previous history of the case, Sir Astley proceeded to examine the abdomen, pressing his hand firmly on the umbilical region, and then carefully feeling each inguinal canal, and the scrotum. Having done this, Sir Astley remarked, that he could not discover any swelling, and under these circumstances, he fully concurred in the plan of treatment which had been adopted. When the bed-clothes were drawn down, Sir Astley proceeded to make some observations on the case to Dupuytren, who seeing the abdomen distended, inquired if the bladder was not full. On inquiry, it was found that the patient had not passed any urine since the preceding morning; Mr. Callaway introduced a catheter, and drew off about a pint and a half of clear urine. (This had no connexion with the symptoms or with the swelling of the abdomen; the inquiry of Dupuytren, we suppose, therefore, was accidental.)

13, Noon. The poor man is evidently sinking, the pulse is very indistinct, and the surface of the body covered with a cold sweat. The hiccup is very frequent, but the powers of life being much reduced, it is consequently less violent; four purgative injections were administered yesterday, but failed in moving the bowels.

The poor man lingered until six o'clock in the evening, when he died.

Inspectio Cadaveris.

The friends of the patient removed the body immediately after his decease, and it was with great difficulty that Mr. Callaway obtained permission to inspect the case privately.

We are indebted to Mr. Callaway's kindness for the following particulars:—On laying open the abdomen, there was evidence of great and universal inflammation of the peritoneum having prevailed. The small intestines were glued together by means of a soft yellowish coagulable lymph, and a layer of the same matter was spread over their whole surface. The contact of the different portions of intestine was marked by dark red lines, but they were not discoloured generally; there was a considerable quantity of serous fluid in the cavity of the abdomen, with patches or shreds of coagulable lymph floating in it.

The grand source of mischief, however, was found in the left inguinal canal, protruding into the upper part of which was a small fold or knuckle of intestine. It was firmly attached to its sac by old adhesions, being consequently irreducible, and the two portions had become adherent to each other from a recent effusion of adhesive matter.

The portion of intestine thus protruding in the inguinal canal had become completely strangulated by a stricture formed at the mouth of the sac; the gut was dark coloured, but not gangrenous.

The preparation was brought away by Mr. Callaway, who, with his usual urbanity, and desire of communicating information to the pupils, exhibited it on the following day.

VISIT OF BARON DUPUYTREN AT GUY'S HOSPITAL—OPERATION OF LITHOTMY BY MR. KEY.

On Tuesday last, that illustrious French surgeon, Baron Dupuytren, visited Guy's Hospital, and went round the wards with Sir Astley Cooper. The circumstance of his being about to visit the Hospital being generally known on the preceding day, a large concourse of pupils assembled to meet him, by whom he was received with marked attention and politeness He immediately proceeded round the wards with Sir A. Cooper; amongst the cases which were pointed out as particularly worthy of notice, were the case of strangulated hernia related in this week's reports, a case of empyema, and compound fracture of the cranium.

A long discussion ensued between Dupuytren and Sir Astley Cooper in Accident Ward, on the subject of fracture of the neck of the thigh bone. We understood the former to assert the possibility of ossific union taking place; he said that he had a preparation illustrative of this fact, which he would take care to forward for Sir Astley's inspection. The treatment usually adopted by him in fractures of the neck of the thigh bone, he said was, to place the limb on a double inclined plane, and he usually found that the parts had united at the termination of eighty days, that is, about double the length of time usually assigned for the union of fractures in other parts of the thigh bone. When Dupuytren was about to enter the Accident Ward, Sir Astley Cooper turned round, and addressing Mr. Key and Mr. Callaway in his usual jocose manner said, "Now if you have got a *good* fracture of the thigh, and one *properly* done up, let the Baron see it, but for God's sake do not shew him one of the *ram's horn* cases which every now and then happens."

Dupuytren objected generally to the beds used in this Hospital; he recommended first a straw mat, then a flock mattrass, and lastly on this a flock bed. After seeing several other cases, he proceeded to the operating theatre, in order to witness the operation of lithotomy by Mr. Key.

The patient, a boy about five years of age, was placed on the table; the straight staff was passed without difficulty, and Mr. Key effected his incision into the bladder with his accustomed dexterity. The forceps were now introduced, and speedily afterwards Mr. Key withdrew them, and passing his finger through the wound into the bladder, turned round, and looking aghast, exclaimed, "*The stone is not in the bladder, it is in an abscess at the neck of the bladder.*" It was somewhat unfortunate that Mr. Key should have made this remark, for on raising the forceps, he found that the calculus had been withdrawn, and was then actually between the blades of the instrument, but it was so small that it had previously escaped observation. The satisfaction depicted in the operator's countenance on making this discovery, may readily be conceived. Sir Astley Cooper afterwards remarked to a pupil, (apparently with great feeling,) it is fortunate for the honour of Guy's Hospital, that the operation terminated in this satisfactory manner.

"The best thing you could have done," said Sir Astley to Mr. Key, "if you had not found a stone, would have been to hang yourself up by the neck." (What says Ben Travers to this?)

Dupuytren expressed his approbation of Mr. Key's operation in the highest possible terms of praise; he said that he had frequently seen the operation performed with much dexterity, but never "more promptly, more decisively, or more happily (*bonheur*) than on the present occasion."

Baron Dupuytren, after the operation, visited the museum, the Lecture room, and other parts of the new buildings. When he took his leave of Sir Astley Cooper, he saluted the worthy Baronet on each cheek; the manner in which Sir Astley submitted to this ceremony, afforded no small share of amusement to the pupils standing round, which was heightened by his observing, "Well, I am even with the Baron, for I saluted his daughter yesterday, when he was out of the way."

A scene worthy of the pencil of Hogarth occurred in the presentation of the Pharmacopœia Guyensis (plurimum aucta et emendata) to Dupuytren, by the venerable Stocker—the standard-pestle of Guy's Hospital.

ST. THOMAS'S HOSPITAL.

CHRONIC (FUNGOID?) TUMOUR OF THE THIGH.

J. N., ætat 56, a carpenter, of healthy appearance, and, from his own account, a man of temperate habits, came into the hospital on the 6th of July, under the care of Mr. Tyrrell, on account of an extensive tumour of the left thigh.

History.—He stated that the disease was of two years standing, and that he first perceived a swelling on the inside of the thigh, of the size of a marble, which was very firm, but, at the same time, it was moveable. He ascribed its formation to injury from violent exertion. The tumour gradually and progressively increased for about eighteen months; but, within the last six months prior to his admission, he said that it had rapidly enlarged, and, in that period also, his leg had become much swollen, and so painful, that he was unable to pursue his ordinary occupation.

Symptoms.—There was a swelling of the size of a double fist occupying the middle and inner part of the left thigh, very firm and irregular, generally, over its surface; whilst, on the outer side, there were two distinct projections, each of the size of a hazel nut, which were much softer than the body of the tumour. It was immoveable, its base having, apparently, very extensive attachments to the parts beneath, leading to the impression of the disease, originating from the bone, and spreading out its roots (if we may be allowed the expression) amongst the adductor muscles. The sartorius could be traced to the tumour, and to a small extent over its surface, but further on it could not be detected, having, we presume, become so much attenuated.

The integuments covering the swelling, appeared to be rendered very tense by the protrusion of the disease beneath, but they were not discoloured at any part. Immediately above Poupart's ligament, on the outer side, there was enlargement of the absorbent glands, and, on the inner part of the thigh, one or two thickened absorbent vessels could be traced, running upwards.

The patient stated, that he had experienced a dull aching pain upwards of a twelvemonth, but, of late, the pain had become more acute.

Diagnosis.—Mr. Tyrrell's opinion on this case was, that the disease was of a fungoid nature, but with respect to the extent of the attachments of the tumour to the parts beneath, he did not appear decided on this point. Upon the whole, however, he seemed induced to believe that it was *not* connected with the bone. Mr. Green was of opinion that it was a fungoid tumour.

Proposed Treatment.—Mr. Tyrrell wished to make an incision through the integuments covering the tumour, and thus to ascertain, in the most satisfactory manner, the nature of the disease. If it proved of a fungoid character, which he fully anticipated, he would then proceed to amputate the limb. But, on the other hand, if the disease should not be of a malignant nature, his object would then be to dissect it away from its connexions.

The nature and object of the intended operation was fully and repeatedly explained to the patient; he continued, however, obstinately to refuse that any operation should be performed; and after remaining in the hospital about six weeks, was dismissed at his own request.

The tubercular projections, on the outer side of the swelling, increased in size during the patient's stay in the hospital.

The only means made use of, were the application of cold lotion to the part, and the occasional exhibition of aperients.

RETENTION OF URINE FROM SPASMODIC STRICTURE OF THE URETHRA.

The patient, a sailor about 28 years of age, came to the hospital on Thursday afternoon. He stated that he had not passed urine for two days previously, and was then apparently suffering great pain from a distended state of the bladder.

He was placed in Jacob's Ward, and the dresser for a considerable time attempted to pass the catheter; at length he succeeded, and drew off a large quantity of urine. The obstruction to the introduction of the instrument arose from the spasmodic contraction of the urethra, and not from any permanent stricture; for it appeared on inquiry, that although liable to attacks of the same complaint under which he then laboured, yet at other times the urine flowed in a full stream. The pain expressed on the occasion of passing the catheter was very great, the whole urethra appearing to be in a highly inflamed and irritable state.

On the following day, (Friday) the symptoms were not mitigated; the patient complained of much pain in the course of the urethra, with tenesmus, and uneasy sensations about the neck of the bladder. The catheter was again introduced, but with great difficulty and excruciating pain. Leeches were ordered to be applied above the pubes, and warm fomentations to be afterwards used. The bowels had been freely opened by house-physic.

Saturday. There is no relief to the symptoms. The urine is still retained. Mr. Travers saw the patient to day, and passed the catheter with the same pain and difficulty as experienced before. He directed the patient to be put in the warm-bath, a *grain of opium* to be administered night and morning, and a *drachm of the spirit of nitric æther*, with an ounce of camphor-julep, three times a-day.

Monday. The patient continues unrelieved and is still unable to void his urine. He complains of great pain in the bladder, which he attributes to its fullness, it is not, however, much distended; the catheter was introduced yesterday. The urine was drawn off by Mr. Travers, and in doing this, Mr. T. remarked to the pupils standing round, on the strong expression of suffering manifested by the patient, during the passage of the instrument. Twelve leeches were ordered to the perineum, three grains of opium to be given in four ounces of warm barley-water, as an enema; and a drachm of the sulphate of magnesia, with a like quantity of manna to be taken in almond emulsion, every six hours. The warm-bath to be again used.

Tuesday. The measures adopted yesterday have been producfive of much benefit; the spasmodic contraction of the urethra has now so much abated as to admit of the urine passing through in a tolerably full stream. The bowels are freely open, and the poor man obtained several hours comfortable sleep in the night.

From the date of the preceding report the symptoms rapidly subsided, he was at length able to pass his urine in a full stream, and without difficulty, when he was dismissed from the hospital at his own request.

The following cases were admitted by Mr. Green, on Thursday, August 10 :

INFLAMMATION OF HE WRIST JOINT.

The patient in this case, a young man of strumous habits, had received a slight injury to the part about ten days before admission, which was soon followed by great pain in the joint, and external redness, with swelling. When admitted, there was considerable inflammation about the joint, more especially on the back part, and here the integuments were puffy or œdematous. He experienced great pain on moving the joint, and also tenderness on pressure. The pulse was accelerated, and tongue furred. Mr. Green directed the application of twelve leeches, and warm fomentations to be used afterwards. A saline aperient mixture was ordered, with two grains of calomel, and eight grains of Dover's powder to be taken at bed time. Fever diet. Under the use of these means, the inflammatory symptoms subsided, and also the constitutional excitement. Leeches were again applied on the fourth day after admission. The only complaint which remained, ten days afterwards, consisted in a thickening of the parts around the joint, for which Mr. Green directed the liniment of ammonia to be applied two or three times a-day. The patient left the Hospital quite well on the 30th of August.

A case of *psoriasis* ; paralysis of the lower extremities, consequent upon disease of the spine ; glandular tumour of the neck ; chronic disease of the knee joint ; scrofulous abscess of the neck ; indolent ulcer of the leg ; fistula in ano ; incipient amaurosis, and chronic swelling on the nates, constituted the list of Mr. Green's male patients.

The female cases were few in number, and devoid of interest ; they were—tinea ciliaris ; ulcer ot the thigh, and abscess under the fascia of the fore-arm.

AMPUTATION OF THE LEG BY MR. TRAVERS—MORE PIONEERING, IN THE PRESENCE OF BARON DUPUYTREN.

In our Number for Sept. 16th, we briefly alluded to the circumstance of Baron Dupuytren having visited St. Thomas's Hospital, and witnessed the performance of an operation by Mr. Travers. We most sincerely hope, however, that Dupuytren will not form his estimate of English operative surgery from Mr. Travers's operation, for it has never been our lot to witness a more disgraceful exhibition.

To say nothing of the awkward manner in which Mr. Travers held his knife, and of the indeterminate number of incisions which he made round the limb, for the purpose of dividing the soft parts ; leaving these minor points, we think that we shall be fully borne out in applying the epithet of disgraceful to the operation, when we observe, that the tourniquet was applied in such a manner, that the flow of blood was not at all checked, and, consequently, on making the incision through the integuments, the gush of blood was tremendous. The cry of "Tourniquet," "Tourniquet," resounded throughout the theatre, and immediately three or four hands were seen busied at the tourniquet, whilst others were pressing on the femoral artery in the groin ; some time elapsed before the bleeding was controlled. It appeared that the tourniquet was not applied over the course of the artery ; and, secondly, *the screw was not raised!* In the midst of the confusion and alarm created by the profuse flow of blood, M. Dupuytren stepped forward, and having contemplated the scene, lifted up his eyes, and shrugged his shoulders in a very expressive manner. So much for the first part of this bungling scene ; and now for the second, which occurred in sawing through the bones.

The limb, in this part of the operation, was held at the foot by an assistant, but *the upper part was left unsupported, and, of course, unsteadied!* Mr. Travers standing on the outer side of the patient, and holding the *saw nearly in a perpendicular direction*, commenced by making short movements with the saw ;—(the term *wriggling* may, perhaps, express our meaning;) at length, having got some way into the substance of the bones, the instrument became locked, and was with great difficulty removed, the patient calling out with extreme pain. The process of sawing was then commenced, de novo, the saw again locked and again removed ; after repeated attempts in this manner, the bone was ultimately *partially* sawn through, and the remainder *broken* through by depressing the limb. The bone-nippers were used to remove the splintered portion of bone.

Is it possible, we ask, for any English surgeon to read the foregoing account, (for the accuracy of which we appeal to all who were present,) and not blush for the honour of English surgery?

The cases admitted by Mr. Travers on Thursday, August 24, were, for the most part, of a trivial nature ; and those taken in by Mr. Green, on the following Thursday, were alike unimportant, offering nothing practical, or worthy of remark.

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